Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

2015

DLN: 93493202011746

Open to Public Inspection

Address change Name change Doing business as Initial return Final return/terminated Amended return Application pending F Name and address of principal officer SUSAN GULIG 19601 NORTH 27TH AVE PHOENIX, AZ 85027 F Name and address of principal officer SUSAN GULIG 19601 NORTH 27TH AVE PHOENIX, AZ 85027 Tax-exempt status	State of legal domicile AZ ON SCHEDULE O) CH YEAR THROUGH DOPTION EVENTS OUP IN NORTH PET
Name change	per 387 58,801,116 for Yes No Yes No (see instructions) Ther ► State of legal domicile AZ ON SCHEDULE O) CH YEAR THROUGH DOPTION EVENTS OUP IN NORTH PET Sets 9 6
Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone numb 19601 NORTH 27TH AVE Grown, state or province, country, and ZIP or foreign postal code PHOENDX, AZ 85027 Gross receipts \$ F Name and address of principal officer SUSAN GULIG 19601 NORTH 27TH AVE PHOENDX, AZ 85027 H(b) Are all subordinates If "No," attach a list (included? If "	58,801,116 for Yes No Yes No Yes No (see instructions) Ther Indiana Provided A Provide
Number and street (or P O box if mail is not delivered to street address) Room/suite 19001 NORTH 27TH AVE	58,801,116 for Yes No Yes No Yes No (see instructions) Ther Indiana Provided A Provide
Number and street (or P O box if mail is not delivered to street address) Room/suite 19601 NORTH 27TH AVE 19601 NORTH 27TH AVE PHOENIX, AZ 85027 HOENIX,	58,801,116 for Yes No Yes No Yes No (see instructions) Ther Indiana Provided A Provide
Amended return Application pending F Name and address of principal officer SUSAN GULIG 19601 NORTH 27TH AVE PHOENIX, AZ 85027 H(a) Is this a group return is subordinates? H(b) Are all subordinates? H(c) Are all subordinates included? If "No," attach a list (H(c) Group exemption num J Website: WWW PETSMARTCHARITIES ORG K Form of organization of Corporation Trust Association Other be L Year of formation 1994 Ms Part I Summary 1 Briefly describe the organization's mission or most significant activities PETSMART CHARITIES, INC (PCI) IS A NONPROFIT ANIMAL WELFARE ORGANIZATION (CONTINUED C) THAT SAVES THE LIVES OF HOMELESS PETS MORE THAN 490,000 DOGS AND CATS FIND HOMES EAC OUR ADOPTION PROGRAM IN MOST OF THE 1,300 PLUS PETSMART STORES AND OUR SPONSORED AD PCI GRANTS MORE MONEY TO DIRECTLY HELP PETS IN NEED THAN ANY OTHER ANIMAL WELFARE GRC AMERICA, WITH A FOCUS ON FUNDING SPAY/NEUTER PROGRAMS THAT HELP COMMUNITIES SOLVE P OVERPOPULATION 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net ass 3 Number of voting members of the governing body (Part VI, line 1a)	for Yes No Yes No (see instructions) hber - State of legal domicile AZ ON SCHEDULE O) CH YEAR THROUGH DOPTION EVENTS OUP IN NORTH PET sets 9 6
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3 Number of voting members of the governing body (Part VI, line 1a)	9
3 Number of voting members of the governing body (Part VI, line 1a)	9
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5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	
6 Total number of volunteers (estimate if necessary)	· ·
7a Total unrelated business revenue from Part VIII, column (C), line 127ab Net unrelated business taxable income from Form 990-T, line 347b	13
b Net unrelated business taxable income from Form 990-T, line 34	0
Prior Year	
	Current Year
8 Contributions and grants (Part VIII, line 1h)	49,409,357
9 Program service revenue (Part VIII, line 2g)	C
9 Program service revenue (Part VIII, line 2g)	1,081,472
- 11 Other revenue (Part VIII, Column (A), mes 5, 6d, 6C, 9C, 10C, and 11e)	2,600,253
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 52,007,263	53,091,082
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 31,334,740	29,272,516
14 Benefits paid to or for members (Part IX, column (A), line 4) 0	C
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	C
5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	C
Total fundraising expenses (Part IX, column (D), line 25) • 2,045,015	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,303,508
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 52,097,121	49,576,024
19 Revenue less expenses Subtract line 18 from line 1289,858	3,515,058
Beginning of Current Year 20 Total assets (Part X, line 16)	End of Year
20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26)	47,026,861

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

Signature of officer

SUSAN GULIG TREASURER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name
BRENDA BLUNT

Firm's name

▶ EIDE BAILLY LLP

Firm's address

▶ 1850 N CENTRAL AVE SUITE 400

PHOENIX, AZ 850044527

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015)					Page 2
Par	t IIII Stateme	nt of Program Serv	ice Accomp	lishments		
				o any line in this Par	tIII	<u> </u>
1	Briefly describe th	he organization's missior	1			
		FIND LIFELONG, LOVI AND PETS TOGETHER	NG HOMES FO	R ALL PETS BY SUP	PORTING PROGRAMS AND T	HOUGHT LEADERSHIP
2	Did the organization the prior Form 990		ant program s	ervices during the ye	ar which were not listed on	⊤Yes ▼No
	If "Yes," describe	these new services on S	chedule O			
3	Did the organization services?	on cease conducting, or	make sıgnıfıcaı	nt changes in how it o	conducts, any program	⊤Yes ▼No
	If "Yes," describe	these changes on Scheo	lule O			
4	expenses Section		l) organization	s are required to repo	three largest program services, ort the amount of grants and allo	
4a	(Code) (Expenses \$	15,834,224	including grants of \$	7,711,282) (Revenue \$)
					MART CHARITIES (PCI) ADOPTION PRO FNER ANIMAL WELFARE GROUPS THRO	
4b	(Code) (Expenses \$	20,998,505	ıncludıng grants of \$	18,023,977) (Revenue \$)
					NTS TO HELP COMMUNITIES CONTROL 00 SPAY/NEUTER SURGERIES WERE F	
4c	(Code) (Expenses \$	7,344,267	ıncludıng grants of \$	2,820,316) (Revenue \$)
	RESCUE WAGGIN'	THIS PET TRANSPORT PROGRA	AM TRANSPORTED	MORE THAN 16,000 DOG	SS IN FISCAL YEAR 2015	
	See Additional D	ata				

716,941) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

1,740,747 including grants of \$

45,917,743

4d

(Expenses \$

Part IV	Checklist	of Re	quired	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page:						
Pai	Check if Schedule O contains a response or note to any line in this Part V			.୮						
			Yes	No						
	gaming (gambling) winnings to prize winners?	1c	Yes							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered.									
	by this return									
b		2b								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
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	Yes							
b	If "Yes," enter the name of the foreign country ▶CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No						
c	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable Ib									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b								
		7a	Yes							
		7b	Yes							
	file Form 8282?	7 c		No						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h								
8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	8								
9a		9a								
	· · · · · · · · · · · · · · · · · · ·	9b								
10	Section 501(c)(7) organizations. Enter									
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 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? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Into a lobe									
b										
11	Section 501(c)(12) organizations. Enter									
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a								
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									
	Enter the amount of reserves on hand	14a		No						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140						

Part VI	Governance, Management, and Disclosure
	dovernance, management, and bisclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O.	Se	e ins	truc	tion	s.					
Check if Schedule O contains a response or note to any line in this Part VI										
Section A. Governing Body and Management										
				•	•	•		1	Yes	N

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?				2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3	Yes	
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	, [4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .		5		No
6	Did the organization have members or stockholders?			. [6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?				7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			lders,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ui	ndertaken during tl	he			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			[8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>				9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Inter	nal Re	venu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Inter	nal Re	venu	re Cod	e.) No
	Did the organization have local chapters, branches, or affiliates?	•	•		venu 10a		
10a			s of such chapters	, F			No
10a b	Did the organization have local chapters, branches, or affiliates?	 tıvıtıe ıon's e	s of such chapters xempt purposes?	, filing	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization as the organization provided a complete copy of this Form 990 to all members of its	tivitie ion's e ts gov	s of such chapters xempt purposes? erning body before	, filing	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov	s of such chapters xempt purposes? erning body before	, filing •	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization are consistent with the organization to review this form?	tivitie ion's e ts gov Form 9	s of such chapters xempt purposes? erning body before	, filing .	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9 Illy inte	s of such chapters xempt purposes? erning body before	filing ive . scribe	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9 Illy inte	s of such chapters xempt purposes? erning body before	filing ive . scribe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie ion's e ts gov Form S Ily inte 	s of such chapters xempt purposes? erning body before	filing ive . scribe	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9 Illy inte n the p	s of such chapters xempt purposes? erning body before	, filing ive . scribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9 Illy inte 	s of such chapters xempt purposes? erning body before	filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie ion's e ts gov Form 9 . Illy inte . n the p . view ar he deli	s of such chapters xempt purposes? erning body before	filing ive scribe inion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie ion's e ts gov Form 9 . Illy inte . n the p . view ar he deli	s of such chapters xempt purposes? erning body before	filing ive scribe inion?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	tivitie ion's e ts gov Form 9 Illy inte n the p view ar he deli or sim	s of such chapters xempt purposes? erning body before	filing ive carrbe carrbe carrbe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form S illy inte n the p riew ar he deli or sim nization e step	s of such chapters xempt purposes? erning body before	filing vive carribe ion? vith a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

List the States with which a copy of this Form 990 is required to be filed

 AL , AK , AZ , AR , CA , CT , FL , GA , IL , KS , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OR , PA , RI , SC ,TN,UT,VA,WV,WI

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V Upon request Other (explain in Schedule O)
 - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►SUSAN GULIG 19601 NORTH 27TH AVE PHOENIX, AZ 85027 (800) 423-7387

Part VII

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) (B) (C) (D) (E) (F)												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	(do one bot ecto	not box h ar or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) DAVID LENHARDT CHAIRPERSON (THROUGH 3/10/15)	2 00	х		х				0	0	0		
(2) GENE E BURT II VICE CHAIRPERSON (THROUGH 3/31/15)	2 00	х		х				0	0	0		
(3) STEVE MARTON CO VICE CHAIRPERSON	2 00	х		х				0	0	0		
(4) PAULETTE DODSON CO VICE CHAIRPERSON	2 00	х		х				0	0	0		
(5) DR PHILLIP A BUSHBY DIRECTOR	2 00	х						0	0	0		
(6) ELIZABETH MCLAUGHLIN DIRECTOR	2 00	х						0	0	0		
(7) ASHLEY DOBBS DIRECTOR	2 00	х						0	0	0		
(8) R CHRISTINE HERSHEY DIRECTOR	2 00	х						0	0	0		
(9) JOSEPH LUMARDA DIRECTOR	2 00	х						0	0	0		
(10) MICHAEL MASSEY DIRECTOR	2 00	х						0	0	0		
(11) ERAN COHEN DIRECTOR	2 00	х						0	0	0		
(12) WENDY WEBB DIRECTOR (THROUGH 1/25/16)	2 00	х						0	0	0		
(13) BRENDA GRAY DIRECTOR (THROUGH 2/26/15)	2 00	х						0	0	0		
(14) JANET WILKINS EXECUTIVE DIRECTOR (THROUGH 4/2/15)	40 00			х				0	0	0		
	•	•			-	•		•		Form 990 (2015)		

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h a:	checl x, unle n office rustee	ss er	(D) Report compens from t organize	able sation the ation	(E) Reportable compensation from related organizations	Est amour comp fro	(F) imated nt of oth ensatio m the	n
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1 MISC		(W- 2/1099- MISC)	and	nizatior related nization	
(15) MAURINE DYER STEVENS EXECUTIVE DIRECTOR (4/20/15-8/7/15)	40 00			х					0		0		0
(16) SUSAN GULIG TREASURER	40 00			х					0		0		0
(17) JEREMIAH BEITZEL SECRETARY	40 00			х					0		0		C
1b Sub-Total					▶			0		0			0
2 Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those		ed ab	000	e) who	rec	eived more	than	<u> </u>			
											Yes	No	

			res	IAO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PETSMART INC	MANAGEMENT SERVICES	6,168,154
19601 N 27TH AVE PHOENIX, AZ 85027		
CARDINAL LOGISTICS MANAGEMENT INC	PROGRAM LOGISTICS	2,367,687
PO BOX 405069 ATLANTA, GA 30384		
OFF MADISON AVE LLC	ADVERTISING	1,147,279
5555 E VAN BUREN ST STE 215 PHOENIX, AZ 85008		
GOLIN HARRIS	PR CONSULTANT	785,834
PO BOX 7247 PHILADELPHIA, PA 19170		
COMMUNICATIONS CORPORATIONS OF AMERICA	DIRECT MAIL EXPENSES	435,154
13195 FREEDOM WAY BOSTON, MD 22713		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 15

art V		Statement of		aca ar nota ta any li	no in this Dort VIII			_
		Check if Schedu	ule O contains a respo	nse or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. s	1a	Federated camp	oaigns 1a	173,259				
2 £	ь	Membership du	es 1b					
Ĕ	С	Fundraising eve	ents 1c	927,465				
۲ٍ۶	d		ations 1d					
<u>.</u>		Government grants						
continuations, ones, oranis and Other Similar Amounts	е	_						
	f	similar amounts no	ons, gifts, grants, and 1f it included above	48,308,633				
5	g	Noncash contribution	ons included in lines	2,996,375				
and	h	Total. Add lines	s 1 a - 1 f		49,409,357			
סיכ				Business Code				
an l	2a			Busiliess Code				
e Ke	b							
क स	С		_					
۲. کا	d		_					
જુ	е							
<u> </u>	f	All other progra	ım service revenue					
Program Service Revenue		T-1-1 A dd l	. 2 - 24					
_	g 3		s 2a-2f ome (including dividen					
		and other simila	aramounts)		662,051			662,051
	4		tment of tax-exempt bond					
	5	Royalties	() D	ı	2,670,510			2,670,510
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	' '	me or (loss)					
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	5,931,963					
	b	Less cost or other basis and	5,512,542					
		sales expenses						
	C	Gain or (loss)	419,421		419,421			419,421
	d 8a	Gross income fi events (not incl \$	uding ,465		115,121			713,721
omei vevalue		of contributions See Part IV, lin	reported on line 1c) e 18 a	127,235				
5	b		penses b					
	C		loss) from fundraising	events 🛌	-70,257			-70,257
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b		penses b					
		Net income or (Gross sales of i	loss) from gaming acti	vities				
	100	returns and allo						
			oods sold b					
	С		loss) from sales of inv	I				
}	4.	Miscellaneous	Revenue	Business Code				
	11a							
	b							
	C	Λ II α + h α · · · · ·						
	d e	Total. Add lines	ue : 11a-11d	▶				
	12	iotal revenue.	See Instructions .		53,091,082	0	0	3,681,725

Form 990 (2015) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,272,516	29,272,516		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	7,261,623	6,380,472	494,479	386,672
b	Legal	218,637		218,637	
C	Accounting	34,400		34,400	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	188,356		188,356	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,908,543	3,387,640	232,114	288,789
12	Advertising and promotion	2,137,365	2,115,874		21,491
13	Office expenses	749,287	102,073	83,627	563,587
14	Information technology	503,442	216,562	103,618	183,262
15	Royalties				
16	Occupancy				
17	Travel	233,007	167,885	42,984	22,138
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	199,291	144,436	51,109	3,746
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,319,294	1,251,691	52,755	14,848
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRO GRAM SUPPLIES	2,966,956	2,727,566	111,187	128,203
b	POSTAGE & SHIPPING	257,241	62,572		194,669
c	PRINTING & PUBLICATIONS	194,203			194,203
d	EQUIPMENT RENTAL & MAIN	76,722	76,722		
е	All other expenses	55,141	11,734		43,407
25	Total functional expenses. Add lines 1 through 24e	49,576,024	45,917,743	1,613,266	2,045,015
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,410,781 7,797,652 1 1 2.755.651 1.221.642 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 3.234.297 4 3.190.857 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 269 679 614.565 Q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 8,991,483 Complete Part VI of Schedule D 10a b 10b 4,756,850 5,038,712 10c 4,234,633 Less accumulated depreciation 29, 165, 797 29,967,512 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 43,874,917 16 47,026,861 16 1,633,669 3,552,233 17 17 2,593,632 18 2,150,205 18 12,500 19 n 19 20 20 82,928 99.417 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 4,322,729 26 5,801,855 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Balances lines 27 through 29, and lines 33 and 34. 41,199,606 39,002,919 27 27 549,269 25,400 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 39,552,188 33 41,225,006 Total liabilities and net assets/fund balances 43.874.917 34 47.026.861

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53,0	091,082
2	Total expenses (must equal Part IX, column (A), line 25)	2		49.!	576,024
3	Revenue less expenses Subtract line 2 from line 1	3			515,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			· ·	· ·
5	Net unrealized gains (losses) on investments	5			342,240
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		41,2	225,006
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 厂
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3 a	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 93-1140967

Name: PETSMART CHARITIES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,740,747 including grants of \$ 716,941) (Revenue \$)

EMERGENCY RELIEF AND OTHER - PETSMART CHARITIES EMERGENCY RELIEF PROGRAM ASSISTED MORE THAN 9,200 PETS IN

FISCAL YEAR 2015 BY DELIVERING MUCH-NEEDED SUPPLIES TO ANIMAL RESCUE GROUPS SAVING PETS FROM MAN-MADE

AND NATURAL DISASTERS PCI ALSO PROVIDES FUNDING FOR ANIMAL WELFARE CONFERENCES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493202011746

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization					Employer identifica	ation number
1 2131	17411 61	Willies INC					93-1140967	
Part I Reason for Publ			c Charity S	Status (All organiza	tions must co	mplete this p		ons.
		zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Ē	A church, convention		•	= :	· · · · · · · · · · · · · · · · · · ·		
2	<u></u>	A school described in	-			-		
3	Ē	A hospital or a cooper						
4	Ţ.	A medical research or		_). Enter the
•	'	hospital's name, city,		stated in conjunction v	vicii a nospicai a	ieserisea iii se		, Enter the
5	Γ	An organization opera 170(b)(1)(A)(iv). (C	ated for the be omplete Part I		·		-	described in section
6	Г	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).	
7	굣	An organization that n				om a governme	ental unit or from the g	jeneral public
	_	described in section 1				.		
8	<u> </u>	A community trust de						£ d
9	' 	receipts from activition from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business table tesection 509(a)(2). The steed exclusively to tesection 509(a) to the section 509(a) at the description of the section steed exclusively to the section steed exclusively to the section section of the section	subject to certa xable income (lo (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor
11	i	An organization organ						uit the nurnoses of
a	, 	one or more publicly s the box in lines 11a th Type I. A supporting of supported organization	upported orga nrough 11d tha organization op	nizations described in at describes the type o perated, supervised, oi	section 509(a) of supporting or r controlled by i)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typica	on 509(a)(3). Check 11f, and 11g lly by giving the
		organization You mus				ty of the direct	ors or trustees or the	supporting
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	y having control or
		management of the su						
	_	must complete Part I	•					
С	ļ	Type III functionally	_		•		•	grated with, its
d	\vdash	supported organization Type III non-function						ianization(s) that is
-	•	not functionally integr						
	_	(see instructions) Yo	u must comple	te Part IV, Sections A	and D, and Par	t V.		
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally
£		integrated, or Type III						
f 	Ente	r the number of support					· · · · · · · —	
g		Provide the following i	mormation abo	out the Supported orga	iiiiZatioii(S)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nar	ne of s	supported organization	(,21)	Type of	Is the organ		A mount of	A mount of other
		_		organization	listed in your	governing	monetary support	support (see
				(described on lines 1-9 above (see instructions))	docume	ent?	(see instructions)	instructions)
					ļ			
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 42,424,641 48,009,284 46,592,287 48,506,455 49,409,357 234,942,024 membership fees received (Do not include any unusual grants) 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 42,424,641 48,009,284 46,592,287 48,506,455 49,409,357 234,942,024 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 15,439,073 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 219,502,951 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 42,424,641 48,009,284 46,592,287 48,506,455 49,409,357 234,942,024 Gross income from interest, dividends, payments received 796,272 2,120,692 2,927,640 3,090,197 3,332,561 12,267,362 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or 952 952 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 11 247,210,338 through 10 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 88 790 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 89 850 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

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

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

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

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

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

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

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361	CUUII	м.	~11	Suppu	71 UIIG	Olua	IIIZALIUIIS	

	ction A. An 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)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
I	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
l	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations.			
•	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the			
	authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
ı	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		
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III I GIICGOIGII)	Tillegiatea 303(a)(J/ Juppoi tilly	OI Gailleadol

Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions)	1 2 3 4 5 6 7 8 8	(A) Prior Year	(B) Current Yea (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	2 3 4 5		
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	3 4 5 6 7		
Add lines 1 through 3 Depreciation and depletion 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)	4 5 6 7		
Depreciation and depletion 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		
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		
gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	7		
Other expenses (see instructions)			
o the expenses (see methanis)	8		l
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)			
	<u> </u>	(A) Duan Varu	(B) Current Yea
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		- Carrona Four
Enter 85% of line 1	2		
F-	3		
Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
Enter greater of line 2 or line 3	5		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in	6		

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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

DLN: 93493202011746

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

l Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	rs.gov/form990.	Inspection
me of the or			Employer identif	ication number
	. 20 110		93-1140967	
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Accour	nts.
		(a) Donor advised funds	(b)Funds and (other accounts
Total nu	umber at end of year			
A ggrega year)	ate value of contributions to (during			
Aggrega	ate value of grants from (during year)			
Aggrega	ate value at end of year			
		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
used only		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		┌Yes ┌No
		ete if the organization answered "Yes"	on Form 990, Par	t IV, line 7.
Preser Protec Preser Complete) of conservation easements held by th vation of land for public use (e g , recre tion of natural habitat vation of open space lines 2a through 2d if the organization on the last day of the tax year	eation or education) Preservation of a	n historically import certified historic st the form of a consei	ructure
easement	on the last day of the tax year		Held at	the End of the Yea
Total numl	per of conservation easements		2a	the that of the rea
Total acre	age restricted by conservation easeme	ents	2b	
Number of	conservation easements on a certified	i historic structure included in (a)	2c	
	conservation easements included in (or ructure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of		nsferred, released, extinguished, or terminat	ed by the organizati	on during the
•				
Does the c	states where property subject to cons rganization have a written policy regar and enforcement of the conservation e	ding the periodic monitoring, inspection, har	ndling of	Yes No
Staff and v year		inspecting, handling of violations, and enforc	cing conservation ea	sements during the
► A mount of	expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing (conservation easem	ents during the yea
► \$				
(B)(ı) and :	section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes No
balance sh	- · · · · · · · · · · · · · · · · · · ·	ts conservation easements in its revenue ai : of the footnote to the organization's financia ssements		·
Org	ganizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	r Assets.
If the orga works of a	nization elected, as permitted under Sl t, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its reversesses held for public exhibition, education note to its financial statements that describ	, or research in furth	
works of a		FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education o these items		
Revenue	included on Form 990, Part VIII, line	1	► \$	
Assets in	cluded in Form 990, Part X		- \$	
If the orga	nızatıon receıved or held works of art, l	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items	for financial gain, pr	
Revenue	ocluded on Form 990 Part VIII line 1		b	

b Assets included in Form 990, Part X

Par	31111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal 1	Γreas	sures,	or O	ther Sim	ilar A	ssets	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, cl	heck a	any of	f the fo	ollowing t	that a	re a sıgnıfı	cant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loar	nore	change	progra	ams			
b	Γs	cholarly research		e	Γ	Othe	er						
c	ГР	reservation for future generations											
4	Provi Part >	de a description of the organization's (III	s collections and expl	laın ho	w they	y furth	ner the	e organız	atıon'	's exempt p	urpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	┌ No	
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, I	ıne 9, o	r rep	orted an	amoun	nt on For	m 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	for c	ontrib	oution	s or othe	rass		┌ Yes	√ No	
b	If"	Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowin	g tabl	le				Am	ount	
c		ginning balance				J		I	1c				
d		ditions during the year						Ì	1d				
e		tributions during the year						l	1e				
f		ding balance						l	1f				
2a		ne organization include an amount or	n Form 990, Part X, lı	ne 21,	for es	scrow	orcu	stodial a	ccour	nt liability?	✓ Yes	┌ No	
b	If"Ye	s," explain the arrangement in Part	XIII Check here ıf th	ne expl	anatı	on has	s beer	n provide	d ın P	art XIII .			I~
Pa	rt V	Endowment Funds. Complet	te if the organization	on ans	were								
			(a)Current year	(b) Pı	nor yea	ar	b (c) T	wo years l	back	(d) Three yea	ırs back	(e) Four y	ears back
1a b	_	nning of year balance ributions											
c	Net II losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships				Ì							
е		r expenditures for facilities rograms											
f	• Admi	nistrative expenses							_				
g		of year balance											
2		de the estimated percentage of the o	urrent vear end halai	nce (lir	ne 1 a	colu	mn (a)) held as	<u></u>				
a		designated or quasi-endowment	currence y cur en a baiai	1100 (111	ic 19,	Colui	iiii (a	,, nera as	•				
b		anent endowment											
С	-	orarily restricted endowment F ercentages on lines 2a, 2b, and 2c s	should equal 100%										
3a	organ	nere endowment funds not in the pos ization by					eld and	d adminis	tered	for the		Yes	No
		related organizations						•				(i) (ii)	
b	If "Ye	lated organizations	ations listed as requir	red on :	Sched	dule R					-	Bb	
4		Tibe in Part XIII the intended uses o		ndowm	nent fu	ınds							
Pal	t VI	Land, Buildings, and Equipa Complete if the organization a		orm 9	90. F	Part I	V. lır	ne 11a.S	See F	orm 990.	Part X	. line 10) <u>.</u>
		Description of property			ost or o	(a)	asıs	(b) Cost or oth (othe	er bası	Accui	mulated		ok value
	Land				,		·	(,				
		gs					$\neg \uparrow$						
c	Leaseh	old improvements		. ${ extstyle ex$				7,	627,30	1	3,628,43	80	3,998,871
d	Equipn	nent		.					78,11	8	54,11	.8	24,000
e	Other							1,.	286,06	4	1,074,30	12	211,762

4,234,633

			s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	,	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
			+
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 990. F	Part IV. line 11c.c.	as Form 000 Part V line 12
(a) Description of investment		(b) Book value	(c) Method of valuation
(-)			Cost or end-of-year market value
			
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	on answered 'Ves' on For	m 990 Part IV line	11d See Form 990 Part X June 15
(a) Desc		m 550,1 dre 10,1 me	(b) Book value
			<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.			
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	anization answered '\		
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
See Form 990, Part X, line 25.	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability	anization answered '\		<u> </u>

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	63,545,522
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,842,240		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	10,642,796
3	Subtract line 2e from line 1	3	52,902,726
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 188,356		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	188,356
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	53,091,082
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	r Return.
1	Total expenses and losses per audited financial statements	1	61,872,704
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	12,485,036
3	Subtract line 2e from line 1	3	49,387,668
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 188,356		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	188,356
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 19.)	-	49 576 024

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	PETSMART CHARITIES, INC IS THE ESCROWAGENT FOR THE ARIZONA STATE MOTOR VEHICLE SPAY NEUTER COMMITTEE THE BALANCE IN THE ACCOUNT AS OF THE END OF THE FISCAL YEAR WAS \$99,418
PART X, LINE 2	THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS MANAGEMENT MUST ALSO ASSESS WHETHER UNCERTAIN TAX POSITIONS COULD RESULT IN THE RECOGNITION OF A LIABILITY FOR POSSIBLE INTEREST AND PENALTIES IF ANY THE ORGANIZATION'S POLICY IS TO INCLUDE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN MANAGEMENT AND GENERAL EXPENSE AS OF JANUARY 31, 2016, AND FEBRUARY 1, 2015, THERE WERE NO UNCERTAIN TAX POSITIONS, AND THE ORGANIZATION DOES NOT ANTICIPATE A CHANGE IN ITS TAX POSITION IN THE 12 MONTHS FOLLOWING JANUARY 31, 2016

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493202011746

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Name of the organization PETSMART CHARITIES INC **Employer identification number**

					93-1140967	,
	ctivities. Comple ers are not requir				on Form 990, Part IV	', line 17.
Indicate whether the organizations Mail solicitations Internet and email so Phone solicitations In-person solicitation Did the organization have or key employees listed is services? If "Yes," list the ten high to be compensated at le	olicitations ns e a written or oral ag in Form 990, Part V	greement II) or ent s or entiti	with any i ity in con es (fundra	Solicitation of notice Solicitation of go Special fundrais ndividual (including office nection with professional)	on-government grants overnment grants ing events eers, directors, trustees I fundraising	s No undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
)						
tal			•			

Schedule G	(Form 990 or 990-EZ) 2015
Part II	Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000.

	receipts greater than \$5,000).			
		(a)Event #1 GOLF TOURNAMENT	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
Revenue		1.054.700			4.054.700
2	1 Gross receipts	1,054,700			1,054,700
	2 Less Contributions	927,465			927,465
	line 2)	127,235			127,235
	4 Cash prizes				
	5 Noncash prizes	3,955			3,955
မှ	6 Rent/facility costs				
Expenses	7 Food and beverages	144,364			144,364
鲎	8 Entertainment	10,765			10,765
Drea	9 Other direct expenses	38,408			38,408
Δ	10 Direct expense summary Add lines	4 through 9 ın column (d)		197,492
	11 Net income summary Subtract line 1	10 from line 3, column (d)		-70,257
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
uses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	│ Yes <u>%</u> │ No	│ Yes	Yes <u>%</u> No	
	7 Direct expense summary Add lines	2 through 5 ın column (d)	•	
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming ac	ctivities		
а	Is the organization licensed to conduct	gaming activities in eac	h of these states?		「Yes 「No
b	If "No," explain				
					Ī
10a	Were any of the organization's gaming l	ıcenses revoked, suspei	nded or terminated during	the tax year?	「Yes 「No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ	201

Page	3
------	---

11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		ГYes Г	No
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name ▶				
15a	Does the organization have a contract		whom the organization receives gaming		
	revenue?	men a emia parcy nom v	mom the organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🟲 \$ a		110
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
	·	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?		5 5.	ГYes Г	No
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the explain the state of the stat	anations required by Part I, line 2b, as applicable. Also complete this pa		(v); and
	Return Reference		Explanation		
		L	· · · · · · · · · · · · · · · · · · ·		

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

(Form 990)

Department of the

DLN: 93493202011746 OMB No 1545-0047

Open to Public

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

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

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

Inspection

nternal Revenue Service							
ame of the organization ETSMART CHARITIES INC						Employer identification	on number
EISMARI CHARITIES INC						93-1140967	
Part I General Information	n on Grants and	l Assistance				•	
 Does the organization maintain returned the selection criteria used to awa Describe in Part IV the organization 	ard the grants or as:	sıstance?				tance, and	▽ Yes
Part III Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50:	. , . ,	-				· · · · · • • _	543
3 Enter total number of other organ	nzations listed in th	e line 1 table				🟲	2

PART II, LINE 1(H)

(a)Type of grant or assistance

(e) Method of valuation (book, (f) Description of non-cash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2
Part III can be duplicated if additional space is needed	

(c)A mount of

PROVIDED RESULTED IN APPROPRIATE VALUE TO THE ANIMAL WELFARE FIELD

"EDUCATION" FLD - "FIELD INITIATIVE" RW - "RESCUE WAGGIN"

(b)Number of

	ince ,	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1) Description of non-easin assistance				
					'					
		<u> </u>			<u> </u>	<u> </u>				
	1				,	1				
						1				
					,	1				
	!					<u> </u>				
					'					
	'				!	1				
					1					
	1				'	1				
Part IV Supplemental	Informa	tion. Provide the in	formation required in	Part I, line 2, Part III,	column (b), and any other	additional information.				
Return Reference	Explanat	tion								
PART I, LINE 2	ORGANI	ORGANIZATIONS RECEIVING GRANTS ARE REQUIRED TO SUBMIT WRITTEN FOLLOW-UP REPORTS DETAILING HOW THE FUNDS WERE								

(d)A mount of

USED AND DOCUMENTING RESULTS AND IMPACT OF THE PROJECT ORGANIZATIONS RECEIVING ADOPTION SUPPORT ARE MONITORED

THE GRANT PURPOSE IS ABBREVIATED AS FOLLOWS ADOPT - "ADOPTION" S/N - "SPAY/NEUTER" E/R - "EMERGENCY RELIEF" EDU -

FOR ADOPTION ACTIVITIES, PET HEALTH AND SAFETY RECORDS, CONSISTENT WITH OUR POLICIES AND PROCEDURES FOR CONFERENCE SUPPORT, PETSMART CHARITIES MONITORS CONFERENCE ATTENDANCE AND CONTENT TO ENSURE THAT FUNDS

Additional Data

Software ID:

Software Version:

EIN: 93-1140967

Name: PETSMART CHARITIES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
AMERICAN HUMANE ASSOCIATION 1400 16TH STREET NW WASHINGTON, DC 20036	84-0432950	501C3	0	63,162	FM∨	PET SUPPLIES	E/R
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 424 E 92ND ST NEW YORK, NY 10128	13-1623829	501C3	0	58,000	FM∨	PET SUPPLIES	E/R
HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 20879	53-0225390	501C3	77,500	53,700	FMV	PET SUPPLIES	E/R,EDU

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ERIE COUNTY SPCA 205 ENSMINGER RD TONAWANDA,NY 14150	16-0425315	501C3	68,463	51,960	FMV	PET SUPPLIES	A DO PT ,RW		
ANIMAL RESCUE LEAGUE OF IOWA INCORPORATED 5452 NE 22ND ST DES MOINES,IA 50313	42-0680427	501C3	227,225	49,380	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		
MOHAWK AND HUDSON RIVER HUMANE SOCIETY 3 OAKLAND AVE MENANDS,NY 12204	14-1338459	501C3	161,745	41,250	FMV	PET SUPPLIES	E/R,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FOX VALLEY HUMANE ASSOCIATION N115 TWO MILE RD APPLETON, WI 54914	39-0992559	501C3	98,740	37,050	FMV	PET SUPPLIES	A DO PT ,RW		
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM,AL 35209	63-0288810	501C3	38,917	36,455	FM∨	PET SUPPLIES	FLD,ADOPT,RW		
ANIMAL CARE TRUST 4500 N ACCESS RD CHATTANOOGA,TN 37415	01-0824858	501C3	17,328	34,140	FMV	PET SUPPLIES	FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GREATER ANDROSCOGGIN HUMANE SOCIETY 55 STRAWBERRY AVE LEWISTON, ME 04240	01-6011843	501C3	65,871	33,210	FMV	PET SUPPLIES	RW	
ANIMAL RESCUE CORPS INC 121 N COURT ST LURAY,VA 22835	90-0640069	501C3	6,680	33,000	FMV	PET SUPPLIES	E/R	
SOUTHERN PINES ANIMAL SHELTER PO BOX 2021 HATTIESBURG, MS 39403	64-0514796	501C3	298,308	31,245	FMV	PET SUPPLIES	S/N,FLD,E/R,ADOPT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance		
SPARTANBURG HUMANE SOCIETY INC 150 DEXTER RD SPARTANBURG,SC 29303	57-0481019	501C3	42,098	31,170	FMV	PET SUPPLIES	FLD,ADOPT,RW		
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING,MI 48906	38-1601542	501C3	114,725	30,990	FM∨	PET SUPPLIES	S/N,ADOPT,RW		
COMPANION ANIMAL ALLIANCE 402 N 4TH ST BATON ROUGE,LA 70802	27-1204719	501C3	4,793	27,185	FM∨	PET SUPPLIES	FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONMOUTH COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 260 WALL ST EATONTOWN,NJ 07724	21-0679893	501C3	200	24,630	FM∨	PET SUPPLIES	A DO PT ,RW		
PEARL RIVER COUNTY SPCA INC PO BOX 191 PICAYUNE,MS 39466	64-0798887	501C3	42,453	23,350	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		
BARREN RIVER ANIMAL WELFARE ASSOCIATION 175 TROJAN TRL GLASGOW, KY 42141	61-1212479	501C3	47,694	22,810	FMV	PET SUPPLIES	S/N,FLD,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HUMANE SOCIETY OF SHELBY COUNTY 381 MCDOW RD COLUMBIANA, AL 35051	63-0817987	501C3	38,093	22,360	FMV	PET SUPPLIES	FLD,ADOPT,RW			
PIMA COUNTY 130 W CONGRESS 7TH FLOOR TUCSON, AZ 85701	86-6000543	COUNTY OF PIMA	329,440	21,120	FMV	PET SUPPLIES	FLD,E/R,ADOPT,RW			
CITY OF LITTLE ROCK 500 W MARKHAM LITTLE ROCK,AR 72201	71-6014465	CITY OF LITTLE ROCK	1	19,645	FMV	PET SUPPLIES	FLD,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DELAWARE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 455 STANTON CHRISTIANA RD NEWARK, DE 19713	51-0064307	501C3	24,760	18,015	FM∨	PET SUPPLIES	S/N,ADOPT,RW			
TOCCOA-STEPHENS COUNTY HUMANE SHELTER INC PO BOX 2182 TOCCOA,GA 30577	26-4323208	501C3	27,348	17,740	FM∨	PET SUPPLIES	S/N,FLD,ADOPT,RW			
COUNTY OF WILLIAMSON 1320 WEST MAIN STREET STE 130 FRANKLIN,TN 37064	62-6000913	COUNTY OF WILLIAMSON	51,316	16,680	FMV	PET SUPPLIES	FLD,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* <i>-</i>	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMANE EDUCATIONAL SOCIETY OF CHATTANOOGA TENN 212 N HIGHLAND PARK AVE CHATTANOOGA,TN 37404	62-0478240	501C3	66,125	16,130	FMV	PET SUPPLIES	FLD,ADOPT,RW			
ROANOKE COUNTY BOARD OF SUPERVISORS 5204 BERNARD DR STE 300D ROANOKE,VA 24018	54-6001572	COUNTY OF ROANOKE	27,096	15,750	FM∨	PET SUPPLIES	A DO PT ,RW			
HUMANE SOCIETY OF THE OHIO VALLEY 90 MOUNT TOM RD MARIETTA,OH 45750	31-4393873	501C3	5,000	15,000	FM∨	PET SUPPLIES	E/R			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
POSEY COUNTY 126 E THIRD ST MT VERNON,IN 47620	35-6000188	COUNTY OF POSEY	0	15,000	FMV	PET SUPPLIES	E/R			
COUNTY OF WALTON 752 TRIPLE G ROAD DEFUNIAK,FL 32433	05-9600897	COUNTY OF WALTON	0	15,000	FM∨	PET SUPPLIES	E/R			
ANIMAL WELFARE ASSOCIATION INCORPORATED 509 CENTENNIAL BLVD VOORHEES,NJ 08043	22-1752792	501C3	214,458	14,670	FM∨	PET SUPPLIES	S/N,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance		
ST TAMMANY PARISH GOVERNMENT PO BOX 628 COVINGTON,LA 70434	72-6001304	PARISH OF ST TAMMAN	10,154	14,230	FMV	PET SUPPLIES	FLD,ADOPT,RW		
COUNTY OF MONROE 103 COLLEGE ST S STE 9 MADISONVILLE,TN 37354	62-6000759	COUNTY OF MONROE	'	13,875	FMV	PET SUPPLIES	FLD,RW		
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX,AZ 85041	86-0135567	501C3	716,144	13,763	FMV	PET SUPPLIES	S/N,FLD,E/R,ADOPT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance			
TERREBONNE PARISH PO BOX 2768 HOUMA,LA 70361	72-6001390	PARISH OF TERREBONNE	7,057	13,180	FMV	PET SUPPLIES	FLD,ADOPT,RW			
COUNTY OF MONTGOMERY PO BOX 368 CLARKSVILLE,TN 37041	62-6000764	COUNTY OF MONTGOMERY	2,612	12,820	FMV	PET SUPPLIES	FLD,RW			
ANIMAL SHELTER ACTION SOCIETY INC 500 N 12TH ST MAYFIELD,KY 42066	61-1199194	501C3	38,553	11,905	FMV	PET SUPPLIES	FLD,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
PARKE-VERMILLION COUNTY HUMANE SOCIETY INC PO BOX 155 CLINTON,IN 47842	35-1857062	501C3	15,829	11,305	FMV	PET SUPPLIES	FLD,ADOPT,RW			
HUMANE SOCIETY OF MARLBORO COUNTY INC PO BOX 135 BENNETTSVILLE,SC 29512	58-2360360	501C3	1,343	11,250	FMV	PET SUPPLIES	A DO PT,RW			
MOBILE SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS 620 ZEIGLER CIR W MOBILE, AL 36608	63-0500374	501C3	83,165	10,920	.FM∨	PET SUPPLIES	FLD,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
OKTIBBEHA COUNTY HUMANE SOCIETY INC PO BOX 297 STARKVILLE,MS 39760	64-0618170	501C3	65,186	10,820	FMV	PET SUPPLIES	FLD,ADOPT,RW		
SALINE COUNTY HUMANE SOCIETY PO BOX 305 BENTON,AR 72018	71-0511707	501C3	11,386	8,735	FMV	PET SUPPLIES	FLD,ADOPT,RW		
ST HUBERTS GIRALDA 575 WOODLAND AVENUE MADISON,NJ 07940	22-1627726	501C3	2,655	8,655	FMV	PET SUPPLIES	ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 2 5	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HUMANE SOCIETY OF ATLANTIC COUNTY 1801 ABSECON BLVD ATLANTIC CITY,NJ 08401	22-6085995	501C3	0	8,130	FM∨	PET SUPPLIES	RW			
RANDOLPH COUNTY HUMANE SOCIETY PO BOX 785 ELKINS,WV 26241	55-0691720	501C3	11,551	8,020	FMV	PET SUPPLIES	FLD,RW			
CITY OF CONWAY 1201 OAK STREET CONWAY,AR 72032	71-6001898	CITY OF CONWAY	17,681	7,465	FM∨	PET SUPPLIES	FLD,ADOPT,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF VINCENNES 203 VIGO ST VINCENNES,IN 47591	35-6001221	CITY OF VINCENNES	28,048	7,160	FM∨	PET SUPPLIES	S/N,FLD,RW			
SIERRAS HAVEN FOR NEW AND USED PETS 80 EASTER DR PORTSMOUTH,OH 45662	31-1779083	501C3	15,134	6,595	FM∨	PET SUPPLIES	FLD,RW			
MENIFEE COUNTY ANIMAL SHELTER INC PO BOX 75 FRENCHBURG,KY 40322	41-2103531	501C3	14,401	6,310	FM∨	PET SUPPLIES	FLD,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CORP OF COLLIERVILLE 500 POPLAR VIEW PKWY COLLIERVILLE,TN 38017	62-6000268	CORP OF COLLIERVILLE	35,806	6,140	FMV	PET SUPPLIES	S/N,FLD,RW			
RICHARDSON RESCUE 1968 GARVIN RD YORK,SC 29745	75-3124742	501C3	4,650	6,000	FM∨	PET SUPPLIES	E/R,ADOPT			
COUNTY OF BEDFORD 200 DOVER ST STE 102 SHELBYVILLE,TN 37160	62-6000483	COUNTY OF BEDFORD	18,332	5,960	FMV	PET SUPPLIES	S/N,FLD,RW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRANKLIN COUNTY HUMANE SOCIETY INC PO BOX 184 FRANKFORT, KY 40602	61-0498423	501C3	9,681	5,855	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		
PAWS UNITE PEOPLE INC C/O MEREDITH FESTA ROCKY POINT,NY 11778	46-2371384	501C3	8,342	5,812	FMV	PET SUPPLIES	E/R		
AUGUSTA REGIONAL SPCA INC PO BOX 2014 STAUNTON,VA 24402	23-7089566	501C3	40,148	5,800	FMV	PET SUPPLIES	S/N,FLD,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,	(h) Purpose of grant or assistance		
WILSON COUNTY FINANCE DEPARTMENT PO BOX 248 LEBANON,TN 37088	62-1566628	COUNTY OF WILSON		5,500	FMV	PET SUPPLIES	E/R		
NEW HAMPSHIRE SPCA PO BOX 196 STRATHAM,NH 03885	02-6000614	501C3	1,740	5,250	FMV	PET SUPPLIES	A DO PT ,RW		
HUMANE SOCIETY OF SULLIVAN COUNTY 2425 N SECTION ST SULLIVAN,IN 47882	26-0490753	501C3	115,611	5,155	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRANKLIN COUNTY HUMANE SOCIETY PO BOX 187 WINCHESTER,TN 37398	91-2171475	501C3	11,708	4,200	FMV	PET SUPPLIES	ADOPT,RW		
HEBER SPRINGS HUMANE SOCIETY 49 SHELTER LN HEBER SPRINGS,AR 72543	71-0653244	501C3	1,368	3,975	FMV	PET SUPPLIES	RW		
MCCRACKEN CO HUMANE SOCIETY 4000 COLEMAN RD PADUCAH,KY 42001	61-0542151	501C3	18,892	3,940	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SECOND CHANCE ANIMAL SHELTER INC 111 YOUNG RD E BROOKFIELD, MA 01515	04-3490671	501C3	546,871	3,915	FMV	PET SUPPLIES	S/N,ADOPT,RW		
NOAHS ARK FOUNDATION INC PO BOX 748 FAIRFIELD,IA 52556	42-1316141	501C3	12,510	3,630	FMV	PET SUPPLIES	S/N,ADOPT,RW		
TAYLOR COUNTY HUMANE SOCIETY 182 HUMANE SOCIETY DR GRAFTON, WV 26354	31-1737498	501C3	11,581	3,505	FM∨	PET SUPPLIES	FLD,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DENISON ANIMAL WELFARE GROUP INC PO BOX 1330 DENISON,TX 75021	46-5190514	501C3	4,369	3,300	FMV	PET SUPPLIES	A DO PT ,RW		
ANIMAL RELIEF AND RESCUE FELLOWSHIP PO BOX 66 LELAND,MS 38756	64-0926255	501C3	4,782	3,125	FM∨	PET SUPPLIES	FLD,RW		
AUSTIN PETS ALIVE 1156 WEST CHESAR CHAVEZ AUSTIN,TX 78703	74-2893360	501C3	30,340	3,000	FM∨	PET SUPPLIES	E/R,ADOPT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
TIPTON COUNTY PAWS AND CLAWS PO BOX 286 ATOKA,TN 38004	46-1526853	501C3	17,663	2,565	FM∨	PET SUPPLIES	RW		
HUMANE SOCIETY OF THE OUACHITAS PO BOX 845 MENA,AR 71953	71-0502540	501C3	8,033	2,250	FM∨	PET SUPPLIES	ADOPT,RW		
MARICOPA COUNTY-MASH 3225 W DURANGO DRIVE PHOENIX, AZ 85009	86-6000472	COUNTY OF MARICOPA	,	2,000	FM∨	PET SUPPLIES	E/R,ADOPT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COUNTY OF PUTNAM BOARD OF COMMISSIONERS PO BOX 758 PALATKA,FL 32178	59-6000816	COUNTY OF PUTNAM	9,063	2,000	FMV	PET SUPPLIES	E/R		
CAROLINA VETERINARY ASSISTANCE AND ADOPTION GROUP 394 COOK FLORIST RD REIDSVILLE,NC 27320	26-4128358	501C3	6,940	2,000	FM∨	PET SUPPLIES	E/R,ADOPT		
ASSISI ANIMAL CLINICS OF VIRGINIA INC 819 WALHALLA CT ROANOKE,VA 24019	54-2021941	501C3	40,666	1,000	FM∨	PET SUPPLIES	E/R,ADOPT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance		
HUMPHREYS COUNTY HUMANE SOCIETY 112 YOUNG RD WAVERLY,TN 37185	62-1651766	501C3	62,702	935	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		
SEBASTIAN HUMANE SOCIETY 3800 KELLEY HWY FORT SMITH,AR 72904	71-0285192	501C3	62,217	870	FMV	PET SUPPLIES	FLD,A DO PT,RW		
COUNTY OF RUTHERFORD 285 JOHN RICE BLVD MURFREESBORO,TN 37129	62-6000818	COUNTY OF RUTHERFORD	1	850	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CARTHAGE HUMANE SOCIETY INCORPORATED 13860 DOG KENNEL RD CARTHAGE, MO 64836	43-6064526	501C3	26,719	850	FMV	PET SUPPLIES	FLD,ADOPT,RW		
NORTHEAST ARKANSAS HUMANE ASSOCIATION PO BOX 1042 JONESBORO,AR 72403	71-0621263	501C3	13,796	850	FMV	PET SUPPLIES	FLD,RW		
PAWS AND HOOVES RESCUE FOUNDATION RR 6 BOX 282 STILWELL,OK 74960	46-0565942	501C3	12,401	850	FM∨	PET SUPPLIES	FLD,RW		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
SCOTT COUNTY PO BOX 973 GEORGETOWN, KY 40324	61-6000775	COUNTY OF SCOTT	10,371	850	FMV	PET SUPPLIES	FLD,RW		
HUMANE SOCIETY OF GROVE AND GRAND LAKE INC PO BOX 451205 GROVE,OK 74345	73-1229887	501C3	6,322	850	FM∨	PET SUPPLIES	FLD,RW		
SOUTHWEST MISSOURI HUMANE SOCIETY 3160 W NORTON RD SPRINGFIELD, MO 65803	44-0665046	501C3	4,930	850	FM∨	PET SUPPLIES	FLD,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PARIS ANIMAL WELFARE SOCIETY INC PO BOX 222 PARIS,KY 40362	61-1224933	501C3	48,756	830	FMV	PET SUPPLIES	S/N,FLD,ADOPT,RW		
WASHINGTON COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS I 16620 STATE 123 HWY BARTLESVILLE, OK 74006	73-6107239	501C3	12,819	830	FMV	PET SUPPLIES	FLD,ADOPT,RW		
THE HAVEN PO BOX 1063 FAIRHOPE,AL 36533	63-1253853	501C3	6,594	725	FMV	PET SUPPLIES	FLD,ADOPT,RW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
TERRE HAUTE HUMANE SOCIETY PO BOX 3307 TERRE HAUTE,IN 47803	35-0884686	501C3	14,160	600	FM∨	PET SUPPLIES	E/R,ADOPT		
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB,UT 84741	23-7147797	501C3	1,035,666	0			S/N,EDU,ADOPT		
ALTERED TAILS 950 W HATCHER RD PHOENIX,AZ 85021	02-0710228	501C3	719,554	0			S/N		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF FLORIDA FOUNDATION INC PO BOX 14425 GAINESVILLE,FL 32604	59-0974739	501C3	534,671	0			S/N			
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501C3	511,950	0			S/N,ADOPT			
BRANDYWINE VALLEY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 1212 PHOENIXVILLE PIKE W CHESTER, PA 19380	23-1381030	501C3	465,940	0			S/N,ADOPT			

Form 990, Schedule I, Par	rt II, Grants and	1 Other Assistance	e to Domestic Org	anizations and D	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance								
MAUI HUMANE SOCIETY INC PO BOX 1047 PUUNENE, HI 96784	99-6000953	501C3	375,090	0			S/N								
EMANCIPET 7010 EASY WIND DR STE 260 AUSTIN,TX 78752	74-2913624	501C3	360,000	0			S/N								
BALTIMORE ANIMAL RESCUE AND CARE SHELTER INC 301 STOCKHOLM ST BALTIMORE,MD 21230	86-1130456	501C3	341,766	0			S/N,FLD,ADOPT								

Form 990,Schedule I, Par	t II, Grants and	I Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALO HELPING ANIMALS LIVE ON 2500 S 27TH AVE PHOENIX,AZ 85009	86-0832160	501C3	297,463	0			E/R,ADOPT
FACCS-FRIENDS OF ANIMAL CARE & CONTROL 16 W CAMELBACK RD PHOENIX, AZ 85013	86-1008549	501C3	285,284	0			S/N,FLD,ADOPT
MIDWESTERN UNIVERSITY 555 31ST ST DOWNERS GROVE, IL 60515	36-3377698	501C3	283,166	0			s/N

Form 990,Schedule I, Par	t II, Grants and	J Other Assistanc	e to Domestic Org	anizations and D	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance								
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND,OR 97211	93-0386880	501C3	265,965	0			S/N,E/R,ADOPT								
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE,FL 32216	59-0624410	501C3	262,973	0			S/N,ADOPT								
CITY OF SAN ANTONIO TEXAS PO BOX 839966 SAN ANTONIO,TX 78283	74-6002070	CITY OF SAN ANTONIO	,	0			S/N,FLD,ADOPT								

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 2 2	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
OHIO STATE UNIVERSITY FOUNDATION 2020 BLANKENSHIP HALL- 901 WOODY HAY COLUMBUS,OH 43210	31-1145986	501C3	244,942	0			S/N		
WASHINGTON HUMANE SOCIETY THE SOCIETY FOR THE PREVENTION OF 71 OGLETHORPE ST NW WASHINGTON, DC 20011	53-0219724	501C3	240,360	0			S/N		
CURATORS OF THE UNIVERSITY OF MISSOURI 121 UNIVERSITY HALL COLUMBIA,MO 65211	43-6003859	STATE OF MISSOURI	230,548	0			S/N		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
HUMANE OHIO 3131 TREMAINSVILLE RD TOLEDO,OH 43613	34-1897582	501C3	212,035	o			S/N			
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501C3	206,422	0			S/N			
SPAY-NEUTER ASSISTANCE PROGRAM INC PO BOX 70286 HOUSTON,TX 77270	76-0608925	501C3	204,995	0			S/N			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LAST CHANCE ANIMAL RESCUE INC PO BOX 1670 WHITE PLAINS,MD 20695	52-2328626	501C3	204,769	0			S/N,ADOPT			
MISSISSIPPI STATE UNIVERSITY FOUNDATION INC PO BOX 6149 MS STATE, MS 39762	64-0410581	501C3	200,000	0			S/N			
TONY LARUSSAS ANIMAL RESCUE FOUNDATION 2890 MITCHELL DR WALNUT CREEK,CA 94598	68-0240341	501C3	200,000	0			S/N			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OKLAHOMA HUMANE SOCIETY 9300 NORTH MAY AVENUE OKLAHOMA CITY,OK 73120	20-8446621	501C3	170,279	0			S/N,ADOPT			
LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PKWY HARROGATE,TN 37752	62-0479542	501C3	168,795	0			S/N			
SANTA FE ANIMAL SHELTER INC 100 CAJA DEL RIO SANTA FE,NM 87507	85-6000484	501C3	161,050	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
ST LOUIS METROPOLITAN SPAY NEUTER & WELLNESS CLINIC INC 1218 S JEFFERSON AVE ST LOUIS,MO 63104	90-0595857	501C3	159,205	0			S/N			
ANIMAL DEFENSE LEAGUE OF ARIZONA PO BOX 33093 PHOENIX, AZ 85067	74-2493030	501C3	157,590	0			S/N			
HUMANE SOCIETY OF POMONA VALLEY INC 500 S HUMANE WAY POMONA,CA 91766	95-1660842	501C3	155,305	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA,FL 33607	59-0799907	501C3	153,690	0			S/N,ADOPT		
OHIO ALLEYCAT RESOURCE & SPAY NEUTER CLINIC INC 5619 ORLANDO PL CINCINNATI,OH 45227	31-1728182	501C3	153,281	0			S/N,ADOPT		
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1 SHIELDS AVE DAVIS,CA 95616	94-6036494	501C3	147,441	0			S/N		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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TRUSTEES OF TUFTS COLLEGE 62RTALBOT AVE MEDFORD,MA 02155	04-2103634	501C3	145,200	0			S/N			
NEW JERSEY SPCA CUMBERLAND COUNTY BRANCH INC 1244 N DELSEA DR VINELAND,NJ 08360	21-0677474	501C3	140,382	0			S/N,ADOPT			
OKLAHOMA STATE UNIVERSITY FOUNDATION 400 S MONROE ST STILLWATER,OK 74074	73-6097060	501C3	137,675	0			S/N			

Form 990,Schedule I, Par	t II, Grants and	J Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	:nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL COUNTRY ANIMAL LEAGUE SPCA INC 115 W BANDERA RD BOERNE,TX 78006	74-2401243	501C3	137,611	0			S/N
RGV LOW COST SPAY NEUTER CLINIC 2257 PECAN BLVD MCALLEN,TX 78501	26-1298950	501C3	136,990	0			S/N
TEXAS COALITION FOR ANIMAL PROTECTION PO BOX 77016 FT WORTH,TX 76177	75-2915935	501C3	132,000	0			S/N

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL LEAGUE OF GASTON COUNTY 972 E FRANKLIN BLVD GASTONIA,NC 28054	03-0417697	501C3	125,996	0			S/N			
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LN STE B RENO,NV 89502	88-0072720	501C3	124,685	0			S/N,ADOPT			
STRAY CAT ALLIANCE 11812 SAN VICENTE BLVD STE 100 LOS ANGELES,CA 90049	95-4787231	501C3	124,440	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILD CAT FOUNDATION INC 1640 N BERTRAND DR LAFAYETTE, LA 70506	02-0647617	501C3	123,496	0			S/N,ADOPT			
PAWS CHICAGO 1933 N MARCEY ST CHICAGO,IL 60614	36-4219778	501C3	122,810	0			S/N,RW			
ASHEVILLE HUMANE SOCIETY INC 14 FOREVER FRIEND LN ASHEVILLE,NC 28806	56-1444098	501C3	122,190	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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FORT COLLINS CAT RESCUE & SPAY - NEUTER CLINIC 2321 E MULBERRY ST 1 AND 9 FORT COLLINS, CO 80524	20-4969731	501C3	121,380	0			S/N,ADOPT			
MERRIMACK RIVER FELINE RESCUE SOCIETY INC 63 ELM ST SALISBURY,MA 01952	04-3172322	501C3	120,750	0			S/N			
SAN FRANCISCO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF CRUELTY TO ANIMALS 201 ALABAMA S SAN FRANCISCO, CA 94103	94-0836580	501C3	115,400	0			S/N			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL REFUGEE RESPONSE 2905 SAN PABLO DAM RD SAN PABLO,CA 94803	45-3248828	501C3	114,650	0			S/N			
HUMANE SOCIETY OF MANATEE COUNTY INC 2514 14TH STREET WEST BRADENTON,FL 34205	59-1819652	501C3	114,365	0			S/N,ADOPT			
FORGOTTEN CATS INC 4023 KENNETT PIKE SUITE 422 GREENVILLE, DE 19807	20-0691180	501C3	113,800	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PET COMMUNITY CENTER INC 943B DOCTOR RICHARD G ADAMS DR NASHVILLE,TN 37207	45-1524886	501C3	113,245	0			S/N			
CENTER FOR WILDLIFE HEALTH RESEARCH 475 US ROUTE 1 FREEPORT, ME 04032	76-0769795	501C3	113,130	0			S/N			
AMANDA FOUNDATION 351 FOOTHILL RD BEVERLY HILLS,CA 90210	51-0183667	501C3	113,000	0			S/N			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL ALLIES 1097 ASHEVILLE HWY SPARTANBURG,SC 29303	57-1098821	501C3	110,200	0			S/N			
SUMNER SPAY NEUTER ALLIANCE PO BOX 1834 GALLATIN,TN 37066	26-4175450	501C3	109,731	0			S/N			
WATERMELON MOUNTAIN RANCH INC 1512 DEBORAH RD SE 203 RIO RANCHO,NM 87124	85-0480585	501C3	108,573	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
SPAY AND NEUTER KANSAS CITY 1116 E 59TH ST KANSAS CITY, MO 64110	82-0563117	501C3	106,400	0			S/N			
ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA INC 1781 MARS HILL RD WATKINSVILLE, GA 30677	58-1847318	501C3	105,105	0			S/N,ADOPT			
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF THE PALM BEACHES INC 3200 N MILITARY TRL WEST PALM BCH,FL 33409	59-0637811	501C3	103,320	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALL ABOUT ANIMALS RESCUE 23451 PINEWOOD ST WARREN,MI 48091	20-3006686	501C3	100,900	0			S/N			
COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA,CA 95402	20-4698227	501C3	100,000	0			S/N			
FIXNATION INC 7680 CLYBOURN AVENUE SUN VALLEY,CA 91352	83-0452460	501C3	98,975	0			S/N			

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THEENID SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 1116 OVERLAND TRL ENID,OK 73703	73-1546461	501C3	97,551	0			S/N,ADOPT			
FIXGEORGIAPETS INC 5500 INTERSTATE NORTH PKWY STE 600 ATLANTA,GA 30328	45-5492739	501C3	95,366	0			S/N			
HUMANE SOCIETY OF THE PIKES PEAK REGION 610 ABBOT LN COLORADO SPGS,CO 80905	84-0410111	501C3	95,360	0			S/N,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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RAINBOW FRIENDS ANIMAL SANCTUARY PO BOX 1259 KURTISTOWN,HI 96760	99-0353068	501C3	94,370	0			S/N			
ESPANOLA VALLEY HUMANE SOCIETY THE ESPANOLA ANIMAL SHELTER 108 HAM ESPANOLA,NM 87532	85-0406234	501C3	93,465	0			S/N,ADOPT			
ANIMAL CARE AND CONTROL OF NEW YORK CITY INC 11 PARK PL STE 805 NEW YORK, NY 10007	13-3788986	501C3	93,220	0			S/N			

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HUMANE SOCIETY OF CENTRAL ARIZONA PO BOX 242 PAYSON,AZ 85547	23-7206092	501C3	93,178	0			S/N,ADOPT			
ANIMAL ACTION LEAGUE PO BOX 1413 JOSHUA TREE,CA 92252	33-0345283	501C3	91,600	0			S/N			
CITY AND COUNTY OF DENVER 201 W COLFAX AVE DEPT 1109 DENVER, CO 80202	84-6000580	COUNTY OF DENVER	90,507	0			S/N			

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SPCA OF TEXAS 2400 LONE STAR DR DALLAS,TX 75212	75-1216660	501C3	90,302	0			E/R,ADOPT			
PET REFUGE INC 4626 S BURNETT DR SOUTH BEND,IN 46614	31-0936469	501C3	90,220	0			S/N,ADOPT			
TEXAS GULF COAST BOSTON TERRIER RESCUE INC 5819 WOODLAND FALLS DR KINGWOOD,TX 77345	46-1308786	501C3	89,635	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SPAY NEUTER NETWORK PO BOX 515 KAUFMAN,TX 75142	20-0276988	501C3	84,100	0			S/N		
ALLEY CAT ADVOCATES INC 3044 BARDSTOWN RD 204 LOUISVILLE,KY 40205	61-1343210	501C3	84,000	0			S/N		
LOS ANGELES S P C A 5026 W JEFFERSON BLVD LOS ANGELES, CA 90016	95-1738153	501C3	83,930	0			A DO PT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
ANIMAL RESOURCES OF TIDEWATER PO BOX 11535 NORFOLK, VA 23517	54-1949980	501C3	81,686	0			S/N,ADOPT		
THE HUMANE SOCIETY FOR GREATER SAVANNAH INC 7215 SALLIE MOOD DR SAVANNAH, GA 31406	58-0619035	501C3	81,400	0			S/N,ADOPT		
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE,NC 28203	58-1342479	501C3	81,301	0			S/N		

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ALLEN COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 4914 HANNA ST FORT WAYNE, IN 46806	35-6042135	501C3	80,581	0			S/N,ADOPT,RW		
HUMANE SOCIETY OF INDIANAPOLIS INC 7929 N MICHIGAN RD INDIANAPOLIS,IN 46268	35-0876385	501C3	80,566	0			S/N,ADOPT		
SPAY NEUTER CHARLOTTE 2017 N DAVIDSON ST CHARLOTTE, NC 28205	27-3665227	501C3	78,700	0			S/N		

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COALITION TO UNCHAIN DOGS INC PO BOX 3259 DURHAM,NC 27715	26-2584285	501C3	75,000	0			S/N		
MOUNTAIN VIEW HUMANE 1340 BALDWIN AVE NE ROANOKE,VA 24012	27-0617942	501C3	74,460	0			S/N		
WILLAMETTE HUMANE SOCIETY 4246 TURNER RD SE SALEM,OR 97317	93-0577975	501C3	73,450	0			S/N,ADOPT		

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PAWMETTOLIFELINE INC 1275 BOWER PKWY COLUMBIA,SC 29212	56-2146419	501C3	73,100	0			S/N,ADOPT		
HUMANE SOCIETY OF CLARKSVILLE MONTGOMERY COUNTY INCORPORATED 940 TENNESSEE AVE CLARKSVILLE,TN 37040	58-1465345	501C3	70,526	0			S/N,ADOPT		
ADA HOWE KENT MEMORIAL SHELTER INC 2259 RIVER RD CALVERTON,NY 11933	23-7007068	501C3	68,980	0			S/N		

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FRESNO H O P E ANIMAL FOUNDATION 5490 W SPRUCE AVE FRESNO,CA 93722	77-0508414	501C3	68,750	0			S/N		
SPAY TODAY INC 4550B COUNTY HOME RD GREENVILLE,NC 27858	33-1173160	501C3	64,551	0			S/N		
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH,FL 32124	59-0530990	501C3	63,975	0			S/N,ADOPT		

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ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX,AZ 85034	23-7149453	501C3	63,340	0			ADOPT		
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC 615 VIRGINIA ST SE ALBUQUERQUE,NM 87108	85-0207652	501C3	63,070	0			S/N,ADOPT		
BLOOMINGTON PETS ALIVE INC 2444 S WALNUT ST BLOOMINGTON,IN 47401	36-4516780	501C3	63,025	0			S/N		

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COASTAL ANIMAL RESCUE PO BOX 2981 MURRELLS INLT,SC 29576	20-1926241	501C3	60,310	0			S/N,ADOPT		
HEAVEN CAN WAIT ANIMAL SOCIETY PO BOX 30158 LAS VEGAS,NV 89173	88-0450947	501C3	59,980	0			S/N,ADOPT		
OREGON FRIENDS OF SHELTER ANIMALS 4240 SW 185TH AVE BEAVERTON,OR 97078	20-0003876	501C3	59,660	0			A DO PT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CITY OF CITRUS HEIGHTS 6237 FOUNTAIN SQUARE DR CITRUS HEIGHTS, CA 95621	91-1762645	CITY OF CITRUS HEIGH	58,480	0			S/N		
ANIMAL DEFENSE LEAGUE 11300 NACOGDOCHES RD SAN ANTONIO,TX 78217	74-6002033	501C3	56,500	0			ADOPT		
THE SPAYED CLUB 13 TALL TREE CIR BROOMALL,PA 19008	23-2822590	501C3	56,210	0			S/N		

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ANIMAL WELFARE SOCIETY INC PO BOX 43 W KENNEBUNK, ME 04094	23-7018176	501C3	55,570	0			S/N,ADOPT		
WIREGRASS SPAY NEUTER ALLIANCE 106 ADRIS PL DOTHAN,AL 36303	27-1991142	501C3	54,700	0			S/N		
CLARK COUNTY HUMANE SOCIETY INC PO BOX 127 NEILLSVILLE, WI 54456	39-1595272	501C3	54,676	0			ADOPT,RW		

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DIVINE FELINE INC 2600 W 2ND AVE UNIT 10 DENVER,CO 80219	26-3781322	501C3	54,420	0			S/N			
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH,TX 76103	75-1245911	501C3	54,257	0			S/N,ADOPT			
CITY OF EL PASO TEXAS 2 CIVIC CENTER PLAZA RM 202 EL PASO,TX 79901	74-6000749	CITY OF EL PASO	54,020	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
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LOST OUR HOME PET FOUNDATION INC 16211 N SCOTTSDALE ROAD SCOTTSDALE,AZ 85254	37-1589959	501C3	52,080	0			A DO PT		
YOUNG-WILLIAMS ANIMAL CENTER OF EAST TENNESSEE 3201 DIVISION ST KNOXVILLE,TN 37919	45-5326778	501C3	51,605	0			S/N,ADOPT		
HUMANE SOCIETY OF AUSTIN & TRAVIS COUNTY TRAVIS COUNTY 124 W ANDERSON LANE AUSTIN,TX 78752	74-6013665	501C3	51,550	0			S/N,ADOPT		

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HUMANE SOCIETY OF YUMA INC 4050 SOUTH 4 12 EAST YUMA,AZ 85365	86-6053617	501C3	51,510	0			ADOPT			
KALAMAZOO COUNTY HUMANE SOCIETY 4239 S WESTNEDGE AVE KALAMAZOO,MI 49008	38-1474932	501C3	51,340	0			S/N			
COUNTY OF SALT LAKE 2001 S STATE STREET N4- 200 SALT LAKE CITY,UT 84190	87-6000316	COUNTY OF SALT LAKE	1 ' 1	0			S/N,ADOPT			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PHILADELPHIA ANIMAL WELFARE SOCIETY 100 N 2ND ST PHILADELPHIA,PA 19106	26-3862631	501C3	50,740	0			S/N,ADOPT			
HAVEN HUMANE SOCIETY PO BOX 992202 REDDING,CA 96099	94-1634752	501C3	49,390	0			S/N,ADOPT			
CITY OF MIAMI BEACH 1700 CONVENTION CENTER DRIVE MIAMI BEACH,FL 33139	59-6000372	CITY OF MIAMI BEACH	48,780	0			S/N			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
RUDE RANCH ANIMAL RESCUE INC 3200 IVY WAY HARWOOD,MD 20776	52-2312763	501C3	47,800	0			S/N			
GEORGIA ANIMAL PROJECT INC PO BOX 689 HOLLY SPRINGS,GA 30142	56-2623576	501C3	47,700	0			S/N			
HOPE FOR ANIMALS 1333 MAYCREST DR FORT WAYNE,IN 46805	26-2466638	501C3	45,200	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF FORT WORTH 1000 THROCKMORTON ST FORT WORTH,TX 76102	75-6000528	CITY OF FORT WORTH	45,090	0			ADOPT			
LENAWEE HUMANE SOCIETY 705 W BEECHER ST ADRIAN,MI 49221	38-1574080	501C3	45,060	0			S/N,ADOPT			
HUMANE SOCIETY OF SUMNER COUNTY PO BOX 2412 HENDERSONVLLE,TN 37077	23-7412307	501C3	45,020	0			S/N,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL PROTECTIVE LEAGUE OF SPRINGFIELD AND SANGAMON COUNTY 1001 TAINTOR RD SPRINGFIELD,IL 62702	23-7095476	501C3	44,870	0			S/N,ADOPT			
GALVESTON ISLAND HUMANE SOCIETY INC 6814 BROADWAY ST GALVESTON,TX 77554	74-2159658	501C3	44,410	0			S/N,ADOPT			
CITY OF ARLINGTON PO BOX 90231 ARLINGTON,TX 76004	75-6000450	CITY OF ARLINGTON	43,570	0			S/N,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
HUMANE SOCIETY SILICON VALLEY 901 AMES AVE MILPITAS,CA 95035	94-1196215	501C3	42,030	0			ADOPT			
PETS LOW COST SPAY AND NEUTER CLINIC PO BOX 4669 WICHITA FALLS,TX 76308	68-0648159	501C3	42,000	0			S/N			
SHELTER OUTREACH SERVICES OF OHIO 3121 W BROAD ST COLUMBUS,OH 43204	71-1018725	501C3	41,875	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
SOUTH CAROLINA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 305 AIRPORT RD GREENVILLE, SC 29607	57-6000563	501C3	41,660	0			S/N		
NEWNAN-COWETA HUMANE SOCIETY INC 12 THE CRESCENT NEWNAN,GA 30263	27-1864552	501C3	40,325	0			S/N		
ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS 11145 NW OLD CORNELIUS PASS RD PORTLAND,OR 97231	41-2185841	501C3	40,000	0			S/N		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
LEISURE CAT ANIMAL RESCUE PO BOX 1005 BUDA,TX 78610	46-4543344	501C3	39,950	0			ADOPT			
HUMANE SOCIETY OF PUTNAM COUNTY PO BOX 995 COOKEVILLE,TN 38503	58-1387894	501C3	39,550	0			S/N			
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD ANN ARBOR,MI 48105	38-1474931	501C3	39,200	0			S/N,RW			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVE HILLSIDE,NJ 07205	22-2331492	501C3	38,410	0			S/N,ADOPT			
FRANKLIN COUNTY HUMANE SOCIETY INC PO BOX 2118 ROCKY MOUNT,VA 24151	52-1256009	501C3	38,405	0			S/N,ADOPT			
ARIZONA VETERINARY MEDICAL ASSOCIATION 100 W COOLIDGE ST PHOENIX,AZ 85013	23-7216045	501C6	38,400	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF PLAINVILLE 222 W MILL ST PLAINVILLE,KS 67663	48-6014904	CITY OF PLAINVILLE		0			S/N			
CARROLL COUNTY HUMANE SOCIETY 535 E MONTGOMERY ST STE B VILLA RICA, GA 30180	58-2284855	501C3	38,200	0			S/N			
NO NONSENSE NEUTERING INC 218 E MARKET ST BETHLEHEM,PA 18018	26-3430346	501C3	38,000	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
COMMUNITY SPAY NEUTER INITIATIVE PARTNERSHIP C-SNIP 1675 VIEWPOND DR SE KENTWOOD,MI 49508	38-3463298	501C3	37,850	0			S/N			
ANICIRA VETERINARY CENTER 910 N LIBERTY ST HARRISONBURG, VA 22802	20-8358468	501C3	37,175	0			S/N			
DAKIN PIONEER VALLEY HUMANE SOCIETYINC 171 UNION ST SPRINGFIELD, MA 01105	20-5318898	501C3	36,810	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOUTH SUBURBAN HUMANE SOCIETY 1103 WEND AVE CHICAGO HTS,IL 60411	23-7165004	501C3	36,635	0			S/N,ADOPT			
PETFIX NORTHEAST OHIO INC 885 E 222ND ST EUCLID,OH 44123	20-2205609	501C3	36,100	0			S/N			
COUNTY OF BARRY 220 W STATE ST HASTINGS,MI 49058	38-6004836	COUNTY OF BARRY	36,000	0			S/N			

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance									
PRICELESS PUPPY RESCUE CORP 2810 ENGLISH RD CHINO HILLS,CA 91709	26-1167234	501C3	35,350	0			ADOPT									
LEXINGTON HUMANE SOCIETY 1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501C3	34,615	0			E/R,ADOPT									
HUMANE SOCIETY OF NELSON COUNTY INC 2391 NEW HAVEN RD BARDSTOWN,KY 40004	61-1266246	501C3	34,000	0			S/N									

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FOOTHILLS ANIMAL RESCUE INC 23030 N PIMA RD SCOTTSDALE,AZ 85255	86-0789269	501C3	33,351	0			ADOPT				
FIRST COAST NO MORE HOMELESS PETS INC 6817 NORWOOD AVE JACKSONVILLE,FL 32208	01-0709158	501C3	32,290	0			A DO PT				
BERKSHIRE HUMANE SOCIETY INC 214 BARKER RD PITTSFIELD,MA 01201	04-3148018	501C3	32,000	0			S/N				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 5	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
ANIMALS BEST FRIEND FUND INC PO BOX 443 OSHTEMO,MI 49077	38-2356433	501C3	32,000	0			S/N				
TLC PETSNIP INC 1701 E GARY RD LAKELAND,FL 33801	61-1647971	501C3	31,870	0			S/N				
C A R E 4 PAWS INC 8250 SANTA ROSA RD BUELLTON,CA 93427	27-0207473	501C3	31,250	0			S/N				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PEOPLE PROMOTING ANIMAL WELFARE PO BOX 68 GREENBACK,TN 37742	62-1471626	501C3	31,175	0			S/N,ADOPT				
HUMANE SOCIETY OF SAN ANTONIO 4804 FREDERICKSBURG RD SAN ANTONIO,TX 78229	74-6024105	501C3	30,950	0			S/N				
NEIGHBORHOOD CATS INC 2576 BROADWAY NEW YORK, NY 10025	13-4133456	501C3	30,500	0			S/N				

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	<u>omestic Governme</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL FRIENDS OF WASHINGTON COUNTY 3901 HIGHWAY 36 N BRENHAM,TX 77833	35-2205139	501C3	30,500	0			S/N
SAN ANTONIO FERAL CAT COALITION PO BOX 692308 SAN ANTONIO,TX 78269	76-0766948	501C3	30,080	0			S/N,ADOPT
OPERATION CATNIP OF GAINESVILLE INC PO BOX 141023 GAINESVILLE,FL 32614	59-3522372	501C3	30,000	0			S/N

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CITY OF GREENBRIER 202 W COLLEGE ST GREENBRIER,TN 37073	62-1201616	CITY OF GREENBRIER	29,739	0			RW				
VALLEY ANIMAL CENTER 3934 N HAYSTON AVE FRESNO,CA 93726	77-0540565	501C3	29,295	О			S/N,ADOPT				
SPAY N SAVE INC PO BOX 622543 OVIEDO,FL 32762	30-0693930	501C3	29,000	0			S/N				

Form 990,Schedule I, Par	t II, Grants and	J Other Assistance	e to Domestic Orga	anizations and D	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance							
CITY OF TERRE HAUTE 17 HARDING AVE TERRE HAUTE,IN 47807	35-6001210	CITY OF TERRE HAUTE	1 ' 1	o			S/N							
A NEW LEASH ON LIFE 707 ANDREW JACKSON WAY NE HUNTSVILLE,AL 35801	34-2013011	501C3	27,875	0			ADOPT							
PUPPY HILL FARM ANIMAL RESCUE INC 5630 LONE PINE TRL MELROSE,FL 32666	59-3621194	501C3	27,090	0			ADOPT							

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL WELFARE SOCIETY OF BANDERA COUNTY PO BOX 64038 PIPE CREEK,TX 78063	74-2865963	501C3	26,980	0			S/N,ADOPT
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS,MI 49534	38-1360926	501C3	26,875	0			A DO PT ,RW
CULPEPER FELINES AND FRIENDS PO BOX 58 BRANDY STA,VA 22714	27-0644123	501C3	26,850	0			S/N,ADOPT

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	anizations and De	<u>omestic Governme</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 8323 BALDWIN ST OAKLAND, CA 94621	94-1322202	501C3	26,060	0			S/N
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY,IL 62305	37-6045284	501C3	26,050	0			S/N
COMMERCIAL TOWNSHIP 1768 MAIN ST PORT NORRIS,NJ 08349	22-1845212	TOWNSHIP OF COMMERCI	25,520	0			S/N

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Org	anizations and D	omestic Governme	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance									
ANIMAL RESCUE COALITION INC 6320 TOWER LN SARASOTA, FL 34240	65-0950292	501C3	25,300	0			S/N									
HUMANE SOCIETY OF SAN BERNARDINO VALLEY 374 W ORANGE SHOW RD SN BERNRDNO,CA 92408	23-7078944	501C3	25,225	0			S/N									
CITIZENS FOR ANIMAL PROTECTION INC 17555 KATY FWY HOUSTON,TX 77094	23-7296260	501C3	25,000	0			S/N									

Form 990,Schedule I, Par	t II, Grants and	J Other Assistanc€	to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BELLMEAD 3015 BELLMEAD DR WACO,TX 76705	74-6013917	CITY OF BELLMEAD	25,000	0			S/N
CATS ABOUT TOWN SOCIETY PO BOX 341013 SACRAMENTO,CA 95834	68-0407757	501C3	24,760	0			A DO PT
EVERY CREATURE COUNTS 1245 FACTORY CIR FORT LUPTON, CO 80621	84-1214288	501C3	24,750	0			A DO PT

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
CHARLES RIVER ALLEYCATS INCORPORATED 58B HAMMOND ST CAMBRIDGE, MA 02138	20-0352197	501C3	24,700	0			S/N				
CITY OF DALLAS 1500 MARILLA STREET ROOM 2BS DALLAS,TX 75201	75-6000508	CITY OF DALLAS	24,410	0			A D O P T				
OPERATION PETS THE SPAY NEUTER CLINIC OF WESTERN NEW YORK INC 24 QUAKER LAKE TER ORCHARD PARK, NY 14127	16-1543255	501C3	24,025	0			S/N				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KENTUCKY HUMANE SOCIETY 1000 LYNDON LN STE B LOUISVILLE,KY 40222	61-0463938	501C3	23,986	0			S/N			
LOST DOG RESCUE FOUNDATION 1301 N TUCKAHOE ST FALLS CHURCH, VA 22046	31-1789600	501C3	23,850	0			A DO PT			
SPCA OF NORTH BREVARD INC 455 CHENEY HWY TITUSVILLE,FL 32780	59-1989109	501C3	23,660	0			S/N,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROJECT BARK 4907 KINGSWOOD DR GREENSBORO,NC 27410	45-1795524	501C3	23,540	0			S/N			
BELLA FOUNDATION PO BOX 20035 OKLAHOMA CITY,OK 73156	20-5781826	501C3	22,900	0			ADOPT			
HUMANE SOCIETY OF JOHNSON COUNTY 3827 N GRAHAM RD FRANKLIN,IN 46131	31-0970405	501C3	22,500	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HAWAII ISLAND HUMANE SOCIETY 74-5225 QUEEN KAAHUMANU HWY KAILUA KONA,HI 96740	99-6009437	501C3	22,500	0			S/N			
OPERATION SPAY BAY INC 1600 BAY AVE PANAMA CITY,FL 32405	45-2931723	501C3	22,400	0			S/N			
PHOENIX ANIMAL CARE COALITION 10645 N TATUM BLVD SUITE 516 PHOENIX,AZ 85028	20-5153613	501C3	22,050	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOCIETY OF ANIMAL WELFARE ADMINISTRATORS 15508 W BELL ROAD STE 101613 SURPRISE, AZ 85374	41-1618666	501C6	22,000	0			EDU			
COMMUNITY ANIMAL WELFARE SOCIETY 516 13TH AVE SALT LAKE CITY,UT 84103	87-0515959	501C3	21,460	0			ADOPT			
FRIENDS OF THE PALM SPRINGS ANIMAL SHELTER 4575 E MESQUITE AVE PALM SPRINGS,CA 92264	33-0731853	501C3	21,060	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DIANAS GROVE DOG RESCUE INC 4150 HIGHWAY M CABOOL, MO 65689	13-4315959	501C3	20,967	0			ADOPT			
SPOKANE HUMANE SOCIETY PO BOX 6247 SPOKANE,WA 99217	91-0565011	501C3	20,915	0			A DO PT			
ANIMAL PROTECTION ASSOCIATION INC 854 GOODMAN ST MEMPHIS,TN 38111	62-1067900	501C3	20,900	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMPANION ANIMAL CLINIC OF THE SANDHILLS PO BOX 148 SOUTHERN PNES, NC 28388	20-2886984	501C3	20,650	0			S/N			
ANOTHER CHANCE FOR ANIMALS INC PO BOX 4336 EVANSVILLE,IN 47724	27-3401956	501C3	20,626	0			A DO PT			
ANIMAL RESOURCE CENTER INC PO BOX 701268 SAN ANTONIO,TX 78270	74-2846005	501C3	20,600	0			S/N			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL WELFARE LEAGUE 10305 SOUTHWEST HWY CHICAGO RIDGE,IL 60415	36-2235155	501C3	20,541	0			E/R,ADOPT			
ANIMAL ALLIES HUMANE SOCIETY INC 4006 AIRPORT RD DULUTH,MN 55811	41-0917362	501C3	20,205	0			S/N			
NORFOLK SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS INC 916 BALLENTINE BLVD NORFOLK,VA 23504	54-0515759	501C3	20,103	0			A DO PT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO,IL 60654	36-2179814	501C3	19,960	0			ADOPT			
BAYPATH HUMANE SOCIETY OF HOPKINTON INC 5 RAFFERTY RD HOPKINTON,MA 01748	04-2625753	501C3	19,620	0			S/N			
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS 2600 WILMINGTON PIKE KETTERING, OH 45419	23-7367199	501C3	19,380	0			S/N,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
A SECOND CHANCE PUPPIES AND KITTENS RESCUE INC PO BOX 211924 ROYAL PLM BCH,FL 33421	26-1296492	501C3	19,150	0			ADOPT			
PAWS CLINIC 21210 GODDARD RD TAYLOR,MI 48180	27-3257737	501C3	18,950	0			S/N			
TILTED ACRES RESCUE AND ADOPTIONS 3045 N MCFARLAND BLUE RD RAEFORD,NC 28376	46-0736492	501C3	18,745	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HAPPY HOMES ANIMAL RESCUE INC 26 YELLOWSTONE DR OLD BRIDGE,NJ 08857	45-4087542	501C3	18,720	0			S/N,ADOPT			
CITY OF BARTLETT 5220 SHELTER RUN LN BARTLETT,TN 38135	62-6011034	CITY OF BARTLETT	18,715	0			E/R,ADOPT			
ANIMAL FRIENDS INC 562 CAMP HORNE RD PITTSBURGH,PA 15237	25-0951565	501C3	18,600	0			S/N,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WOODSTOCK ANIMAL FOUNDATION INC 843 LANE ALLEN RD LEXINGTON, KY 40504	36-3857844	501C3	18,410	0			ADOPT			
HUMANE SOCIETY OF ST CLAIR COUNTY SNAP 6177 FRED MOORE HWY CHINA,MI 48054	26-1388203	501C3	18,120	0			S/N,ADOPT			
SUNCOAST ANIMAL LEAGUE 2175 SANTA PAULA DR DUNEDIN,FL 34698	02-0787661	501C3	18,041	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEART OF LOUISIANA HUMANE SOCIETY PO BOX 1057 WINNFIELD,LA 71483	35-2327953	501C3	18,000	0			ADOPT			
LIFE IS BETTER RESCUE PO BOX 200 98 WASDWORTH BLVD 127 LAKEWOOD,CO 80226	27-4360086	501C3	17,775	0			A DO PT			
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 EAST HANOVER,NJ 07936	23-7189562	501C3	17,620	0			A DO PT			

Form 990,Schedule I, Pai	t II, Grants and	<u> I Other Assistance</u>	<u>e to Domestic Orga</u>	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL TEXAS ANIMAL SHELTER COALITION 12300 COUNTY ROAD 528 MANSFIELD,TX 76063	31-1717528	501C3	17,000	0			EDU
ADOPT-A-RESCUE-PET 1500 E TROPICANA AVE STE 105 LAS VEGAS,NV 89119	88-0487028	501C3	16,990	0			A DO PT
GREAT PLAINS SPCA 5428 ANTIOCH DR MERRIAM,KS 66202	05-0552529	501C3	16,813	0			S/N,E/R,ADOPT

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CAT CRUSADERS 20647 LONGLEAF PINE AVE TAMPA,FL 33647	27-3257614	501C3	16,805	0			ADOPT				
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVE ROCKAWAY,NJ 07866	30-0294525	501C3	16,640	0			A DO PT				
NEBRASKA HUMANE SOCIETY 8929 FORT ST OMAHA,NE 68134	47-0378997	501C3	16,520	0			A DO PT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIDLAND HUMANE COALITION INC PO BOX 53213 MIDLAND,TX 79710	27-3102777	501C3	16,380	0			ADOPT			
HAVEN-FRIENDS FOR LIFE 400 FULFORD MCMILLAN RD RAEFORD,NC 28376	31-1487955	501C3	15,770	0			A D O P T			
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 48025	38-1358206	501C3	15,695	0			ADOPT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVE CLEVELAND,OH 44113	34-0714644	501C3	15,390	0			E/R,ADOPT				
SPCA OF LIVINGSTON PO BOX 500 WALKER,LA 70785	26-3969206	501C3	15,352	0			A DO PT				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVE SAINT LOUIS, MO 63110	43-0652638	501C3	15,280	0			S/N,E/R,ADOPT				

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	nizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAR CREEK CAT RESCUE 2440 W 70TH CIR ANCHORAGE, AK 99502	27-2265973	501C3	15,250	0			E/R
IDAHO HUMANE SOCIETY INC 4775 W DORMAN ST BOISE,ID 83705	82-0212536	501C3	15,140	0			A DO PT
ELKHART COUNTY FERAL CAT COALITION INCORPORATED PO BOX 2196 ELKHART,IN 46515	27-0683077	501C3	14,930	0			S/N

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPRINGFIELD ANIMAL ADVOCACY FOUNDATION 1600 N WASHINGTON AVE SPRINGFIELD,MO 65803	26-4015205	501C3	14,800	0			S/N			
MAVYN 2621 E GRANDVIEW RD PHOENIX,AZ 85032	45-4042246	501C3	14,750	0			ADOPT			
POUND PUPPIES N KITTENS INC 295 PAINE CROSSING RD SOCIAL CIRCLE, GA 30025	58-2608242	501C3	14,590	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ANIMAL OUTREACH OF THE MOTHER LODE 6101ENTERPRISE DRIVE SUITE BC PO BO DIAMOND SPRINGS, CA 95619	68-0272499	501C3	14,560	0			ADOPT			
RAMONA HUMANE SOCIETY INC 690 HUMANE WAY SAN JACINTO,CA 92582	23-7374470	501C3	14,485	0			ADOPT			
SAVE A LIFE PET RESCUE INC 29711 WELLS RD WESLEY CHAPEL,FL 33545	61-1511434	501C3	14,270	0			ADOPT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD TUCSON,AZ 85716	86-0112798	501C3	14,230	0			ADOPT				
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	84-0405254	501C3	14,040	0			A DO PT				
HUMANE SOCIETY OF THE OCHOCOS 1280 SW TOM MCALL RD PRINEVILLE, OR 97754	93-1187879	501C3	14,013	0			A DO PT				

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COUNTY OF CUMBERLAND PO BOX 1829 FAYETTEVILLE, NC 28302	56-6000291	COUNTY OF CUMBERLAND	1	0			ADOPT				
CHEROKEE COUNTY HUMANE SOCIETY INC 5900 BELLS FERRY RD ACWORTH,GA 30102	58-1588122	501C3	13,790	0			ADOPT				
COUNTY OF PINELLAS BOARD OF COUNTY COMMISSIONERS 12450 ULMERTON RD LARGO,FL 33774	59-6000800	COUNTY OF PINELLAS	/	0			ADOPT				

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	a to Domestic Orga	anizations and D	omestic Governme	:nts.	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 2 4	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance										
GEORGIA CANINE RESCUE AND REHABILITATION INC 235 MAC THOMPSON RD COCHRAN,GA 31014	42-1734842	501C3	13,642	0			ADOPT										
ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY FLORIDA INC 3519 DRANCE ST PT CHARLOTTE,FL 33980	59-1146309	501C3	13,640	0			ADOPT										
FRIENDS OF MADERA ANIMAL SHELTER PO BOX 923 MADERA,CA 93639	77-0553194	501C3	13,520	0			ADOPT										

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
ANIMAL CARE AND CONTROL TEAM 111 W HUNTING PARK AVE PHILADELPHIA, PA 19140	45-3985637	501C3	13,320	0			ADOPT				
ANIMAL PROTECTION LEAGUE PO BOX 691912 STOCKTON,CA 95269	68-0193683	501C3	13,220	0			ADOPT				
ALL ABOUT ANIMALS RESCUE INC 4401 W DAILEY ST GLENDALE,AZ 85306	27-5410456	501C3	13,161	0			ADOPT				

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance									
PACK LEADERS RESCUE OF CT INC 280 DENNISON RDG MANCHESTER,CT 06040	46-2143229	501C3	13,150	0			ADOPT									
PARTNERS FOR PETS HUMANE SOCIETY PO BOX 445 TROY,IL 62294	36-4521704	501C3	12,830	0			ADOPT									
A PAW AND A PRAYER DOG RESCUE 738 SUNSET MOUNTAIN DR CHATTANOOGA,TN 37421	80-0917399	501C3	12,521	0			ADOPT									

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance		
PAWS AND PRAYERS INC 1407 MAIN STREET A CUYAHOGA FLS,OH 44221	34-1962067	501C3	12,390	0			ADOPT		
SWEET DREAM HOUSE RESCUE INC 657 N WAYNE AVE LOCKLAND,OH 45215	47-1036880	501C3	12,360	0			ADOPT		
COUNTY OF ONSLOW (ANIMAL SERVICES) 328 NEW BRIDGE STREET JACKSONVILLE, NC 28540	56-6000326	COUNTY OF ONSLOW	, ,	0			ADOPT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAT ADOPTION TEAM PO BOX 2196 WILMINGTON,NC 28402	56-1989031	501C3	12,262	0			ADOPT		
LOUIES LEGACY ANIMAL RESCUE 4725 BOOMER RD CINCINNATI,OH 45247	27-0805279	501C3	12,260	0			ADOPT		
ALL TERRIER RESCUE HUNTERS CROSSING INC 18325 SW DIVISION ST ALOHA, OR 97078	93-1284055	501C3	11,980	0			ADOPT		

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BEAUFORT COMMUNITY CAT PROJECT PO BOX 2302 BEAUFORT, NC 28516	26-2120031	501C3	11,820	0			S/N			
GIFT FOUNDATION INC 1015 HUTTON LANE HIGH POINT,NC 27262	45-3177298	501C3	11,660	0			A DO PT			
WEST COAST DOG AND CAT RESCUE PO BOX 72401 SPRINGFIELD,OR 97475	68-0655056	501C3	11,581	0			ADOPT			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
WILLAMETTE ANIMAL GUILD 3045 ROYAL AVE EUGENE, OR 97402	93-1264009	501C3	11,540	0			S/N			
TOWN OF URBANNA PO BOX 179 URBANNA, VA 23175	54-6019562	TOWN OF URBANNA	11,500	0			S/N			
THE ANIMAL FOUNDATION 655 N MOJAVE RD LAS VEGAS,NV 89101	88-0144253	501C3	11,280	0			ADOPT			

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CIRCLE OF FRIENDS ANIMAL SOCIETYINC PO BOX 1235 GREENSBORO,GA 30642	20-8346787	501C3	11,178	0			ADOPT			
TEXAS LITTLE CUTIES RESCUE 16886 S STATE HIGHWAY 78 LEONARD,TX 75452	26-4009063	501C3	11,120	0			ADOPT			
CITY OF OKLAHOMA CITY (ANIMAL WELFARE DIVISION) 100 N WALKER 3RD FLOOR OKLAHOMA CITY,OK 73102	73-6005359	CITY OF OKLAHOMA CIT	11,100	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
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BESTFRIENDS PET ADOPTIONS PO BOX 5305 CARY,NC 27512	56-2118790	501C3	11,070	0			A DO PT		
HELPING HANDS PET RESCUE INC 16703 HIGHWAY 441 S MICANOPY,FL 32667	20-0530879	501C3	10,920	0			ADOPT		
RESCUE ROVERS 11624 S BROADVIEW WAY SANDY,UT 84092	46-2129373	501C3	10,880	0			ADOPT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ARIZONA SMALL DOG RESCUE 1102 W HATCHER RD PHOENIX, AZ 85021	26-3993160	501C3	10,800	0			ADOPT			
LUCKY PAWS RESCUE PO BOX 8177 COBURG, OR 97408	45-1030568	501C3	10,680	0			ADOPT			
FELINE RESCUE INC PO BOX 50273 LIGHTHOUSE PT,FL 33074	65-0952902	501C3	10,500	0			S/N			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PFLUGERVILLE PETS ALIVE 17508 KESSLER DR PFLUGERVILLE,TX 78660	45-5363556	501C3	10,440	0			A DO PT			
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO,FL 32839	59-0637883	501C3	10,320	0			A DO PT			
WESTERN ARIZONA HUMANE SOCIETY INC 1100 EMPIRE DR LK HAVASU CTY,AZ 86404	86-0366837	501C3	10,320	0			A DO PT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FOR THE LOVE OF STRAYS PO BOX 8122 CORP CHRISTI,TX 78468	90-0544487	501C3	10,308	0			ADOPT		
ST FRANCIS SOCIETY INC PO BOX 261614 TAMPA,FL 33685	59-3469332	501C3	10,270	0			A DO PT		
HUMANE SOCIETY OF VALDOSTA LOWNDES COUNTY INC PO BOX 5323 VALDOSTA, GA 31603	58-1874746	501C3	10,224	0			ADOPT		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FURREVER HOME ANIMAL RESCUE INC 27180 PALMETTO DR ORANGE BEACH,AL 36561	45-3661443	501C3	10,137	0			ADOPT			
GEAUGA COUNTY HUMANE SOCIETY 15463 CHILLICOTHE RD NOVELTY,OH 44072	23-7358431	501C3	10,030	0			A D O P T , R W			
FURKIDS INC 2650 PLEASANTDALE RD STE 8 ATLANTA,GA 30340	01-0766844	501C3	9,990	0			A D O P T			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ' '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STONE COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS PO BOX 458 WIGGINS, MS 39577	27-1359759	501C3	9,920	0			ADOPT			
TRI-COUNTY ANIMAL RESCUE INC PO BOX 176 ALEXIS,NC 28006	56-2101756	501C3	9,780	0			ADOPT			
JOSEPHINE COUNTY FINANCE DEPT 500 NW 6TH ST DEPT 4 RM 158 GRANTS PASS, OR 97526	93-6002300	COUNTY OF JOSEPHINE	1	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMPANION PET RESCUE OF MIDDLE TENNESSEE 3630 TROUGH SPRINGS RD ADAMS,TN 37010	46-4715013	501C3	9,640	0			ADOPT		
TROOPERS TREASURES 1719 ESTRELLITA CIR CHATTANOOGA,TN 37421	27-4422651	501C3	9,570	0			ADOPT		
CAT COVE PET RESCUE 9023 ROSE ST SPC D5 BELLFLOWER,CA 90706	46-5723137	501C3	9,560	0			A DO PT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance			
FOUR PAWS RESCUE 105 WEST 100 NORTH MILLVILLE,UT 84326	31-1724412	501C3	9,500	0			ADOPT			
KIT KAT RESCUE PO BOX 2006 CHANDLER,AZ 85244	26-2738822	501C3	9,435	0			ADOPT			
PLANNED PETHOOD INC PO BOX 350908 TOLEDO,OH 43635	34-1312028	501C3	9,430	0			ADOPT			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WILLIAMSON COUNTY 710 S MAIN ST GEORGETOWN,TX 78626	74-6000978	COUNTY OF WILLIAMSON	9,410	0			ADOPT			
YAVAPAI HUMANE SOCIETY PO BOX 12 PRESCOTT, AZ 86302	86-0327745	501C3	9,375	0			A DO PT			
STRAY CAT ADOPTIONS OF TEXAS S C A T PO BOX 700571 SAN ANTONIO,TX 78270	74-2981156	501C3	9,370	0			A DO PT			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MORRIS SAFE HOUSE FOUNDATION 3240 NIGHTINGALE RD LUBBOCK,TX 79407	26-2804005	501C3	9,291	0			ADOPT			
STARK COUNTY HUMANE SOCIETY 5100 PEACH ST LOUISVILLE,OH 44641	34-6003244	501C3	9,280	0			A DO PT			
HEARTLAND SMALL ANIMAL RESCUE INC PO BOX 6033 SOUTH BEND,IN 46660	20-5670962	501C3	9,260	0			A DO PT			

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NASHVILLE CAT RESCUE PO BOX 140898 NASHVILLE,TN 37214	33-1125213	501C3	9,240	0			ADOPT			
CLAY COUNTY HUMANE SOCIETY INC PO BOX 277 BRAZIL,IN 47834	35-1161013	501C3	9,229	0			E/R,ADOPT			
BOWLING GREEN-WARREN COUNTY HUMANE SOCIETY PO BOX 1456 BOWLING GRN,KY 42102	61-0653278	501C3	9,209	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON,TX 75011	34-1995205	501C3	9,140	0			ADOPT			
TEXAS STAR RESCUE 749 ETHEREDGE RD LONGVIEW,TX 75602	45-2799706	501C3	9,095	0			A DO PT			
WAGS AND WHISKERS RESCUE 1700 MCHENRY AVE STE 65B-155 MODESTO,CA 95350	45-4319978	501C3	9,080	0			ADOPT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SAFE HAVEN ANIMAL RESCUE INC PO BOX 76089 OKLAHOMA CITY,OK 73147	74-3124122	501C3	9,050	0			ADOPT				
DIXIE SPAY NEUTER EXPRESS 182 AIRPORT RD NW CLEVELAND,TN 37312	26-2203324	501C3	9,010	0			ADOPT				
ARF 23W042 WOODCROFT DR GLEN ELLYN,IL 60137	36-4236669	501C3	9,010	0			ADOPT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KITTY ANGEL RESCUE INC 4852 BRIANNA CT POWDER SPGS, GA 30127	43-2003957	501C3	9,005	0			ADOPT			
DALLAS COMPANION ANIMAL PROJECT PO BOX 793574 DALLAS,TX 75379	75-2907302	501C3	8,850	0			ADOPT			
WINGING CAT RESCUE INC 2055 JANE LN SOUTHSIDE,AL 35907	26-1948454	501C3	8,830	0		l	ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PET PROJECT 489 S FERNCLIFF DR PUEBLO WEST, CO 81007	56-2307281	501C3	8,800	0			ADOPT			
FYIMS INCORPORATED 107 E 22ND ST HOUSTON,TX 77008	26-0020294	501C3	8,660	0			ADOPT			
SAINT FRANCIS ANIMAL CENTER 125 N RIDGE ST GEORGETOWN,SC 29440	57-0785170	501C3	8,640	0			A DO PT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MORE PAWS TO LOVE ALL BREED RESCUE 302 ATLAS AVE KILLEEN,TX 76542	45-5188325	501C3	8,620	0			A DO PT			
ANGEL OF HOPE PO BOX 581 ANOKA,MN 55303	81-0572205	501C3	8,620	0			ADOPT			
PRAIRIELAND ANTI- CRUELTY PROGRAM 2173 COUNTY ROAD 750 E CHAMPAIGN,IL 61822	37-1375106	501C3	8,515	0			E/R,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CRITTER SHACK HUMANE SOCIETY OF MENARD PO BOX 192 WALL,TX 76957	41-2090330	501C3	8,476	0			ADOPT			
BARSTOW HUMANE SOCIETY 2480 E MAIN ST BARSTOW,CA 92311	95-2125105	501C3	8,240	0			ADOPT			
SAVE A LITTER PREGNANT DOG RESCUE 138 COVINGTON RD GRIFFIN, GA 30223	27-2784131	501C3	8,220	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF NORTHERN NV 4950 SPECTRUM BLVD RENO,NV 89512	88-0386601	501C3	8,160	0			ADOPT			
PETS WITHOUT PARTNERS 8390 POTOSI RD REDDING,CA 96001	26-1806326	501C3	8,130	0			ADOPT			
FAYETTE COUNTY HUMANE SOCIETY INC PO BOX 244 FAYETTEVILLE, GA 30214	58-1592706	501C3	8,130	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MORGAN COUNTY HUMANE SOCIETY INC 690 W MITCHELL AVE MARTINSVILLE, IN 46151	23-7092698	501C3	8,120	0			A DO PT			
CITY OF ABILENE 925 S 25TH ABILENE,TX 79602	75-6000440	CITY OF ABILENE	8,060	0			ADOPT			
DANVILLE-BOYLE COUNTY HUMANE SOCIETY INC PO BOX 487 DANVILLE,KY 40423	61-0732934	501C3	8,030	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOLLOW YOUR HEART ANIMAL RESCUE 10303 E IRWIN AVE MESA,AZ 85209	46-1991182	501C3	8,020	0			ADOPT			
LAKE CITY HUMANE SOCIETY INCORPORATED 1392 NW SHELTER GLN LAKE CITY,FL 32055	59-1542699	501C3	8,009	0			ADOPT			
CAT RESCUE ADOPTION & FOSTER TEAM PO BOX 6441 BEND,OR 97708	26-3044332	501C3	7,988	0			E/R,ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAVE ONE SOUL ANIMAL RESCUE LEAGUE 33 PROSPECT AVE 1R WAKEFIELD,RI 02879	47-1362379	501C3	7,985	0			ADOPT			
MUTTS & MEOWS RESCUE 938 ECHO CREEK DR MISSOURI CITY,TX 77489	45-5491557	501C3	7,970	0			ADOPT			
FRIENDS FOR ANIMALS 828 RAILROAD ST BROOKINGS,OR 97415	93-1091269	501C3	7,964	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATS IN NEED OF HUMAN CARE 404 S SCHUG ST ORANGE, CA 92869	95-4302262	501C3	7,890	0			ADOPT			
PETS FOREVER FOUND 20258 US HWY 18 STE 430- 450 APPLE VALLEY, CA 92307	27-2338359	501C3	7,872	0			ADOPT			
PET CONNECT RESCUE INC PO BOX 2173 BELTON,TX 76513	32-0280836	501C3	7,850	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOTSA LOVE PET RESCUE & ADOPTIONS INC 870 N JERICO DR CASSELBERRY, FL 32707	83-0469375	501C3	7,800	0			ADOPT			
MONTGOMERY COUNTY ANIMAL SOCIETY PO BOX 130448 THE WOODLANDS,TX 77393	45-4042598	501C3	7,788	0			ADOPT			
CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN RD CLEVELAND,AL 35049	06-1803505	501C3	7,670	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PEACEABLE KINGDOM INC PO BOX 424 WHITEHALL,PA 18052	23-2958207	501C3	7,600	0			ADOPT			
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF UPSTATE PO BOX 171 HUDSON FALLS,NY 12839	14-1649520	501C3	7,570	0			A D O P T			
RED ROSE INSPIRATION FOR ANIMALS INC 170 PAINTED CLIFFS DR SEDONA, AZ 86336	26-4134119	501C3	7,540	0			S/N			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FANCY CATS RESCUE TEAM 13110 PELFREY LN FAIRFAX,VA 22033	54-1859914	501C3	7,480	0			ADOPT			
PALS ANIMAL LIFE SAVERS 10 TRADERS WAY SALEM,MA 01970	55-0825526	501C3	7,470	0			ADOPT			
SOUTHSIDE ANIMAL SHELTER INC 1614 W EDGEWOOD AVE INDIANAPOLIS,IN 46217	35-1917438	501C3	7,320	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
BEAVER COUNTY HUMANE SOCIETY 3394 BRODHEAD RD ALIQUIPPA,PA 15001	25-1064313	501C3	7,310	0			ADOPT			
ANTRIM COUNTY PET & ANIMAL WATCH PO BOX 130 MANCELONA,MI 49659	38-3287504	501C3	7,309	0			ADOPT			
GREEN LAKE AREA ANIMAL SHELTER LTD PO BOX 86 GREEN LAKE,WI 54941	39-1753695	501C3	7,280	0			E/R,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PURRFECT PALS 230 MCRAE RD NE ARLINGTON,WA 98223	94-3127448	501C3	7,250	0			ADOPT			
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE,TN 37209	62-0672999	501C3	7,240	0			ADOPT			
RAINBOW ANIMAL RESCUE INC PO BOX 972 ROANOKE RAPID, NC 27870	20-0241166	501C3	7,220	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
HUMANE SOCIETY OF HENDERSON COUNTY 203 DRURY LN HENDERSON, KY 42420	61-6053026	501C3	7,220	0			ADOPT			
FOREVER FRIENDS HUMANE SOCIETY 103766 S 4650 RD SALLISAW,OK 74955	84-1653612	501C3	7,200	0			A D O P T			
MITCHELL COUNTY ANIMAL RESCUE INC PO BOX 308 SPRUCE PINE,NC 28777	56-1432402	501C3	7,172	0			E/R			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance			
OCONEE COUNTY HUMANE SOCIETY INC PO BOX 966 WEST UNION, SC 29696	46-0485454	501C3	7,150	0			ADOPT			
PUYALLUP ANIMAL RESCUE 32816 MOUNTAIN HWY E EATONVILLE, WA 98328	91-1328585	501C3	7,150	0			ADOPT			
CAT ANGEL NETWORK INC PO BOX 3071 STOWE,PA 19464	23-2957541	501C3	7,140	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALLEGANY COUNTY SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS PO BOX 381 WELLSVILLE,NY 14895	23-7379932	501C3	7,130	0			E/R			
ALMOST HOME FOUNDATION PO BOX 308 ELK GROVE VLG,IL 60009	04-3805366	501C3	7,120	0			ADOPT			
PAWS LEE COUNTY INC 965 PONDELLA RD N FT MYERS,FL 33903	94-3467822	501C3	7,100	0			ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DALHART ANIMAL WELLNESS GROUP AND SANCTUARY DAWGS PO BOX 911 DALHART,TX 79022	41-2090530	501C3	7,040	0			A DO PT			
VOLUNTEER SERVICES FOR ANIMALS INC 6017 PINE RIDGE RD STE 330 NAPLES,FL 34119	59-2197365	501C3	7,040	0			A DO PT			
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL,GA 30643	20-8220374	501C3	6,967	0			A DO PT			

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PEEWEES PET ADOPTION WORLD & SANCTUARY INC 1307 SARATOGA BLVD CORP CHRISTI,TX 78417	74-2746680	501C3	6,960	0			ADOPT				
BURLINGTON COUNTY ANIMAL ALLIANCE 7 PIONEER LN WILLINGBORO,NJ 08046	22-3691757	501C3	6,930	0			A DO PT				
STRAY CAT BLUE INC PO BOX 8 COLMAR,PA 18915	23-2943833	501C3	6,930	0			A DO PT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHELTER2RESCUE COALTION INC 4609 HILLSIDE DR ARLINGTON,TX 76013	26-3684567	501C3	6,910	0			ADOPT			
TRI-LAKES HUMANE SOCIETY PO BOX 588 REEDS SPRING, MO 65737	43-1140649	501C3	6,880	0			ADOPT			
CAROLINA POODLE RESCUE 6705 UNION HWY PACOLET,SC 29372	20-3192287	501C3	6,854	0			E/R,ADOPT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance			
OREGON DOG RESCUE 6700 SW NYBERG ST TUALATIN,OR 97062	35-2304457	501C3	6,850	0			ADOPT			
WESTERN PENNSYLVANIA HUMANE SOCIETY 1101 WESTERN AVE PITTSBURGH,PA 15233	25-0965608	501C3	6,840	0			ADOPT			
HUMANE SOCIETY OF DALLAS COUNTY 2719 MANOR WAY DALLAS,TX 75235	23-7361482	501C3	6,750	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TAILS OF HOPE ANIMAL RESCUE 5045 LAYHIGH RD HAMILTON,OH 45013	47-1439006	501C3	6,725	0			ADOPT			
FIRST STATE ANIMAL CENTER AND SPCA INC 32 SHELTER CIR CAMDEN,DE 19934	51-6018851	501C3	6,720	0			ADOPT			
PETS PO BOX 144 PANORA,IA 50216	26-1405315	501C3	6,701	0			ADOPT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HALF WAY TO HOME INC 6700 GIBBS AVE MOJAVE,CA 93501	32-0071067	501C3	6,690	0			ADOPT			
DOG NETWORKING AGENTS CORPORATION 210 DORSET DR EVANS,GA 30809	46-4157520	501C3	6,690	0			ADOPT			
TLC OF THE IE 10776 CLOUD HAVEN DR MORENO VALLEY,CA 92557	20-8381752	501C3	6,680	0			ADOPT			

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTOR VALLEY ANIMAL PROTECTIVE LEAGUE 21779 ZUNI RD APPLE VALLEY,CA 92307	95-2161335	501C3	6,680	0			E/R,ADOPT
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH,FL 33421	46-4878861	501C3	6,620	0			ADOPT
HEADING HOME ANIMAL RESCUE 260 MIDDLETON DR BOULDER CREEK, CA 95006	45-1314568	501C3	6,580	0			A DO PT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DOGGY SMILES RESCUE 44756 SHADOWCREST DR LANCASTER,CA 93536	46-3259773	501C3	6,550	0			ADOPT			
CHAUTAUQUA COUNTY HUMANE SOCIETY 2825 STRUNK RD JAMESTOWN,NY 14701	16-6000221	501C3	6,540	0			A DO PT			
CITY OF JACKSONVILLE 117 W DUVAL ST STE 375 JACKSONVILLE,FL 32202	59-6000344	CITY OF JACKSONVILLE	6,480	0			ADOPT			

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MARION ANIMAL RESOURCE CONNECTION PO BOX 153 JASPER,TN 37347	45-3711812	501C3	6,475	0			A DO PT				
HEARTLAND HUMANE SOCIETY OF MISSOURI PO BOX 113 OFALLON,MO 63366	43-1819515	501C3	6,450	0			A DO PT				
ANIMAL WELFARE SOCIETY OF CAMDEN COUNTY PO BOX 475 BLACKWOOD,NJ 08012	20-0549531	501C3	6,440	0			ADOPT				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CATHEYS K-9 RESCUE PO BOX 622 LAKE ISABELLA, CA 93240	91-2134340	501C3	6,370	0			ADOPT				
SAINT FRANCIS ANIMAL WELFARE GROUP PO BOX 68434 NASHVILLE,TN 37206	20-3827037	501C3	6,350	0			ADOPT				
KITTY RESCUE 319 N GARFIELD AVE WENATCHEE, WA 98801	26-3955374	501C3	6,340	0			A DO PT				

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	a to Domestic Org	anizations and D	omestic Governme	ants.	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance										
WYANDOTTE ANIMAL GROUP INCORPORATED 38687 TEMPE DR ROMULUS,MI 48174	38-2820050	501C3	6,280	0			ADOPT										
PROVIDING ANIMALS WITH SUPPORT PO BOX 910805 ST GEORGE,UT 84791	48-1288881	501C3	6,280	0			ADOPT										
ASHLAND ANIMAL RESCUE FUND INC 131 NEW HAMPSHIRE DR ASHLAND, KY 41101	27-0163309	501C3	6,260	0			ADOPT										

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KITTEN ANGELS 233 HOUSEMAN ST MAYFIELD,NY 12117	27-1889799	501C3	6,200	0			A D O P T			
KITSAP HUMANE SOCIETY 9167 DICKEY RD NW SILVERDALE,WA 98383	91-0728353	501C3	6,180	0			ADOPT			
FRIENDS OF THE PERRY ANIMAL SHELTER INC PO BOX 2001 PERRY,GA 31069	20-2720444	501C3	6,130	0			A DO PT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTH STAR PET ASSISTANCE 12127 MALL BLVD A BOX 258 VICTORVILLE,CA 92392	91-2152835	501C3	6,110	0			ADOPT			
BROOME COUNTY HUMANE SOCIETY AND RELIEF ASSOCIATION 2 JACKSON ST BINGHAMTON,NY 13903	15-0622327	501C3	6,090	0			E/R,ADOPT			
HOME FOR GOOD DOG RESCUE INC 35 FAIRVIEW AVE SUMMIT,NJ 07901	27-3373388	501C3	6,070	0			ADOPT			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` <i>'</i>	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON,SC 29406	57-6021863	501C3	6,060	0			ADOPT				
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU,HI 96826	99-0073490	501C3	6,060	0			ADOPT				
CAT ADOPTION TEAM 14175 SW GALBREATH DR SHERWOOD,OR 97140	20-0773189	501C3	6,050	0			ADOPT				

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Org:	anizations and D	,omestic Governm€	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance									
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON,OH 45417	31-0537073	501C3	6,050	0			ADOPT									
WALKER COUNTY HUMANE SOCIETY INC PO BOX 1407 JASPER,AL 35502	63-0809530	501C3	6,000	0			E/R									
HOMEWARD BOUND CAT ADOPTIONS PO BOX 60025 LAS VEGAS,NV 89160	26-0569097	501C3	5,980	0			ADOPT									

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEY OF HOPE INC 11411 GRAVIER RD MIDLOTHIAN, VA 23112	46-1405350	501C3	5,980	0			ADOPT
SPAY-MART INC C/O 732 ROSELAND PKWY HARAHAN,LA 70123	72-1418016	501C3	5,980	0			ADOPT
FERAL FELINE FRIENDS OF EAST TENNESSEE PO BOX 32121 KNOXVILLE,TN 37930	80-0254016	501C3	5,920	0			A DO PT

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HUMANE SOCIETY OF WASHINGTON COUNTY INCORPORATED 13011 MAUGANSVILLE RD HAGERSTOWN, MD 21740	52-0542025	501C3	5,860	0			ADOPT				
LOVE A STRAY PO BOX 46 AVON,OH 44011	34-1867965	501C3	5 ,8 50	0			ADOPT				
HUMANE SOCIETY OF STANISLAUS COUNTY 1620 N CARPENTER RD MODESTO,CA 95351	26-1111681	501C3	5,810	0			ADOPT				

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JOYFUL RESCUES INC 1319 TUROCK DR CUBA,NY 14727	65-1183542	501C3	5,800	0			A D O P T				
FRIENDS OF SOUTHERN OCEAN COUNTY ANIMAL SHELTER INC PO BOX 818 BARNEGAT LGT,NJ 08006	30-0445803	501C3	5,790	0			A DO PT				
C A T S-CAN INC 572 SEMINOLE WOODS BLVD GENEVA,FL 32732	68-0539788	501C3	5,790	0			A DO PT				

Form 990,Schedule I, Part	t II, Grants and	1 Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANKIND ADVOCATES NO- KILL EXCELLENCE 23 N PARK DR GREENVILLE, SC 29609	45-5505283	501C3	5,760	0			A D O P T
WAGS TO WHISKERS OF TEXAS INC 23043 E MARTIN DR PORTER,TX 77365	27-3525492	501C3	5,750	0			A DO PT
ZAZZY CATS KITTY RESCUE INC PO BOX 92735 LONG BEACH,CA 90809	46-4993472	501C3	5,720	0			A DO PT

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	<u>omestic Governme</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 6	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENKAI ANIMAL SANCTUARY 36710 COUNTY ROAD 126 GROVER,CO 80729	73-1706969	501C3	5,720	0			ADOPT
COCONINO COUNTY HUMANE ASSN PO BOX 66 FLAGSTAFF,AZ 86002	86-0176883	501C3	5,690	0			ADOPT
HOPE RANCH ANIMAL SANCTUARY PO BOX 390504 ANZA,CA 92539	27-0810495	501C3	5,680	0			ADOPT

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance									
JUSTIN BARTLETT ANIMAL RESCUE 164 MARTIN CIR ROYAL PLM BCH,FL 33411	45-4828513	501C3	5,640	0			A DO PT									
OKEFENOKEE HUMANE SOCIETY INC 1501 BLACKWELL ST WAYCROSS,GA 31501	58-1775340	501C3	5,634	0			A DO PT									
MALTESE RESCUE CALIFORNIA 20821 BROKEN BIT DR COVINA,CA 91724	46-3353547	501C3	5,630	0			ADOPT									

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	anizations and D	<u>omestic Governme</u>	:nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONECLIFFE ANIMAL RESCUE 7374 20 1/2 AVE LEMOORE,CA 93245	25-1910761	501C3	5,600	0			ADOPT
VALLEY OAK SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 29016 HIGHWAY 99 VISALIA,CA 93277	94-2770238	501C3	5,600	0			A DO PT
DESERT PAWS RESCUE PO BOX 50594 MESA,AZ 85208	06-1721946	501C3	5,590	0			ADOPT

Form 990,Schedule I, Part	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TRACYS DOGS 213 W BORGFELD DR SAN ANTONIO,TX 78260	45-2766874	501C3	5,580	0			ADOPT				
ALLIANCE FOR STERILIZING ANY PET PO BOX 65645 LUBBOCK,TX 79464	75-2534120	501C3	5,550	0			ADOPT				
FRIENDS OF THE ANIMALS OF JESSAMINE COUNTY PO BOX 184 NICHOLASVILLE,KY 40340	27-1909522	501C3	5,510	0			ADOPT				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 - 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PINK PAWS RESCUE & ADOPTION 1534 N MOORPARK RD THOUSAND OAKS, CA 91360	68-0675638	501C3	5,500	0			ADOPT				
RESCUED PETS ARE WONDERFUL PO BOX 490201 BLAINE, MN 55449	20-1246949	501C3	5,490	0			ADOPT				
SUNMART ANIMAL RESCUE TEAM INC 27511 CARADOC SPRINGS CT SPRING,TX 77386	04-3695847	501C3	5,470	0			ADOPT				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 4	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TABLE MOUNTAIN ANIMAL CENTER DBA FOOTHILLS ANIMAL SHELTER 580 MCINTYRE STREET GOLDEN,CO 80401	84-1311450	CITY OF GOLDEN	5,470	0			ADOPT				
COUNTY OF LOUDON 100 RIVER RD STE 109 LOUDON,TN 37774	62-6000721	COUNTY OF LOUDON	- / · · · -	0			ADOPT				
SOCIETY FOR PRESERVATION OF ANIMAL PO BOX 855 CAMP HILL,PA 17001	23-2099002	501C3	5,430	0			ADOPT				

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME FOR LIFE CAT SANCTUARY 229 NEW HOPE RD BUFFALO, MO 65622	43-1865999	501C3	5,420	0			A DO PT
TEXARKANA ANIMAL SHELTER INC PO BOX 6166 TEXARKANA,TX 75505	75-2437557	501C3	5,420	0			A DO PT
FORECLOSED UPON PETS INC 4780 WANN RD STE 5-434 N LAS VEGAS,NV 89031	26-3297087	501C3	5,410	0			ADOPT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUMANE SOCIETY OF UTAH PO BOX 573659 MURRAY,UT 84157	87-0256350	501C3	5,380	0			ADOPT		
RESCUE ADOPTION INC 3802 OLEANDER AVE FORT PIERCE,FL 34982	80-0649659	501C3	5,370	0			ADOPT		
KENTUCKY TAILS INC PO BOX 58 JONESVILLE,KY 41052	14-1931200	501C3	5,310	0			A DO PT		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SPOKANIMAL C A R E 710 N NAPA ST SPOKANE, WA 99202	91-1223929	501C3	5,300	0			ADOPT		
SOUTHSIDE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS PO BOX 66 MEHERRIN,VA 23954	35-1341327	501C3	5,280	0			ADOPT		
ITSIE BITSIE RESCUE INC 7668 OAK GROVE AVE CITRUS HTS,CA 95610	20-5201701	501C3	5,270	0			ADOPT		

Form 990,Schedule I, Par	t II, Grants and	1 Other Assistance	e to Domestic Org:	anizations and D	,omestic Governm€	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
BROTHER WOLF ANIMAL RESCUE INC PO BOX 8195 ASHEVILLE,NC 28814	20-8787719	501C3	5,270	0			ADOPT
WIREGRASS HUMANE SOCIETY PO BOX 1045 DOTHAN,AL 36302	63-0681235	501C3	5,230	0			A D O P T
HUMANE SOCIETY OF HARLINGEN 1106 MARKOWSKY AVE HARLINGEN,TX 78550	74-2516749	501C3	5,230	0			ADOPT

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ' '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOMELESS ANIMAL RESCUE TEAM OF CINCINNATI 11711 PRINCETON PIKE UNIT 341 CINCINNATI,OH 45246	36-4562074	501C3	5,180	0			ADOPT		
HOMEWARD BOUND ANIMAL RESCUE INC PO BOX 210157 BEDFORD,TX 76095	75-2552165	501C3	5,180	0			ADOPT		
HUMANE SOCIETY OF LAWTON COMANCHE COUNTY PO BOX 3134 LAWTON,OK 73502	73-1288816	501C3	5,170	0			ADOPT		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 38 ORLANDO, FL 32802	59-6000773	COUNTY OF ORANGE	1	0			ADOPT		
HELPING HOUNDS DOG RESCUE INC 131 W SENECA TNPK 144 MANLIUS,NY 13104	26-4132608	501C3	5,120	0			ADOPT		
PAW PLACEMENT A HELPING HAND FOR PETS 3370 N HAYDEN RD PMB769 SCOTTSDALE, AZ 85251	47-0885377	501C3	5,120	0			ADOPT		

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUMANE TOMORROW 1601 ARROWHEAD DR FLOWER MOUND,TX 75028	75-2727224	501C3	5,110	0			ADOPT		
ZOIS ANIMAL RESCUE INC 17676 WHIPPOORWILL RD NAVASOTA,TX 77868	04-3840132	501C3	5,100	0			ADOPT		
S P C A INC 5850 BRANNEN RD S LAKELAND,FL 33813	59-1939655	501C3	5,080	0			ADOPT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ANIMAL PROTECTORATES PO BOX 1645 BURBANK,CA 91507	46-2323624	501C3	5,050	0			ADOPT	
ORANGE COUNTY ANIMAL RESCUE COALITION PO BOX 19393 IRVINE,CA 92623	68-0539232	501C3	5,050	0			A DO PT	
PURR PARTNERS 127 MOORES WAY YOUNGSVILLE,NC 27596	30-0534889	501C3	5,030	0			A DO PT	

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KENOSHA COUNTY HUMANE SOCIETY 7811 60TH AVE KENOSHA,WI 53142	39-0977528	501C3	5,030	0			A DO PT		
KITTY CAT CONNECTION INC 12923 COBLE LN SMITHVILLE,MO 64089	20-8008870	501C3	5,020	0			ADOPT		

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

DLN: 93493202011746

OMB No 1545-0047

Transactions with Interested Persons ► Complete if the organization answered

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

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

Open to Public Inspection

Internal Revenue Service				www.iis.go	<i>V / I UI III 990</i> .					Ir	ispecti	ion	
Name of the or							En	nploye	r identi	ficatio	n numbe	r	
PETSMART CHARI	TIES INC						93	8-114	0967				
Part I Exc	ess Benefit	Transaction	IS (section	501(c)(3), se	ection 501(c)	(4), and 501(c)(29)	organı	zations	only)			
	plete if the orga												
1 (a) Nan	ne of disqualifie	d person	(b) Rel		ween disquali ganization	fied person and	d (4	-	cription saction	of	(d) Cori		
					gamzacion		-	ci aii.			Yes	No	
2 Enterthe a	amount of tax ır	ncurred by orga	nızatıon ma	nagers or dis		ons during the		ınder: I	section ► ¢				
	amount of tax, i	fanv on line 2		nbursed by th					- ↓ - \$				
	amount or tax, i		, above, ren	mounded by th	io organizacio			•	· •				
Part II Lo	ans to and/	or From In	terested	Persons.				٥. ٥		2.6	5.1		
	mplete if the or ganization repor					line 38a, or Fo	rm 99	0, Par	t IV, lin	ie 26, c	or if the		
(a) Name of	(b) Relationsh		(d) Loan t		(e)Original	(f) Balance	(g)		(h		(i)Wr		
ınterested person	with organization	Purpose of loan	or from th organizatio		principal amount	due	default?		ault? Approved by board o				
P 3.33	0.94	.								committee?			
			То	From			Yes	No	Yes	No	Yes	No	
		+										+	
												+	
												+	
Total		<u>▶ \$</u>	41-1 -										
	ants or Assi mplete if the					rt IV line 27							
(a) Name of		(b) Relationshi		1	of assistance			stance	(e)	Purnos	e of ass	ustance	
perso		nterested pers	•	(c) / (iiio aiic	or assistant.	(4) 1) pe	J. 4551	o carre c		, aipos	, c 0, 455	,,,,,,,,,,,,,	
		organıza	tion										
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Part TV Rusiness Transactions Involving Interested Persons

-	<u>nızatıon answered "Yes" on F</u>			T						
(a) Name of Interested persor	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon					
				Yes	No					
(1) SEE PART V	DIRECTORS AND MANAGEMENT	7,436,000	MGMT SVS AGRMT PETSMART		No					
	+									
Part V Supplemental Info	r mation nation for responses to questions	I s on Schedule L (see ins	structions)	l						
Return Reference		Explanation								
PART IV	FIVE OF THE THIRTEEN DIR	FIVE OF THE THIRTEEN DIRECTORS SERVING DURING THE FISCAL YEAR (DAVID LENHARDT								

FIVE OF THE THIRTEEN DIRECTORS SERVING DURING THE FISCAL YEAR (DAVID LENHARDT,
GENE E BURT II, PAULETTE DODSON, MICHAEL MASSEY, AND ERAN COHEN) AND ONE
OFFICER (JANET WILKINS) WERE OFFICERS OF PETSMART, INC WHICH IS AN INDEPENDENT
CONTRACTOR TO PCI UNDER THE TERMS OF A MANAGEMENT SERVICES AGREEMENT THREE
ADDITIONAL OFFICERS OF PCI (SUSAN GULIG-TREASURER, JEREMIAH BEITZEL-SECRETARY,
AND MAURINE DYER STEVENS-EXECUTIVE DIRECTOR) WERE ALSO EMPLOYEES OF
PETSMART, INC THE FEE PAID TO PETSMART, INC IS CAPPED ANNUALLY AND THE VALUE
OF THE USE OF REAL PROPERTY, MANAGEMENT AND ADMINISTRATIVE SERVICES,
PRODUCTS AND SUPPLIES RECEIVED BY PCI UNDER THE AGREEMENT OVERWHELMINGLY
EXCEEDS THE PAYMENTS MADE TO PETSMART, INC, BY A RATIO GREATER THAN 2.7.1 PCI
INCURRED \$7,436,000 OF EXPENSES UNDER THE MANAGEMENT SERVICES AGREEMENT WITH
PETSMART, INC, FOR THE FISCAL YEAR ENDED JANUARY 31, 2016

Schedule L (Form 990 or 990-EZ) 2015

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

DLN: 93493202011746

OMB No 1545-0047

2015

Inspection

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

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

Name of the organization

Employer identification number

EISMART CHARITIES INC				93-1140967
Part I Types of Property				
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	8	29,419	FMV OF STOCK
O Securities—Closely held stock .				
Securities—Partnership, LLC, or trust interests				
2 Securities—Miscellaneous				
3 Qualified conservation contribution—Historic				
structures				
4 Qualified conservation contribution—Other				
5 Real estate—Residential .				
6 Real estate—Commercial				
7 Real estate—Other				
8 Collectibles				
9 Food inventory				
O Drugs and medical supplies .				
1 Taxidermy				
2 Historical artifacts				
3 Scientific specimens				
4 Archeological artifacts			2.011.202	EMAY.
5 Other►(ET SUPPLIES)	X	1	2,911,203	FIV
6 Other►(ROGRAM SUPPLIES)	Х	3	55,753	FMV
7 Other ► ()				
8 Other ► ()				
9 Number of Forms 8283 received	by the orga	Lanization during the tay yea	r for contributions	<u> </u>
for which the organization comple				29
Oa During the year, did the organiza				Yes No
it must hold for at least three ye				
for exempt purposes for the enti	re holding p	period?		30a No
b If "Yes," describe the arrangem				
1 Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions? 31 Yes
2a Does the organization hire or us contributions?		ies or related organizations	to solicit, process, or sell	noncash 32a No
b If "Yes," describe in Part II				224 110
33 If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked,

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

7.100 00111.p1010 11110 p	
Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN (B) IS THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2015)

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

DLN: 93493202011746

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization PETSMART CHARITIES INC	Employer identification number
	93-1140967

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FIVE OF THE THIRTEEN MEMBERS OF THE BOARD OF DIRECTORS SERVING DURING THE FISCAL YEAR (DAVID LENHARDT, GENE E. BURT II, PAULETTE DODSON, MICHAEL MASSEY, AND ERAN COHEN) AND ONE OFFICER (JANET WILKINS) WERE OFFICERS OF PETSMART, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	PCI HAS A MANAGEMENT SERVICES AGREEMENT WITH PETSMART, INC , ACTING AS A MANAGEMENT COMPANY, TO COST-EFFECTIVELY OUTSOURCE CERTAIN MANAGEMENT AND ADMINISTRATIVE FUNCTIONS PETSMART, INC IS AN UNRELATED ORGANIZATION AS DEFINED IN THE INSTRUCTIONS TO FORM 990 PCI'S BOARD OF DIRECTORS RETAINS CONTROL OF THE ORGANIZATION'S GOVERNANCE, POLICIES, BUDGETS, CONTRACT APPROVAL, PROGRAM DIRECTION, AND ALL OTHER MATTERS NECESSARY TO ACCOMPLISH PCI'S CHARITABLE MISSION AND TO PRESERVE THE TAXEXEMPT, INDEPENDENT NATURE OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD COMMENTS ARE SOLICITED BEFORE FINALIZING THE DOCUMENT A COPY OF THE FINAL FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE THE FINAL VERSION IS SUBMITTED TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND ASSOCIATES WORKING ON BEHALF OF THE ORGANIZATION ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM TO ACKNOWLEDGE RECEIPT OF THE POLICY AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST THE SECRETARY COMPILES A LIST OF POTENTIAL CONFLICTS OF INTEREST THE LIST IS REVIEWED WITH THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS AND APPROPRIATE ACTION IS TAKEN TO MITIGATE RISKS OF POTENTIAL CONFLICTS

FORM 990, PART VI, SECTION B, LINE 15 PCI ENTERED INTO A MANAGEMENT SERVICES AGREEMENT, TO COST-EFFECTIVELY OUTSOURCE CERTAIN MANAGEMENT AND ADMINISTRATIVE FUNCTIONS, WITH PETSMART, INC, IN WHICH PETSMART, INC ACTED AS A MANAGEMENT COMPANY ALTHOUGH PCI'S EXECUTIVE DIRECTOR IS COMPENSATED BY PETSMART, INC, PCI'S BOARD OF DIRECTORS (COMPOSED ENTIRELY OF PERSONS WITHOUT A CONFLICT OF INTEREST) ANNUALLY REVIEWS AND DETERMINES AN APPROPRIATE AMOUNT OF COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABILITY DATA, INCLUDING A COMPARISON TO MARKET DATA FOR PEER ORGANIZATIONS, AND CONTEMPORANEOUSLY SUBSTANTIATES THE DELIBERATION AND DECISION THE APPROVED AMOUNT IS NOT PAID BY PCI TO THE EXECUTIVE DIRECTOR, BUT IS USED IN COMPUTING THE FEE PAID BY PCI TO PETSMART, INC THE REVIEW AND APPROVAL PROCESS OCCURS IN ADVANCE OF THE SERVICES PERFORMED BY PETSMART, INC UNDER THE MANAGEMENT SERVICES AGREEMENT AND IN ADVANCE OF ANY PAYMENT RELATED TO SUCH ARRANGEMENT FOR THE PERIOD IN QUESTION	Return Reference	Explanation
	PART VI, SECTION B,	AND ADMINISTRATIVE FUNCTIONS, WITH PETSMART, INC, IN WHICH PETSMART, INC ACTED AS A MANAGEMENT COMPANY ALTHOUGH PCI'S EXECUTIVE DIRECTOR IS COMPENSATED BY PETSMART, INC, PCI'S BOARD OF DIRECTORS (COMPOSED ENTIRELY OF PERSONS WITHOUT A CONFLICT OF INTEREST) ANNUALLY REVIEWS AND DETERMINES AN APPROPRIATE AMOUNT OF COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABILITY DATA, INCLUDING A COMPARISON TO MARKET DATA FOR PEER ORGANIZATIONS, AND CONTEMPORANEOUSLY SUBSTANTIATES THE DELIBERATION AND DECISION THE APPROVED AMOUNT IS NOT PAID BY PCI TO THE EXECUTIVE DIRECTOR, BUT IS USED IN COMPUTING THE FEE PAID BY PCI TO PETSMART, INC THE REVIEW AND APPROVAL PROCESS OCCURS IN ADVANCE OF THE SERVICES PERFORMED BY PETSMART, INC UNDER THE MANAGEMENT SERVICES AGREEMENT AND IN ADVANCE OF

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN EITHER HARD COPY OR ELECTRONIC FORM

Return Reference	Explanation
VI, SECTION A, LINE 3, PART VII,	ALTHOUGH THE COMPENSATION PAID TO A MANAGEMENT COMPANY'S EMPLOYEES, INCLUDING THE TOP MANAGEMENT OFFICIAL, IS NOT REQUIRED TO BE DISCLOSED IN THIS INFORMATION RETURN, PCI RECOGNIZES THAT THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AS THE TOP MANAGEMENT OFFICIAL, IS OF SIGNIFICANT INTEREST TO DONORS TO THE ORGANIZATION ACCORDINGLY, THE COMBINED COMPENSATION OF JANET WILKINS AND MAURINE DYER STEVENS, EACH OF WHOM SERVED AS PCI EXECUTIVE DIRECTOR, DURING CALENDAR YEAR 2015 IN RELATION TO THE MANAGEMENT COMPANY ARRANGEMENT WITH PETSMART, INC, TOTALED \$420,521 THIS AMOUNT WAS COMPRISED OF BASE COMPENSATION OF \$276,875, BONUS & INCENTIVE COMPENSATION OF \$140,408, OTHER COMPENSATION OF \$570, DEFERRED COMPENSATION OF \$763, AND NONTAXABLE BENEFITS OF \$1,905

Return Reference	Explanation
FORM 990, PART VII, SECTION B, LINE 1	PCI ENTERED INTO A MANAGEMENT SERVICES AGREEMENT WITH PETSMART, INC, ACTING AS A MANAGEMENT COMPANY, TO COST-EFFECTIVELY OUTSOURCE CERTAIN MANAGEMENT AND ADMINISTRATIVE FUNCTIONS UNDER THE TERMS OF THE AGREEMENT, PETSMART, INC IS AN INDEPENDENT CONTRACTOR TO PCI AND THE FEE PAID TO PETSMART, INC IS CAPPED ANNUALLY THE VALUE OF THE USE OF REAL PROPERTY, MANAGEMENT AND ADMINISTRATIVE SERVICES, PRODUCTS AND SUPPLIES RECEIVED BY PCI UNDER THE AGREEMENT OVERWHELMINGLY EXCEEDS THE PAY MENTS MADE TO PETSMART, INC, BY A RATIO GREATER THAN 2 7 1

DLN: 93493202011746

OMB No 1545-0047

2015

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

► Attach to Form 990.

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

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

Open to Public Inspection

Name of the organization PETSMART CHARITIES INC					Employer identification number 93-1140967			
Part I Identification of Disregarded Entities Comple	te ıf the organızatıon	answered "Yes" or	Form 990, Part I					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) I-of-year assets	(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organiz	ations Complete if t	the organization and	swared "Ves" on I	Form 990 Part I	V line 34 hecause it h	ad on		
or more related tax-exempt organizations during th	e tax year.		_	·				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu: (if section 501(c)(3)		Section (13) co ent	ontrolle tity?	
(1)PETSMART CHARITIES OF CANADA 455 N SERVICE RD STE 500 BURLINGTON, ONTARIO CA	CHARITABLE	CA	501(C)(3)		PETSMART CHARITIES INC	Yes Yes	No	
						_		
						_	_	
		0.1.11				000) 0		

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable because it had one or more related organizations treated.					ation answ	ered "Yes	s" on I	Form	990, Part I'	V, lın	e 34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentage ownership
				311)			Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable 34 because it had one or more related organizations to	as a Corpor reated as a c	r ation orporat	or Trust C ion or trust	Complete if the total	e organiza ax year.	ation ansv	wered	"Yes"	on Form 9	90, F	Part 1	IV, line
(a) (b)	(c)	Т	(d)	(e)	(f)		(a)	1	(h)	(i)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		_
								Yes	No	-
										ł

Part V Transactions With Related Organizations Complete if the organization	on answered "Yes" on Form	990, Part IV, line	: 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	res No				
1 During the tax year, did the orgranization engage in any of the following transactions with one	or more related organizations lis	sted in Parts II-IV?	•						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No				
b Gift, grant, or capital contribution to related organization(s)				1b	No				
c Gift, grant, or capital contribution from related organization(s)				1c	No				
d Loans or loan guarantees to or for related organization(s)				1d	No				
e Loans or loan guarantees by related organization(s)				1e	No				
f Dividends from related organization(s)				1f	No				
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)				1h	No				
i Exchange of assets with related organization(s)				1i	No				
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No				
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No				
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)				10	No				
p Reimbursement paid to related organization(s) for expenses				1p	No				
q Reimbursement paid by related organization(s) for expenses				1q Y	⁄es				
${f r}$ O ther transfer of cash or property to related organization(s)				1r Y	res				
s Other transfer of cash or property from related organization(s)				1s	No				
2 If the answer to any of the above is "Yes," see the instructions for information on who mus									
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	olved				
(1)PETSMART CHARITIES OF CANADA	L	174,379	COST						
(2)PETSMART CHARITIES OF CANADA	Q	91,144	COST						
			I.						
	1	i							

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	otal end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
											I	1	I
			I.			1	l				I		

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015

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