Form JJU
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



<u>A</u>	For the	2019 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identified	cation number
	Addres change				
	Name change	Doing business as		91-1158281	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/		200	(425)679-550	0
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,597,764.
	Amend return	BELLEVUE, WA 98005		H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer. Children in the Filling		for subordinates	? Yes 🗴 No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)
		e: WWW.PETPARTNERS.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1977	State of legal domicile: WA
P	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: IMPROVI		L, EMOTIONAL AND	
anc		PSYCHOLOGICAL LIVES THROUGH POSITIVE HUMAN-ANIMAL INTERACTIO			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			ets. 20
20	3				20
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			41
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		12000	
tivit	6	Total number of volunteers (estimate if necessary)		0.	
AC		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		15,923,494.	2,586,329.
anu	9			555,025.	666,208.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		129,453.	301,839.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,192.	63,743.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,652,164.	3,618,119.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	46 1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,752,994.	2,730,697.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		166,704.	204,480.
Der	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,546,393.	2,420,627.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,466,091.	5,355,804.
_		Revenue less expenses. Subtract line 18 from line 12		13,186,073.	-1,737,685.
or	S			ginning of Current Year	End of Year
Assets	20 ·	Total assets (Part X, line 16)		21,941,710.	21,053,951.
tAs	g 21 ·	Total liabilities (Part X, line 26)		535,406.	527,438.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21,406,304.	20,526,513.
P	art II	Signature Block			

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

		Có						Octo	ber 1,	2020	
Sign		Signature of	officer				l	Date			
Here		CATHERIN	E ANN PETERS,	PRESIDENT/C	EO						
		Type or prin	t name and title								
	Prin	t/Type prepar	er's name		Preparer's signature		Date	Ch	ieck	PTIN	
Paid					JENNIFER BECKER	HARRIS	09/24/20	it sel	lf-employed	₽00183358	
Preparer	Firm	n's name 🕒	CLARK NUBER,	PS			I	Firm's El	IN 🕨 9:	1-1194016	
Use Only	Firm	n's address 🕨	10900 NE 4TH	STREET, SUI	TE 1400						
		-	BELLEVUE, WA	98004				Phone no	0.425-45	4-4919	
May the II	RS di	scuss this re	turn with the prepa	arer shown abo	ve? (see instructions)					X Yes	No
										- 000	(

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2019) PET PARTNERS	91-11582	81 Page	- <b>2</b>
	rt III Statement of Program Service Accomplishments		r ugt	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Г	
1	Briefly describe the organization's mission:			
	PET PARTNERS IS THE NATIONAL LEADER IN DEMONSTRATING AND PROMOTING			
	POSITIVE HUMAN-ANIMAL INTERACTIONS TO IMPROVE THE PHYSICAL, EMOTIONAL			
	AND PSYCHOLOGICAL LIVES OF THOSE WE SERVE.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2	prior Form 990 or 990-EZ?		Yes X	٩N
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes X	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by e	vnenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$3,997,471. including grants of \$) (Revenue	\$	666,208	• )
	THE HUMAN-ANIMAL BOND IS A RELATIONSHIP BETWEEN PEOPLE AND ANIMALS THAT			
	POSITIVELY INFLUENCES THE HEALTH AND WELL-BEING OF BOTH. PET PARTNERS			
	IS THE NATION'S LARGEST AND MOST PRESTIGIOUS NONPROFIT REGISTERING			
	HANDLERS OF MULTIPLE SPECIES AS VOLUNTEER TEAMS PROVIDING			
	ANIMAL-ASSISTED INTERACTIONS. WITH THE HIGHEST CALIBER OF CURRICULUM			
	IN THE INDUSTRY, PET PARTNERS TRAINS VOLUNTEERS AND EVALUATES THEM WITH			
	THEIR PETS FOR VISITING ANIMAL PROGRAMS IN HOSPITALS, NURSING HOMES,			
	VETERANS' CENTERS, HOSPICE, ALZHEIMER'S FACILITIES, COURTROOMS,			
	SCHOOLS, AND OTHER SETTINGS. WE RECOGNIZE THAT ANIMALS CAN INFLUENCE			
	NOT JUST OUR HAPPINESS, BUT ALSO OUR HEALTH. THROUGH OUR 13,000 TEAMS			
	WE IMPROVE THE HEALTH AND WELL-BEING WITH MORE THAN 3 MILLION VISITS A			
	YEAR.			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$		)
4d	Other program services (Describe on Schedule O.)			
Ψu			)	
40			1	
4e			000	

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<u> </u>
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		-
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,		v	
-	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	└──
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

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Pa	TIV Checklist of Required Schedules (continued)		N.						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No					
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23	х						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		x					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		X					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x					
If "Yes," complete Schedule R, Part V, line 2									
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
<u></u>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v						
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L					
	Charle if Cabadula O contains a reasonable or note to any line in this Part V								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 V						
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	)	Yes	No					
		-							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportab (gambling) winnings to prize winners?

1c

	1990 (2019) PET PARTNERS 91-1158	8281	Р	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а		r? <b>7a</b>		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'			<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a		9a		
b				<u> </u>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:	_		
a b	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
5				
12-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
		13a		-
а	-	. 15a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	° ' '			
-	organization is licensed to issue qualified health plans 13b			
		14-	-	x
14a	<b>o o o o o o o o o o</b>			+
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>14b</u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	. 15		
10	If "Yes," see instructions and file Form 4720, Schedule N.			x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) PET PARTNERS		91-115828	1	Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	'No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See ii	nstructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9						
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	This Section B requests information about policies not required by the Internal Re	venue	Code.)			
10-				40	Yes X	No
	<ul> <li>Da Did the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> </ul>			10a	А	
D	<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> </ul>				х	
110						
				11a	X	
				12a	х	
				12a	x	<u> </u>
Ū		,		12c	х	
13				13	х	
				14	Х	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а				15a	х	
b				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i></li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i></li> <li>13 Did the organization have a written whistleblower policy?</li> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization <i>If "Yes"</i> to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a</li> </ul>						
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AR, AZ, CA, CO, CT, DE, F	L,GA,	ID,IL,IN,IA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	CATHERINE ANN PETERS - 425-679-5500					
	345 118TH AVE SE, SUITE 200, BELLEVUE, WA 98005			Γ	000	(2010)
00000					2121	1201101

Form 990 (2019)	PET PARTNERS	91-1158281	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key E	mployees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Par	t VII	
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compe	ensated Employees	
1a Complete this tab	le for all persons required to be listed. Report compensation	or the calendar year ending with or within the organizati	on's tax year.
<ul> <li>List all of the org</li> </ul>	ganization's current officers, directors, trustees (whether ind	viduals or organizations), regardless of amount of comp	ensation.
Enter -0- in columns (E	D), (E), and (F) if no compensation was paid.		
I ist all of the or	ganization's <b>current</b> key employees if any. See instructions t	or definition of "key employee "	

urrent key employees, if any. S

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Name and tille         Average hours per filter and elevelowised organization between between and elevelowised organization         Reportable compension from related organization         Reportable compension from related organization         Estimated and prome and elevelowised           (1)         MICHAEL SAPP         4.00         V         X         X         0         0.0         0.0           (2)         MICHAEL SAPP         4.00         X         X         0         0.0         0.0           (3)         MICHAEL SAPP         4.00         X         X         0         0.0         0.0           (3)         MARCI MICHARD         4.00         X         X         0         0.0         0.0           (3)         MARCI MICHARD         4.00         X         X         0         0.0         0.0           (3)         MARCI MICHARD         4.00         X         X         0         0.0         0.0           (3)         MARCI MICHARD         4.00         X         X         0         0.0         0.0           (3)         MARCI MICHARD         4.00         X         X         0         0.0         0.0           (4)         MARCI MICHARD         3.00         X         0         0.0 <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek (lst any veek (lst any veek (lst any veek (lst any veek (lst any veek (lst any veek) related organizations         compensation from related organizations         compensation the organizations         amount of other compensation from the organizations           (1) MICHAEL SAPP         4.00         x         x         x         0.         0.         0.           (2) JULE LANLESS         4.00         x         x         x         0.         0.         0.         0.           (3) MACT NITCHARD         4.00         x         x         x         0.         0.         0.         0.           (4) DANA BROOKS         4.00         x         x         x         0.         0.         0.         0.           (6) REAR ARNOLD         3.00         x         x         x         0.         0.         0.         0.           (6) REAR ARNOLD         3.00         x         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td< td=""><td>Name and title</td><td>Average</td><td>(do</td><td></td><td>Pos</td><td>ition</td><td></td><td></td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
Week (ist ary organizations ine)         Week (ist ary organizations (W2/1089-MISC)         Indiff (W2/1089-MISC)         Indiff (W2/1089-MISC)         Compensation from the organizations (W2/1089-MISC)           (1) MICHAEL SAFF         4.00         x         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         x         0.         0.         0.         0.           BOARD CHAIR         x         x         x         x         0.         0.         0.         0.           BOARD CHAIR         x         x         x         x         0.         0.         0.           (1) MICHAEL SAFF         4.00         x         x         x         x         0.         0.         0.           BOARD VICE CHAIR         x         x         x         0.         0.         0.         0.           (1) DAIN BROOKS         4.00         x         x         x         0.         0.         0.         0.           (5) BRAINON NATTIN         3.00         x         x         0.         0.         0.         0.           (6) RETK ARNOLD         3.000         x         4         0.         0.         0.         0.<		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
(1)         MICHAEL SAPP         4.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.				cer ar I	nd a d I	irecto	r/trus T	tee)			
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(1)         MICHAEL SAPP         4.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			or di	ee.			ated		, °	(W-2/1099-MISC)	
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(2)         JULE LANLESS         4.00         X         X         X         0.         0.         0.           BOARD VICE CHAIR         X         X         X         0.         0.         0.         0.           BOARD VICE WHICHARD         4.00         X         X         0.         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.<	(1) MICHAEL SAPP	4.00	_			-		-			
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(3) MARCI WHICHARD         4.00         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x	(2) JULIE LAWLESS	4.00									
BOARD SECRETARY         x         x         x         x         0.         0.         0.           (4) DANA BROOKS         4.00         x         x         x         0.         0.         0.           BOARD TREASURER         x         x         x         0.         0.         0.         0.           BOARD MEMBER         x         x         0.         0.         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	BOARD VICE CHAIR		Х		х				0.	0.	0.
(4) DANA BROOKS         4.00         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x         x	(3) MARCI WHICHARD	4.00									
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(5)         BRANDON ANTIN         3.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(4) DANA BROOKS	4.00									
BOARD MEMBER         X         0.         0.         0.         0.           (6) ERIK ARNOLD         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (7) CHAD BIAGINI         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0. <td>BOARD TREASURER</td> <td></td> <td>х</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>٥.</td> <td>0.</td> <td>0.</td>	BOARD TREASURER		х		х				٥.	0.	0.
(6)         ERIK ARNOLD         3.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(5) BRANDON ANTIN	3.00									
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(7)       CHAD BIAGINI       3.00       0       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(6) ERIK ARNOLD	3.00									
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(8)         RESHMA BISHNOI         3.00         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(7) CHAD BIAGINI	3.00									
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(9) ALICEN BLAIR       3.00       x       0.       0.       0.         BOARD MEMBER       3.00       x       0.       0.       0.       0.         (10) MICHAEL CASTAGNA       3.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (11) DORIS DAIF       3.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         BOARD MEMBER       3.00         0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (14) JIM HEDINGTON       3.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.0       0.       0.       0.       0.       0.       0.	(8) RESHMA BISHNOI	3.00									
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(15) JANICE KAPNER3.00X0.0.BOARD MEMBERX0.0.0.0.(16) JEFF KEUNE3.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) DIANA KIRIAKIDES3.00X0.0.0.BOARD MEMBERX0.0.0.0.	(14) JIM HEDINGTON	3.00									
BOARD MEMBERX00.0.(16) JEFF KEUNE3.003.0000.0.BOARD MEMBERX0.0.0.0.(17) DIANA KIRIAKIDES3.00X0.0.0.BOARD MEMBERX0.0.0.0.	BOARD MEMBER		Х						٥.	0.	0.
(16) JEFF KEUNE3.003.000.0.BOARD MEMBERX0.0.0.0.(17) DIANA KIRIAKIDES3.00X0.0.0.BOARD MEMBERX0.0.0.0.	(15) JANICE KAPNER	3.00									
BOARD MEMBERX0.0.0.(17) DIANA KIRIAKIDES3.00X0.0.0.BOARD MEMBERX0.0.0.0.	BOARD MEMBER		Х						0.	0.	0.
(17) DIANA KIRIAKIDES     3.00       BOARD MEMBER     X	(16) JEFF KEUNE	3.00									
BOARD MEMBER X 0. 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(17) DIANA KIRIAKIDES	3.00									
	BOARD MEMBER		Х						0.	0.	

Form 990 (2019) PET PARTNERS									91-11	58283	1	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Positive heck in ss per nd a di	ition more rson i	than o s both	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	וו		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e ion ed
(18) BRETT LAUTER	3.00		-		-								
BOARD MEMBER		х						0.		٥.			0.
(19) ANGEL MAY	3.00	_											
BOARD MEMBER		Х						0.		0.			0.
(20) KAY MOONEY	3.00												0
BOARD MEMBER (21) MIKE MOSSHOLDER	2 00	х						0.		0.			0.
BOARD MEMBER	3.00	x						0.		٥.			0.
(22) STAN OWENS	3.00	~						0.		<u> </u>			
BOARD MEMBER		x						0.		٥.			0.
(23) JON PERSCH	3.00												
BOARD MEMBER		x						0.		٥.			0.
(24) MICHAEL PRICE	3.00												
BOARD MEMBER		х						0.		٥.			0.
(25) MARC SCARDUFFA	3.00												
BOARD MEMBER		х						٥.		٥.			٥.
(26) BRIAN SCHWARTZ	3.00	-											
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI										0.			
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not provide the second secon</li></ul>									000 of reportable				
compensation from the organization		1056	IISLE	u au	000	<i>y</i> wii	016	eceived more than \$100,					4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual								-	[	3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	," со	mple	ete S	Sche	edule	e J f	for such individual			4	Х	L
5 Did any person listed on line 1a receive or a	-				-								
rendered to the organization? <i>If "Yes," com</i>	plete Schedul	e J f	or sı	ıch r	bers	on .					5		X
Section B. Independent Contractors									100 000 of come		: <b>f</b>		
Complete this table for your five highest con the organization. Report compensation for t	•	•							•	FISAL			
(A)	ne calendar y		- Tun	ig w		<u> </u>		(B)	car.		(0	2)	
Name and business	address							Description of s	ervices	С		nsatio	n
NNE MARKETING , 1666 MASSACHUSETTS AV	/E,												
STE 14, LEXINGTON, MA 02420							C	CONSULTING				156,	000.
DCG ONE													
PO BOX 3905, SEATTLE, WA 98124								FULFILLMENT				124,	347.
FIREFLY PARTNERS													
PO BOX 968, BOULDER, CO 80302								IT CONSULTING				121,	523.
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	-					3							

Form 990 PET_PARTNERS									91-11582	281			
Part VII         Section A.         Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)         (F)													
(A)	(D)	(E)	(F)										
Name and title	Average				ition			Reportable	Reportable	Estimated			
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of			
	per							from	from related	other			
	week	r				lo yee		the	organizations	compensation			
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	related	e or c	stee			sated		(00-2/1099-10130)		and related			
	organizations	truste	Institutional trustee		yee	m per				organizations			
	below	dual 1	ution	-	n plo	stco	er			er gan i zan er re			
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former						
(27) LORI WARE	3.00												
BOARD MEMBER		х						0.	0.	0.			
(28) CATHERINE ANN PETERS	37.50												
PRESIDENT/CEO				х									
(29) TERESA STARR	37.50												
DIRECTOR OF FINANCE				х									
(30) MARY MARGARET CALLAHAN	37.50												
CHIEF MISSION OFFICER						х							
(31) TRACI PRYOR	37.50												
CHIEF DEVELOPMENT OFFICER						х							
					L								
				[	L	L	[						
Total to Part VII, Section A, line 1c													
Totarto Fart VII, Section A, IIIle TC								1	I	L			

Parl					rners <b>ue</b>					91-115828	1 Pag
			Check if Schedule O			onse	or note to any line	in this Part VIII			Г
								<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 -
6	1 -	2	Federated campaigns		1a						3000013 0 12
and Other Similar Amounts			Membership dues								
DO			Fundraising events								
LA			Related organizations								
nila			Government grants (contr								
Sin			All other contributions, gifts,								
ner			similar amounts not included				2,586,329.				
õ			Noncash contributions included in			\$	1,010.				
and		-	Total. Add lines 1a-1f					2,586,329.			
	-						Business Code	, ,			
	2 8	a I	REGISTRATION/WORKSH	OPS			900099	666,208.	666,208.		
		b.							,		
nue											
Revenue		. '									
ĕ	e	e									
	f	f	All other program service	reve	nue						
			Total. Add lines 2a-2f					666,208.			
	3		Investment income (includ	ding	dividends,	intere	st, and				
			other similar amounts)				▶	263,912.			263,9
	4		Income from investment of								
	5		Royalties	. <u></u>			►				
					(i) Re	al	(ii) Personal				
	6 a	а	Gross rents	6a	149,	747.					
			Less: rental expenses	6b	91,	904.					
	Ċ	С	Rental income or (loss)	6c	57,	843.					
	C	d	Net rental income or (loss	) <u></u>			▶	57,843.			57,8
	7 a	а	Gross amount from sales of		(i) Secur	ities	(ii) Other				
		i	assets other than inventory	7a	3,853,	327.					
	k		Less: cost or other basis								
		i	and sales expenses	7b							
2	C	С	Gain or (loss)	7c	37,	927.					
			Net gain or (loss)			····	····· ►	37,927.			37,9
	8 8		Gross income from fundraisi								
۶			including \$			1					
			contributions reported on			1					
	_		Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				▶				
	9 8		Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			=s					
	10 8		Gross sales of inventory, I			10a	78,241.				
	L		and allowances Less: cost of goods sold								
			Net income or (loss) from				· - , • · - ·	5,900.			5,9
+		-		Sale		JIY	Business Code	-,			
	11 a	а									
		a b									
anc		~									
venue		c .									
Revenue	c	c d	All other revenue								
Revenue	( (	d	All other revenue								

Date National Propuestion         Total expenses         Program Service expenses         Management and general expenses         Fundalising expenses           1         Gasts and other assistance to domestic individuals. See Part V, line 12         Imagement and general expenses         Imagement and general expenses         Fundalising expenses           2         Grants and other assistance to domestic individuals. See Part V, lines 15 and 16         Imagement and general expenses         Imagement and general expenses         Imagement and general expenses         Imagement and general expenses           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16         Imagement and general expenses		Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
ad domastic governments, Size Part IV, Ine 21		· · · ·		Program service		Fundraising
2         Grants and other assistance to domesic individuals. Some Patr V, line Re 2         Image: Comparison of C	1	•				
3         Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 Compensation of current officies, directors, trustees, and key employees         389,905         320,026         44,011         25,868           6         Compensation of current officies, directors, trustees, and key employees         389,905         320,026         444,011         25,868           7         Other salaries and wages         1,779,716         1,463,921         197,931         117,864, 65,933           9         Dher anazorus in accombinuos (include section 401(k) and 403(k) employee contributions) escience 401(k) and 403(k) employee contributions) escience 401(k) and 403(k) employee contributions) for there accounts accombinuous (include section 401(k) and 403(k) employee contributions) for there accounts accombinuous (include section 401(k) and 403(k) employee contributions) for there accounts accombinuous (include section 401(k) and 403(k) employee contributions) for any ideate section 401 (k) and 403(k) employee contributions) for account (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403(k) employee contributions for any ideate section 401 (k) and 403 (k) employee contrelatione for any ideatent section 401 (k) employee contre	2	Grants and other assistance to domestic				
organizations. foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
individuals. See Part V, lines 15 and 16         individuals. See Part V, lines 15 and 16           4         Benefits paids to or for members         individuals. See Part V, lines 16 and 16           Compensation of current officers, directors, trustees, and key employees         389,905, 320,026, 44,011, 25,868,           Comparison on trinided above to disqualified persons (as defined under section 4958(1/3)) and persons described in section 4958(1/3), and 0301; employee contributions (mode section 610), and 0301; employe	3	3				
4         Benefits paid to of romembers						
5         Comparisation of current officient, elinectors, trustees, and key employees         389,905         320,026         44,011         25,868.           Comparisation not included above to disgualified persons (as defined under section 4580((1)) and persons described in secreseres and described in the approxis						
trustees, and key employees         389,905.         320,026.         44,011.         25,868.           6         Compensation not included above to disguilled persons (as defined undre section 4550((1)) and persons (as defined undre section 4550((1)) and persons described in the section 4550((1)) and perso						
6         Compensation not included above to disputified persons (as defined under section 4986(1(1)) and persons described in section 4986(1(3)) 8         Image: Compensation not included above to disputified persons described in section 4986(1(3)) 8           7         Other salaries and wages section 401(k) and 403(b) employer contributions (Det employee benefits Description of the salaries and notifications)         1, 779, 716.         1, 463, 921.         197, 931.         117, 864.           9         Other employee benefits section 401(k) and 403(b) employer contributions (Description of the salaries and notifications)         276, 553.         224, 802.         33, 321.         10, 479.           10         Payori Itaxes a Management         3, 424.         2, 730.         457.         223.           11         Fees for services fromemployees): a Management (management fees (Description)         3, 424.         2, 730.         457.         237.           12         Lobbying (Det compensation services fromemployees): a Management fies (Det compenses)         456, 650.         456, 650.         11, 018.         11, 018.         204, 480.           13         Office expenses         11, 018.         11, 018.         11, 018.         11, 018.           14         Information technology         277, 899.         219, 890.         22, 841.         35, 168.           14         Rayments to affiliate (Decorelences, conventions, and meeting	5		389 905	320 026	44 011	25 868
persons (as defined under section 4958(r)(11) and persons described in section 4958(r)(3)(8)         1,779,716,         1,463,921,         197,931,         117,864.           7         Other salaries and wages         1,779,716,         1,463,921,         197,931,         117,864.           8         Pension plan accruits and contributions (include section 401k) and 403(t) employer contributions)         29,525,         80,503,         12,324,         6,698.           9         Other employee benefits         276,593,         224,802,         33,321,         18,470.           10         Payrolt axes         3,424,         2,730.         457,         237.           a Management         3,424,         2,730.         457,         237.           b Legal         19,757,         12,335.         6,725.         697.           c Accounting         45,650.         45,650.         0           9         Otters: (Illine 11 garount scools 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         43,762.         19,972.         7,907.         15,883.           10         Otter expenses         554,801.         25,331.         121,383.         208,883.         4,566.         2,363.           17         Tavel         229,118.         198,77.         3,6838.         4,566.<	6		505,505.	520,020.	44,011.	25,000.
persons described in section 4958(c)(3)(B)         1,779,716,1,463,921,197,931,117,664,           Pension paracrus and contributions (include section 401(k) and 403(b) employer contributions)         9,525,80,503,12,324,66,598,503,321,12,424,12,419,127,553,224,402,33,321,128,470,10           Payroli taxes         0 ther employee benefits         3,424,02,33,321,12,424,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,419,124,12,124,12,124,124,124,124,124,124,1	0					
7       Other salaries and wages       1,779,716.       1,463,921.       197,931.       117,664.         8       Pension plan acruals and contributions section 40(k) and 40(20) employer contributions)       3,525.       80,503.       12,324.       6,698.         9       Other employee benefits       276,593.       224,802.       33,321.       18,470.         10       Payroll taxes       3,424.       2,730.       457.       237.         1       Fees for services (nonemployees):       3,424.       2,730.       457.       237.         1       Fees for services (nonemployees):       3,424.       2,730.       457.       237.         1       Legal       19,757.       12,335.       6,725.       697.         4       Lobbying       45,650.       45,650.       0       0         9       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, its line 11g expenses on Ch.D.D.       43,762.       19,972.       7,907.       15,883.         10       Office expenses       227,789.       219,890.       22,841.       35,168.         16       Acountism and promotion       43,767.       36,838.       4,566.       2,363.         16       Occupancy       43,767.       36,838.       4,566.						
B         Pension plan accruals and contributions (include section 401(k) and 403(b) employe contributions)         99, 525, 80, 503, 12, 324, 6, 698, 4070, 107, 593, 3224, 802, 33, 321, 18, 470, 107, 107, 107, 107, 107, 107, 107, 1	7		1 779 716.	1 463 921.	197 931.	117 864.
section 401(k) and 403(b) employer contributions)         99,525, 80,503, 224,602, 33,321, 18,470,           10         Payroll taxes         276,593, 224,602, 33,321, 18,470,           11         Fees for services (nonemployees):         3,424, 2,730, 457, 237,           a Management         3,424, 2,730, 457, 237,           b Legal         19,757, 12,335, 6,725, 697,           c Accounting         35,687, 35,687,           d Lobbying         45,650, 45,650, 4           9 Other (The 11g anount, list line 11g expenses on Sch 0.)         204,480, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 11,018, 12,018,00, 22, 641, 35,687, 406,203, 30,829, 67,935, 331, 121,018, 30,829, 67,935, 331, 121,018, 30,829, 67,935, 331, 121,018, 30,829, 67,935, 331, 121,018, 30,829, 67,935, 331, 121,018, 12,018, 1208,008, 1255,331, 121,018, 1208,008, 1255,331, 121,018, 1208,008, 1255,331, 121,018, 1208,008, 1255,331, 121,018, 1208,008, 1255,331, 121,018, 1208,008, 127,7899, 219,980, 22,941, 35,168, 160,908, 1255,331, 121,018, 1208,008, 123,308, 123,980, 122,941, 35,168, 160,918, 12,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 123,918, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 139,745, 7,061, 23,308, 149,955, 2,557, 149, 149,951, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015, 42,015,				_,,		,
9         Other employee banefits         276, 593,         224, 802,         33, 321,         18, 470,           10         Payrolitaxes         184, 958,         151, 291,         21, 248,         12, 144,         12, 144,           11         Fees for services (nonemployees):         3, 424,         2, 730,         457,         237,           12         Adarcenting         35, 687,         12, 335,         6, 725,         697,           14         Lobbying         45, 650,         45, 650,         -         -           14         Indrasting services, See Part IV, line 17         204, 480,         204, 480,         -         204, 480,           17         Trovestment management fees         11, 018,         11, 018,         -         -           18         Other, (If line 11g amount exceeds 10% of line 25, column (A) amouti, list line 11g express on Sch O, 0         43, 762,         19, 972,         7, 907,         15, 883,           13         Office expenses         564, 801,         225, 331,         121, 383,         208, 087,           16         Occupancy         43, 767,         36, 838,         4, 566,         2, 363,           17         Travel         199, 772,         7, 601,         223, 308,         -	5		99,525.	80,503.	12,324.	6,698.
10       Payroll taxes       184,958, 151,291, 21,248, 12,419, 12,149, 12,148, 12,419, 12,148, 12,419, 12,149, 12,148, 12,419, 12,149, 12,148, 12,149, 12,149, 12,148, 12,149, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,148, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149, 12,149	9		,			18,470.
11         Fees for services (nonemployees):         3,424,         2,730,         457,         237,           a Management         19,757,         12,335,         6,725,         697,           c Accounting         45,650,         45,650,         45,650,         204,480,           e Protestional fundraising services. See Part IV, line 17         7,101,018,         11,018,         204,480,           g Other, (If line 11g arount exceeds 10% of line 25, column (A) amount, ISt line 11g expenses on Sch 0,)         43,762,         19,972,         7,907,         15,883,           13         Office expenses         584,801,         255,331,         121,383,         208,087,           14         Information technology         577,899,         219,990,         22,941,         35,168,           16         Occupancy         43,767,         36,838,         4,566,         2,363,           17         Travel         229,118,         198,749,         7,061,         23,308,           19         Conferences, conventions, and meetings         212,146,         207,724,         3,754,         668,           10         Payments to affliates         9         19,510,         142,019,         4,985,         2,587,           20         Depreciation, depletion, and amortizati						12,419.
a Management         3,424         2,730         457         237           b Legal         19,757         12,335         6,725         697           c Accounting         35,667         35,667         35,687         35,687           d Lobbying         45,650         45,650         204,480         204,480           f Investment management fees         11,018         11,018         204,480         204,480           g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         43,762         19,972         7,907         15,883           12         Advertising and promotion         43,767         36,838         4,566         2,363           13         Office expenses         584,801         225,331         121,383         208,087           14         Information technology         277,899         219,890         22,841         35,168           16         Occupancy         43,767         36,838         4,566         2,363           17         Travel         Conferences, conventions, and meetings         212,146         207,724         3,754         668           20         Pepreciation, depletion, and amortization         244,434         194,881         32,654         16,899 <td></td> <td></td> <td></td> <td></td> <td></td> <td>·</td>						·
b         Legal         19,757.         12,335.         6,725.         697.           c         Accounting         35,687.         35,687.         35,687.         35,687.           d         Lobbying         45,650.         45,650.         204,480.         204,480.           e         Protessional fundraising services. See Part IV, line 17.         10,018.         11,018.         204,480.           g         Other. (If ine 11g anomu exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         506,967.         408,203.         30,829.         67,935.           12         Advertising and promotion         43,762.         19,972.         7,907.         15,883.           13         Office expenses.         584,801.         225,331.         121,383.         208,007.           14         Information technology         277,899.         219,890.         22,841.         35,168.           16         Occupancy         43,767.         36,838.         4,566.         2,363.           17 rayel         20,9118.         198,749.         7,061.         23,308.           17 rayel         212,146.         207,724.         3,754.         6668.           20         Insurance         49,591.         42,019.         <		,	3,424.	2,730.	457.	237.
c       Accounting       35,687.       35,687.         d       Lobbying       45,650.       45,650.         e       Professional fundratising services. See Part IV, line 17       204,480.       204,480.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list ine 11g expenses on Sch 0.0.       506,967.       408,203.       30,829.       67,935.         12       Advertising and promotion       43,762.       19,972.       7,907.       15,883.         13       Office expenses       584,801.       225,331.       121,383.       208,087.         14       Information technology       277,899.       219,980.       22,841.       35,168.         16       Occupancy       43,767.       36,838.       4,566.       2,353.         17       Travel       229,118.       198,749.       7,061.       23,308.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials or any federal, state, or local public officials or any federal, state, or local public officials or anount exceeds 10% of line 24.       194,981.       32,654.       16,899.         21       Payments to affiliates       244,434.       194,881.       32,654.       16,899.         23       Interest       1005,106.       105,1			19,757.	12,335.	6,725.	697.
d         Lobbying         45,650.         45,650.           e         Professional fundraising services. See Part IV, line 17         204,480.         204,480.         204,480.           f         Investment management fees         11,018.         11,018.         204,480.         204,480.           g         Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)         506,967.         408,203.         30,829.         67,935.           12         Advertising and promotion         43,762.         19,972.         7,907.         15,883.           13         Office expenses         584,801.         225,331.         121,983.         200,087.           14         Information technology         277,899.         219,890.         22,841.         35,168.           16         Occupancy         43,767.         36,838.         4,566.         2,363.           17 Travel         229,118.         198,749.         7,061.         23,308.           19         Conferences, conventions, and meetings         212,146.         207,724.         3,754.         668.           11         Insurance         49,591.         42,019.         4,985.         2,587.           24         434.434.         194,881.         <			35,687.		35,687.	
e         Professional fundraising services. See Part IV, line 17         204,480.         204,480.           f         investment management fees         11,018.         11,018.         11,018.           g         Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         506,967.         408,203.         30,829.         67,935.           12         Advertising and promotion         43,762.         19,972.         7,907.         15,883.           13         Office expenses         584,801.         255,331.         121,383.         208,087.           14         Information technology         277,899.         219,990.         22,841.         35,168.           15         Royatties         -         -         -         -           16         Occupancy         43,767.         36,638.         4,566.         2,363.           17         Travel         229,118.         198,749.         7,061.         23,308.           19         Conferences, conventions, and meetings         -         -         -           10         Conferences, conventions, and amortization         244,434.         194,881.         32,654.         16,899.           21         Payments to affiliates         -         -<			45,650.	45,650.		
g         Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         506,967.         408,203.         30,829.         67,935.           12         Advertising and promotion         43,762.         19,972.         7,907.         15,883.           13         Office expenses         584,801.         255,331.         121,383.         208,087.           14         Information technology         277,899.         219,890.         22,841.         35,168.           15         Royatties         -         -         -         -           16         Occupancy         43,767.         36,838.         4,566.         2,363.           17         Travel         229,118.         198,749.         7,061.         23,308.           18         Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public			204,480.			204,480.
column (A) amount, list line 11g expenses on Sch 0.)         506, 967.         408, 203.         30, 829.         67, 935.           12         Advertising and promotion         43, 762.         19,972.         7, 907.         15, 883.           13         Office expenses         584, 801.         255, 331.         121, 383.         208,087.           14         Information technology         277, 899.         219, 890.         22, 841.         35,168.           15         Royatties         43, 767.         36,838.         4,566.         2,363.           16         Occupancy         43, 767.         36,838.         4,566.         2,363.           17         Travel         229,118.         198,749.         7,061.         23,308.           18         Payments of travel or entertainment expenses         212,146.         207,724.         3,754.         668.           20         Interest         244,434.         194,881.         32,654.         16,899.           21         Payments to affiliates         244,434.         194,881.         32,654.         16,899.           21         Insurance         24,9591.         42,019.         4,985.         2,587.           24         anount, ist line 24e expenses on Scheulle 0.)	f	Investment management fees	11,018.		11,018.	
12       Advertising and promotion       43,762.       19,972.       7,907.       15,883.         13       Office expenses       584,801.       255,331.       121,383.       208,087.         14       Information technology       277,899.       219,890.       22,841.       35,168.         15       Royalties	g	Other. (If line 11g amount exceeds 10% of line 25,				
13       Office expenses       584,801.       255,331.       121,383.       208,087.         14       Information technology       277,899.       219,890.       22,841.       35,168.         16       Occupancy       43,757.       36,838.       4,566.       2,363.         17       Travel       229,118.       198,749.       7,061.       23,308.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       212,146.       207,724.       3,754.       668.         20       Interest       212,146.       207,724.       3,754.       668.         21       Payments to affiliates       244,434.       194,881.       32,654.       16,899.         23       Insurance       43,551.       42,019.       4,985.       2,587.         24       Other expenses. Itemize expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on Schedule 0.)       105,106.       105,106.       105,106.         a       PET FEES       7,500.       7,500.       759,631.         b BAD DEBT EXPENSES       2,355,804.       3,997,471.       598,702.       759,631.         25       Total functional expenses. Add lines 1 through 24e       5,355,804.       3,997,4		column (A) amount, list line 11g expenses on Sch 0.)	506,967.	408,203.	30,829.	67,935.
14       Information technology       277,899.       219,890.       22,841.       35,168.         15       Royatties       43,767.       36,838.       4,566.       2,363.         17       Travel       229,118.       198,749.       7,061.       23,308.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       229,118.       198,749.       7,061.       23,308.         19       Conferences, conventions, and meetings       212,146.       207,724.       3,754.       668.         20       Interest       212,146.       207,724.       3,754.       668.         21       Payments to affiliates       244,434.       194,881.       32,654.       16,899.         22       Depreciation, depletion, and amortization meetings       244,434.       194,981.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses Interize expenses on Schedule 0.)       105,106.       105,106.       105,106.         26       DEBT EXPENSES       7,500.       7,500.       7,500.       105,106.       105,063.         25       Total functional expenses. Add lines 1 through 24e       5,355,804.	12	Advertising and promotion		19,972.	/	
15       Royalties	13	Office expenses		255,331.		208,087.
16       Occupancy       43,767.       36,838.       4,566.       2,363.         17       Travel       229,118.       198,749.       7,061.       23,308.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       229,118.       198,749.       7,061.       23,308.         19       Conferences, conventions, and meetings       212,146.       207,724.       3,754.       668.         20       Interest       212,146.       207,724.       3,754.       668.         21       Payments to affiliates       244,434.       194,881.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses on torvered above (List miscellaneous expenses on Schedule 0.)       49,591.       42,019.       4,985.       2,587.         24       Other expenses on Schedule 0.)       9       9       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.	14	Information technology	277,899.	219,890.	22,841.	35,168.
17       Travel       229,118.       198,749.       7,061.       23,308.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       212,146.       207,724.       3,754.       668.         20       Interest       212,146.       207,724.       3,754.       668.         21       Payments to affiliates       220,118.       194,881.       32,654.       16,899.         22       Depreciation, depletion, and amortization       244,434.       194,881.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule 0.)       105,106.       105,106.       105,106.         a       PET FEES       7,500.       7,500.       7,500.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106. <td>15</td> <td></td> <td></td> <td></td> <td></td> <td></td>	15					
18       Payments of travel or entertainment expenses for any federal, state, or local public officials fo	16	Occupancy				
for any federal, state, or local public officials       212,146.       207,724.       3,754.       668.         20       Interest       212,146.       207,724.       3,754.       668.         21       Payments to affiliates       2       2       Depreciation, depletion, and amortization       244,434.       194,881.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       105,106.       105,106.       105,106.         8       PET FEES       7,500.       7,500.       7,500.       105,106.       105,106.         6	17	F	229,118.	198,749.	7,061.	23,308.
19       Conferences, conventions, and meetings       212,146.       207,724.       3,754.       668.         20       Interest             21       Payments to affiliates             22       Depreciation, depletion, and amortization       244,434.       194,881.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses. Itemize expenses on covered above (List miscellaneous expenses on Ine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       105,106.       105,106.           9       BAD DEBT EXPENSES       7,500.       7,500.             c	18	,				
20       Interest			212 146	207 724	2 754	660
21       Payments to affiliates		··· ·	212,140.	207,724.	5,/54.	008.
22       Depreciation, depletion, and amortization       244,434.       194,881.       32,654.       16,899.         23       Insurance       49,591.       42,019.       4,985.       2,587.         24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       49,591.       42,019.       4,985.       2,587.         a       PET FEES       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       105,106.       10,106.       1		F				
23Insurance49,591.42,019.4,985.2,587.24Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)105,106.105,106.aPET FEES105,106.105,106.bBAD DEBT EXPENSES7,500.7,500.c			244 434	194 881	32 654	16 899
24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       105,106.       105,106.         a       PET FEES       105,106.       105,106.         b       BAD DEBT EXPENSES       7,500.       7,500.         c						
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       105,106.       105,106.         a PET FEES       105,106.       105,106.         b BAD DEBT EXPENSES       7,500.       7,500.         c			,	,	-,	-,
a       PET FEES       105,106.       105,106.         b       BAD DEBT EXPENSES       7,500.       7,500.         c	27	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b       BAD DEBT EXPENSES       7,500.       7,500.         c	а		105,106.	105,106.		
d	b	BAD DEBT EXPENSES				
d	~		· ·			
25       Total functional expenses. Add lines 1 through 24e       5,355,804.       3,997,471.       598,702.       759,631.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       description       description						
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	5,355,804.	3,997,471.	598,702.	759,631.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here 🕨 🔄 if following SOP 98-2 (ASC 958-720)						
		Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (2010)

Form 990 (2019) PET PARTNERS
Part IX Statement of Functional Expenses PET PARTNERS

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

	990 (2					91-11	.58281 Pag
Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lin	e in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			263,877.	1	407,
	2	Savings and temporary cash investments			145,882.	2	1,919,
	3	Pledges and grants receivable, net			13,838,228.	3	156,
	4	Accounts receivable, net			984.	4	79,
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied person				
		under section 4958(f)(1)), and persons described	d in section	4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	25,818.	8	20,		
Υŝ	9	Prepaid expenses and deferred charges			137,635.	9	174,
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,675,734.			
	b	Less: accumulated depreciation	10b	1,144,837.	3,714,144.	10c	3,530,
	11	Investments - publicly traded securities			3,815,142.	11	14,765,
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		21,941,710.	16	21,053,
	17	Accounts payable and accrued expenses			251,840.	17	266,
	18	Grants payable		L		18	
	19	Deferred revenue			283,566.	19	261,
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	chedule D		21	
Se	22	Loans and other payables to any current or form	her officer, o	director,			
abilities		trustee, key employee, creator or founder, subs					
iabi		controlled entity or family member of any of the	se persons			22	
Li	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelate	d third parti	ies		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			535,406.	26	527,
<i>"</i>		Organizations that follow FASB ASC 958, che	eck here 🖡				
Sec		and complete lines 27, 28, 32, and 33.					
und Balances	27				19,100,654.	27	17,870,
۱B	28				2,305,650.	28	2,655,
ŭ		Organizations that do not follow FASB ASC 9					

7,442. 9,045. 6,377. 9,599. 0,276. 4,540. 0,897. 5,775. 3,951. 6,170. 1,268. 7,438. 0,741. 5,772. Net Assets or Fur and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 21,406,304. 20,526,513. Total net assets or fund balances 32 32 21,941,710. 21,053,951. 33 Total liabilities and net assets/fund balances 33 Form 990 (2019)

Form	990 (2019) PET PARTNERS	91-115828	1	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3 ,	,618,	119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	,355,	804.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	,737,	685.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	,406,	304.
5	Net unrealized gains (losses) on investments	5		854,	894.
6	Donated services and use of facilities	6		З,	000.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	,526,	513.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

Total

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2019

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

Department of the Treasury Internal Revenue Service				<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection	
Nam	e of	the organizati	on						Employer	identification number	
				RTNERS						91-1158281	
Pa					All organizations must co			ee instruction	S.		
	orgar			·	For lines 1 through 12, c						
1					on of churches described			1)(A)(i).			
2					(Attach Schedule E (Forn						
3		•	•		anization described in se			•			
4			-	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(III). Enter	the hospital's name,	
F		city, and stat		or the bonefit of a co	llege or university owned	l or oporat	od by a go	wornmontal	nit doccrib	ad in	
5		0	•	Complete Part II.)	lege of university owned	i or operat	eu by a ge				
6					nental unit described in	section 1	70(b)(1)(A)	(v).			
	X		-	-	intial part of its support fi				he general i	oublic described in	
-				omplete Part II.)	······ [-··· -· ·· -· [-[· · ·				3		
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(		ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor	
		university:									
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, ar	nd gross receipts from	
		activities rela	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
				mplete Part III.)							
11		-	•	-	ively to test for public sa	•					
12		-	-		ively for the benefit of, to	-			•		
					ed in section 509(a)(1) o					Jneck the box in	
-		-	-		of supporting organizatior supervised, or controlled		-		-	aivina	
а					gularly appoint or elect a	•	-		•••••		
			-	complete Part IV, Se	• • • •	majority t				apporting	
b		¬ ~		-	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hay	vina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,		·			• • •		
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ribution red	quirement and	d an attentiv	veness	
	_	- ·	,	,	mplete Part IV, Sections						
е		—	0		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supportion	ng organiz	ation.			[	
		er the number		•							
<u> </u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount c	f monetarv	(vi) Amount of other	
		organization		(-) =	(described on lines 1-10	in your govern Yes	ing document? No	support (see i		support (see instructions)	
					above (see instructions))						
Tota											

### Schedule A (Form 990 or 990-EZ) 2019 PET PARTNERS Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

Section A. Public Support

(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.)

### Calendar year (or fiscal year beginning in) 🕨 (c) 2017 (d) 2018 (a) 2015 (b) 2016 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,031,639 1,552,283. 2,586,329 1,111,102. 1,433,435 7,714,788. 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 1,111,102, 1 031 639. 1,433,435 1,552,283. 2 586 329. 7,714,788. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 185,008. 7,529,780. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(a) 20</u>15 Calendar year (or fiscal year beginning in) (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1,111,102. 1,031,639, 1,433,435. 1,552,283. 2,586,329. 7,714,788. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 413,659 81,767 69,411 66,387 240,104. 871,328. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 592 424 1,016. 8,587,132. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 3,275,350. 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 87.69 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 84.71 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

91-1158281

Page 2

# Schedule A (Form 990 or 990-EZ) 2019 PET PARTNERS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated 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.)						<u> </u>
14	First five years. If the Form 990 is for	0			2		
<u> </u>	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2019 (li	, (,,	<b>,</b> ,	())		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						ine 17 is not
b	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2018.</b> If the						►
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organiza	ition ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2019

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

### Section A. All Supporting Organizations

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

932024 09-25-19

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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	-		
Ū	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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		••
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2019

#### 91-1158281 Page 6

## Schedule A (Form 990 or 990-EZ) 2019 PET PARTNERS

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r	T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PET PARTNERS	91-1158281	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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	s 1 and 2; Part IV, Section	n C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	tional information.	art v,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
SHIPPING INCOME		
MISCELLANEOUS		
2015 AMOUNT: \$ 592.		
2016 AMOUNT: \$ 424.		
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:		
DESCRIPTION: 2018 UNUSUAL GRANT - ACCRUAL BASIS		
DATE: 07/31/2018 AMOUNT: \$14,368,805		

## **Schedule B**

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

Name of the organization

of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

	PET PARTNERS	91-1158281
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### **Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>2</b>
Name of o	rganization	Emp	loyer identification number
PET PARI	NERS		91-1158281
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$123,769.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$54,640.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>3</b>
Name of o	rganization		Employer identification number
PET PARI	INERS		91-1158281
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

Page **4** 

lame of or	rganization			Employer identification number
ET PART	NERS			91-1158281
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	hrough (e) and the following line er aritable, etc., contributions of <b>\$1,000 or</b>	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of gi		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	 ft	
-	Transferee's name, address, and			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of gi	ft	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee

### SCHEDULE C

### (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5)</li> </ul>	or (6) organizations:	Complete Part III.
NI 6 1 11		

Nan	ne of orga	nization				Emplo	oyer identification	on number
		PET PARTNEI					91-1158283	1
Pa	art I-A	Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 52	?7 org	anization.	
1	Provide	a description of the organiz	ation's direct and indirect political	campaign activities in	Part IV.			
2	Political	campaign activity expendit	ures			▶\$.		
3	Voluntee	r hours for political campai	gn activities					
_		-			-			
Pa	art I-B	Complete if the org	anization is exempt unde					
1		5	incurred by the organization unde	r section 4955		.►\$		
2			incurred by organization manager					
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes	No
4a	a Was a co	prrection made?					Yes	No No
_	- /	describe in Part IV.		<b>501</b> (a)		04/->	(0)	
Pa	art I-C		anization is exempt unde					
1			I by the filing organization for sect			. ▶\$.		
2			ization's funds contributed to othe					
						▶\$_		
3			. Add lines 1 and 2. Enter here and					
4			1120-POL for this year?					No No
5			ployer identification number (EIN)		-			
		, ,	tion listed, enter the amount paid				•	
			omptly and directly delivered to a additional space is needed, provic			eparate	segregated fund	ora
	political	· · · · · · · · · · · · · · · · · · ·		1	1	<u> </u>		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio		(e) Amount of contributions re	
					funds. If none, ente		promptly and	
					,		delivered to a	
							political orgai If none, ent	
						+	ii none, em	

Schedule C (Form 990 or 990-EZ) 2019 PET					158281 Page <b>2</b>
Part II-A Complete if the organ section 501(h)).	ization is ex	cempt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under
	belongs to an	affiliated group (and list i	n Part IV each affiliated g	group member's name	e, address, EIN,
expenses, and share of	excess lobbyi	ng expenditures).			
B Check <b>&gt;</b> if the filing organization	checked box	A and "limited control" pr	ovisions apply.		
Limits o	n Lobbying Ex	•		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	e public opinio	on (grassroots lobbying)		48,588.	
<b>b</b> Total lobbying expenditures to influence	e a legislative	body (direct lobbying)			
c Total lobbying expenditures (add lines	48,588.				
	5,266,981.				
e Total exempt purpose expenditures (a		l 1d)		5,315,569.	
f Lobbying nontaxable amount. Enter th		415,778.			
If the amount on line 1e, column (a) or (b)		lobbying nontaxable an		,	
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000,00		0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		5,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		5,000 plus 5% of the exce			
Over \$17,000,000	· · · · · ·	00,000.			
	φ1,0				
g Grassroots nontaxable amount (enter a	25% of line 1f)			103,945.	
h Subtract line 1g from line 1a. If zero or			Γ	0.	
<ul> <li>i Subtract line 1g from line 1c. If zero or less, enter -0-</li> <li>i Subtract line 1f from line 1c. If zero or less, enter -0-</li> </ul>				Ο.	
j If there is an amount other than zero o					
reporting section 4911 tax for this yea	_	······································		Γ	Yes No
		Averaging Period Under			
(Some organizations that	made a sectio		have to complete all o	f the five columns be	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount			323,686.	415,778.	739,464.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,109,196.
c Total lobbying expenditures			41,151.	48,588.	89,739.
d Grassroots nontaxable amount			80,922.	103,945.	184,867.
e Grassroots ceiling amount (150% of line 2d, column (e))					277,301.
f Grassroots lobbying expenditures			41,151.	48,588.	89,739.

Schedule C (Form 990 or 990-EZ) 2019

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the	o lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (	b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total		<b>2</b> c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organizatio
name	or the	or gamzation

Nam	e of the organization PET PARTNERS			91–1158281
Pa		unds or Other Similar Fund	ls or Ac	
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year		<b>`</b>	
2	Total number at end of year         Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4				
- 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor ad	vised fund	
5	are the organization's property, subject to the organization's excl	•		
6	Did the organization inform all grantees, donors, and donor advis	-		
Ŭ	for charitable purposes and not for the benefit of the donor or do			
Pa				
1	Purpose(s) of conservation easements held by the organization (			
•	Preservation of land for public use (for example, recreation		of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the for	m of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
с	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			zation during the tax
	year ►			
4	Number of states where property subject to conservation easemed	ent is located 🕨		
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling o	of	
	violations, and enforcement of the conservation easements it hol	ds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing co	onservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conser	vation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 17	′0(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expen	se statem	ent and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial state	ments tha	at describes the
De	organization's accounting for conservation easements.		04h a # 0	incitor Accete
Pa	t III Organizations Maintaining Collections of Ar		Jther 5	imilar Assets.
	Complete if the organization answered "Yes" on Form 990			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958, n	•		
	of art, historical treasures, or other similar assets held for public of			ice of public
	service, provide in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exh	nibition, education, or research in fu	merance	ot public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
~				▶ \$
2	If the organization received or held works of art, historical treasure the following amounto required to be reported under FACE ASC		cial gain, p	provide
	the following amounts required to be reported under FASB ASC	÷		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

\$

Sche	dule D (Form 990) 2019 PET PARTNER						1-115		Pa	_{age} 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther Si	milar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that ma	ake signif	icant use	of its	·	,	
	collection items (check all that apply):			Ū	0					
а	Public exhibition	c	Loan or exc	hange program						
b	Scholarly research	e								
c	Preservation for future generations	-								
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's	exempt	nurnose i	in Part [°]	XIII		
5	During the year, did the organization solicit of							An.		
Ŭ	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		ete il the organizatio	IT alloweled Tes	S UITFUI	III 990, F	art iv, i	ine 9, 0i		
10			lion (for contribution	or other eccets	not inclu	Idad				
Ia	Is the organization an agent, trustee, custodia							Vee		] N
	on Form 990, Part X?						∟	Yes		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:		1			• •		
						-		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on Fo						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	TV Endowment Funds. Complete i	f the organization ar	iswered "Yes" on Fo							
		(a) Current year	(b) Prior year	(c) Two years ba		Three year				
1a	Beginning of year balance	2,050,900.	2,364,010.	1,987,3	82.	1,884	,830.	1,	993,	414.
b	Contributions	5,000,000.								
с	Net investment earnings, gains, and losses	1,063,744.	-116,592.	376,6	28.	200	,127.		-21,	752.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	108,037.	196,518.			97	,575.		86,	832.
f	Administrative expenses									
g	End of year balance	8,006,607.	2,050,900.	2,364,0	10.	1,987	,382.	1,	884,	830.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)	) held as:	•					
а	Board designated or quasi-endowment	68.42	%	,						
b	Permanent endowment  18.69	%								
	Term endowment  12.89									
-	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses		ation that are held ar	nd administered t	for the or	nanizatio	'n			
ou	by:					gamzatio		Г	Yes	No
	-							3a(i)	103	X
								3a(ii)		X
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza							3b		
								30		
4	t VI Land, Buildings, and Equipm		wment tunds.							
Ta				Farma 000 Da	ut V line	10				
	Complete if the organization answered							( ) = .		
	Description of property	(a) Cost or c			( <b>c)</b> Accu			(d) Book	value	э
		basis (investr	,	(other)	depred	Jation	_	-	1	201
	Land			,173,301.				,	,	301.
	Buildings		2	,200,681.		197,34	2.	2,	003,	339.
с	Leasehold improvements									
d	Equipment		1	,301,752.		947,49	5.		354,	257.
	Other									
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. column (B), line 1	0c.)				3,	530,	897.
							hedule	D (Form	990)	2019

F

91-1158281 Page **3** 

Part VII	Investr	ments -	Other	Securities
----------	---------	---------	-------	------------

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

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lymn (b) must equal Form 990, Part X. col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe		(12) 20011 141410
<u>    (I)   F</u>	ederal income taxes	(2) 2001 1222
(1) Fe	ederal income taxes	
	ederal income taxes	(*)
(2)	ederal income taxes	
(2)	ederal income taxes	
(2) (3) (4)	ederal income taxes	
(2) (3) (4) (5)	ederal income taxes	
(2) (3) (4) (5) (6)	ederal income taxes	
(2) (3) (4) (5) (6) (7)	ederal income taxes	

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019 PET PARTNERS			91-1158281	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financia	I Statements With Re	evenue per Ret	turn.	
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statement	ts		1	4,660,108.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		854,894.		
<b>b</b> Donated services and use of facilities		22,850.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d		r	2e	877,744.
3 Subtract line 2e from line 1			3	3,782,364.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b	-164,245.		
c Add lines 4a and 4b			4c	-164,245.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)			3,618,119.
Part XII Reconciliation of Expenses per Audited Financia	al Statements With E	xpenses per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Par				
1 Total expenses and losses per audited financial statements			1	5,539,899.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a	19,850.		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)		164,245.		
e Add lines 2a through 2d			2e	184,095.
3 Subtract line 2e from line 1			3	5,355,804.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)		5	5,355,804.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			Part X, line 2; F	Part XI,
PART V, LINE 4:				
THE ENDOWMENT FUNDS ARE USED FOR PRESERVATION OF PET PAR	TNERS' MISSION.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
RENTAL EXPENSES	-91,904.			
COST OF GOODS SOLD	-72,341.			

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES	91,904.	
COST OF GOODS SOLD	72,341.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	164,245.	

-164,245.

Part XIII Supplemental	Information (continued)		

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1		-		r 19,	or if the	2019
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Employor ida	Inspection ntification number
Name of the organization	PET PARTNE	RS					91-115828	
Part I Fundrais		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1		
	complete this par							
a X Mail solicitat b X Internet and c Phone solici d In-person so	tions email solicitations itations licitations	s f ── Solicita g X Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events			
key employees list	ted in Form 990, P ) highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (fundraiser) (iii) Activity (fundraiser) (iv) Gross receipts from activity (fundraiser) (v) Amount paid to (or retained by fundraiser listed in col. (i)						or retained by) fundraiser	<b>(vi)</b> Amount paid to (or retained by) organization	
NNE MARKETING - 16	66		Yes	No				
MASSACHUSETTS, SUI		PROFESSIONAL FUNDRAISING		x	198,862.		144,000.	54,862.
INTERACTIVE STRATE					27 741		CO 400	22.740
CONNECTICUT AVE NW	, STE 660,	PROFESSIONAL FUNDRAISING		X	37,741.		60,480.	-22,740.
Total		I			236,603.		204,480.	32,122.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

AR, AZ, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV NJ, NM, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, AL, AK, NH, ND, NY, NC, OR

Schedule G (F	orm 990 or 990-EZ) 201	9 PET	PARTNERS
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Schedule G (Form 990 or 990-EZ) 2019

Yes

No

No

Direct I

4

5

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.

		5		,	5	5
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
De	11 art I	Net income summary. Subtract line 10 from lin				
Pa	ar t I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
anu		\$15,000 OF FORM 990-EZ, IIIIe 0a.	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cach prizes				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				

**9** Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? ______ Yes _____ Yes _____

%

Yes

No

%

Yes

No

%

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 **b** If "Yes," explain:

Yes

No

Sch	edule G (Form 990 or 990-EZ) 2019 PET PARTNERS 9	1-115828	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🗆 '	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
ł	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party <b>&gt;</b> \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	·	Yes	No No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э		
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	I Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
( T )	NAME OF FUNDRAISER: NNE MARKETING			
(1)	NAME OF FUNDRAISER: NNE MARREIING			
(I)	ADDRESS OF FUNDRAISER:			
166	6 MASSACHUSETTS, SUITE 14, LEXINGTON, MA 02420			
( + )				
(1)	NAME OF FUNDRAISER: INTERACTIVE STRATEGIES			
	ADDRESS OF FUNDRAISER:			
113	33 CONNECTICUT AVE NW, STE 660, WASHINGTON , DC 20036			

Part IV	Supplemental Information (continued)

SC	HEDULE J	Compensat	tion Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	_	Trustees, Key Employees, and Highest		20	10	<u> </u>
			sated Employees		20	IJ	)
Dena	tment of the Treasury		vered "Yes" on Form 990, Part IV, line 23. 1 to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for	r instructions and the latest information.		Inspe		
Nan	e of the organization	1		Employer ide		on nur	nber
		PET PARTNERS		91-115	58281		
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the		990,			
		line 1a. Complete Part III to provide any relevan					
	First-class or c		Housing allowance or residence for personal				
	Travel for com		Payments for business use of personal results				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffer	ir, chet)			
b	•	on line 1a are checked, did the organization follo					
•		rovision of all of the expenses described above			. <u>1b</u>		<u> </u>
2		require substantiation prior to reimbursing or a					
	trustees, and office	s, including the CEO/Executive Director, regard	ling the items checked on line 1a?		. 2		
2	la dia ata udaia la lifa.						
3		y, of the following the organization used to esta					
		ctor. Check all that apply. Do not check any bo	, ,	51110			
	·	tion of the CEO/Executive Director, but explain					
		ompensation consultant	Compensation survey or study	ommittee			
		her organizations	Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Sectio	$n \Delta$ line 1a with respect to the filing				
-	organization or a re	•••	TA, line Ta, with respect to the lining				
а	•	e payment or change-of-control payment?			4a		x
b		ceive payment from, a supplemental nonqualifie	d retirement plan?				x
c		ceive payment from, an equity-based compensa					x
Ū		es 4a-c, list the persons and provide the applica			. 10		
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations m	ust complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the	-	'n			
	contingent on the r		5 1 5 5 1				
а	•				5a		x
	Any related organiz				5b		x
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?	-			6a		x
b	Any related organiz				6b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7	Х	
8		reported on Form 990, Part VII, paid or accrued					
	initial contract exce	ption described in Regulations section 53.4958	4(a)(3)? If "Yes," describe in Part III		. 8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable pre	esumption procedure described in				
		53.4958-6(c)?		<u></u>	9		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.						

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990		
(1) CATHERINE ANN PETERS (i)									
PRESIDENT/CEO (ii)									
(2) MARY MARGARET CALLAHAN (i)									
CHIEF MISSION OFFICER (ii)									
(3) TRACI PRYOR (i)									
CHIEF DEVELOPMENT OFFICER (ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
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(ii)									
(i)									
(ii)									
(i)									
(ii)									
(i)									
(ii)									

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE PRESIDENT/CEO RECEIVES A BONUS EACH YEAR BASED ON BOARD DISCRETION.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 91-1158281

PET PARTNERS

FORM 990, PART 1, LINE 6

PET PARTNERS MAINTAINS A DATABASE THAT TRACKS VOLUNTEER REGISTRATION

INFORMATION.

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

THE 2019 FORM 990 WILL BE REVIEWED BY PET PARTNER'S EXECUTIVE COMMITTEE AND

EMAILED TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST POLICY. THAT

POLICY REQUIRES EACH BOARD MEMBER TO REPORT TO THE BOARD ANY ACTUAL OR

POSSIBLE CONFLICT(S) OF INTEREST. COMPLIANCE IS ACHIEVED VIA SELF

MONITORING AT BOARD AND EXECUTIVE COMMITTEE MEETINGS. IF ANY OVERSIGHT

OCCURS AND IS KNOWN BY ANOTHER BOARD MEMBER. THE OVERSIGHT IS CORRECTED. IF

A CONFLICT EXISTS THE BOARD MEMBER RECUSES HIM/HERSELF FROM VOTING ON THE

MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

YEARLY THE CHAIR OF THE BOARD OF DIRECTORS MEASURES THE PERFORMANCE OF THE

PRESIDENT/CEO AGAINST PERFORMANCE OBJECTIVES SET FOR THE YEAR, REVIEWS

THOSE MEASURES WITH THE BOARD AND OBTAINS BOARD APPROVAL OF THEM, INCLUDING

MODIFICATIONS SUGGESTED BY THE BOARD, IF ANY. THOSE MEASURES ARE RECORDED

BY THE BOARD CHAIR IN THE PERSONNEL FILE OF THE PRESIDENT/CEO MAINTAINED BY

BEGINNING WITH PET PARTNERS' PRESIDENT/CEO'S 2008 PERFORMANCE THE BOARD.

APPRAISAL WHICH OCCURRED IN MARCH 2009, THE EXECUTIVE COMMITTEE OF THE

BOARD INSTITUTIONALIZED THE USE OF COMPARABLE COMPENSATION DETERMINING

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019	))
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PET PARTNERS

Employer identification number 91-1158281

YEARLY COMPENSATION ADJUSTMENTS. THE LAST COMPENSATION REVIEW OCCURRED ON

JANUARY 20, 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, AZ, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV

NJ,NM,NY,NC,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,AL,AK,NH,ND

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

COPIES OF FORM 990, FINANCIAL STATEMENTS, POLICIES AND OTHER GOVERNING

DOCUMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2B:

THE 2019 AUDITED FINANCIAL STATEMENTS ARE REPORTED ON A CONSOLIDATED

BASIS DUE TO THE INCLUSION OF PPB LLC, A DISREGARDED ENTITY.

932161 09-10-19 LHA

Department of the Treasury Internal Revenue Service

### Name of the organization

PET PARTNERS

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	-
of disregarded entity		foreign country)			entity
PPB LLC - 82-3810266					
345 118TH AVE SE, SUITE 200					
BELLEVUE, WA 98005	BUILDING OPERATIONS	WASHINGTON	149,747.	3,280,521.	PET PARTNERS

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	ection entity		<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

OMB No. 1545-0047

2019

Employer identification number

91-1158281

Open to Public Inspection

Attach to Form 990.

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

**Related Organizations and Unrelated Partnerships** 

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity entity excluded from tax under Predominant income (related, unrelated, excluded from tax under Share of total income sasets Bisproportiona allocations?		Share of total income	Share of total income		amount in box	partner	Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o			
											+			

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
	]								
	]								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a						
	Gift, grant, or capital contribution to related organization(s)	1b						
с	Gift, grant, or capital contribution from related organization(s)	1c						
d	Loans or loan guarantees to or for related organization(s)	1d						
	Loans or loan guarantees by related organization(s)	1e						
f	Dividends from related organization(s)	1f						
g	Sale of assets to related organization(s)	1g						
	Purchase of assets from related organization(s)	1h						
i	Exchange of assets with related organization(s)	1i						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k						
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
	Sharing of paid employees with related organization(s)	10						
р	Reimbursement paid to related organization(s) for expenses	1p						
q	Reimbursement paid by related organization(s) for expenses	1q						
r	Other transfer of cash or property to related organization(s)	1r						
s	Other transfer of cash or property from related organization(s)	1s						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							

Name of rel	(a) ated organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

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### Schedule R (Form 990) 2019 PET PARTNERS

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

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

(a)	(b)	(c)	(d)	14	2	(f)	(g)	0	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	all	Share of	Share of		opor-	Code V-UBI	General o	
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(	c)(3)	total	end-of-year	tion alloca	ropor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		- ·
		-		165	NO			163		(************	165 140	
												ļ
			1	1				1	1	1		1

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 PET PA

Provide additional information for responses to questions on Schedule R. See instructions.