orm **990** 

Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change PETS FOR PATRIOTS INC Name change 27-1082210 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 877-473-8223 218 E PARK AVENUE 543 termin-ated 418,020. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LONG BEACH, NY 11561 H(a) Is this a group return Applica-F Name and address of principal officer: BETH ZIMMERMAN Yes X No for subordinates? pending 218 E PARK AVENUE STE 543, LONG BEACH, NY H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) L If "No," attach a list. (see instructions) J Website: PETSFORPATRIOTS.ORG **H(c)** Group exemption number ▶ L Year of formation: 2009 M State of legal domicile; NY **K** Form of organization: **X** Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO Governance TRANSFORM THE LIVES OF VETERANS BY HELPING THEM SAVE AN AT RISK Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 3 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u>15</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 210,874. 296,074. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9,132.1,605.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 212,479 305,206. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0 0. 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) 98,181. 106,736. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 141,302. 152,619. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 239,483. 259,355. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -27,004. 45,851. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 513,850. 478,881. Total assets (Part X, line 16) 18,912. 14,876. 21 Total liabilities (Part X, line 26) 459,969. 498,974. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BETH ZIMMERMAN, DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed NOAH M. RIFKIN 09/27/16 P01233623 Paid Firm's name RIFKIN & LUBCHER, LLP Firm's EIN 13-3644109 Preparer Firm's address 424 MADISON AVENUE, 3RD FLOOR Use Only Phone no. 2128888350 NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO TRANSFORM THE LIVES OF VETERAL	
	HELPING THEM SAVE AN AT RISK SHELTER DOG OR CAT. THIS WILL END	
	HOMELESSNESS IN THE US AND ENRICH THE LIVES OF THE MEN AND WOMI	
	SERVE, AND HAVE SERVED OUR COUNTRY. THE ORGANIZATION ALSO PROVE	IDES
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes LAL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnences
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the section 501(c)(4) organization 50	
	revenue, if any, for each program service reported.	,porroso, arra
4a	010 100	)
	ASSIST VETERANS TO PAY FOR COSTS OF BASIC PET NEEDS	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	/ (Cotton of the cotton of the	
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 219,160.	<i>'</i>
		Form <b>990</b> (2015)

#### Part IV Checklist of Required Schedules

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

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			37
	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			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>-</b>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### | Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r								
	(gambling) winnings to prize winners?			1c					
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	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
	-			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 A								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					7.7			
	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 contribute								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		<u> </u>			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		v			
	to file Form 8282?			7с		X			
	If "Yes," indicate the number of Forms 8282 filed during the year			_					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of multiplication of the literature of the l			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Follows are already as a standard organization of the organi			7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			8					
				9a					
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
	Section 501(c)(7) organizations. Enter:			ЭIJ					
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the commission receive any property for indeed to mind on the discontinuous devices the toy years			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е О		14b					
				Form	990	(2015)			

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

					Δ					
Sec	tion A. Governing Body and Management									
		1 1 -	7	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other								
	officer, director, trustee, or key employee?		2		х					
3	Did the organization delegate control over management duties customarily performed by or under the		_							
3		•	3		х					
	of officers, directors, or trustees, or key employees to a management company or other person?		4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form		<u> </u>		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as		5 6		X					
6	•									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			l					
	more members of the governing body?		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or								
	persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:								
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)								
	· · · · · · · · · · · · · · · · · · ·	,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such c									
and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	a to conflicte?	12a		X					
b			12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		40-							
	in Schedule O how this was done		12c		Х					
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14							
15	Did the process for determining compensation of the following persons include a review and approv	* .								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				77					
	The organization's CEO, Executive Director, or top management official		15a		X					
b	Other officers or key employees of the organization		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 arrange	ment with a								
	taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's								
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s only)	availab	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		d finan	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 bo	ooks and records:								
	THE ORGANIZATION - 877-473-8223									
	218 E PARK AVENUE, NO. 543, LONG BEACH, NY 11561									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received 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.

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

<b>(A)</b> Name and Title	(B) Average	l Docition						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	rs for atted contact and trustee or direct contact and trustee or	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MARLA DICANDIA DIRECTOR, TREASURER	4.00	x		х				0.	0.	0
(2) LETITIA WHITE	2.00	1		21				0.	0.	0
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0
(3) KEITH WEAVER	2.00									
DIRECTOR, BOARD CHAIR		Х						0.	0.	0
(4) JAY FARRAR	2.00	١							•	_
DIRECTOR	2 00	Х						0.	0.	0
(5) ANDREA ARDEN	2.00	x						0.	0.	0
DIRECTOR AND SECRETARY  (6) PAUL CONVERSE	2.00	^						0.	0.	
DIRECTOR	2.00	X						0.	0.	0
(7) BETH ZIMMERMAN	40.00	<del> </del>								
EXECUTIVE DIRECTOR, CEO		x		Х				64,337.	0.	0
		_				_				
		-								
										Form <b>990</b> (20

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploye	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (C	-			(D)	(E)			(F)	
Name and title	Average hours per week (list any	box, office	Position (do not check more that box, unless person is bofficer and a director/tru			than	h an	Reportable compensation from	Reportable compensation from related		am	timate nount o other	of
	hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS				e ion
	below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orga	ınizatio	ons ——
		$\square$											
		$\Box$											
		$\Box$											
								64 227		_			
1b Sub-total c Total from continuation sheets to Par	t VII, Section A							64,337.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including b	ut not limited to th							64,337. eceived more than \$100	,000 of reportable	••	<u> </u>		0.
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any <b>former</b> offinine 1a? If "Yes," complete Schedule J f	or such individual				· 						3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$	\$150,000? <i>If</i> "Yes,	" con	nple	ete S	Sche	edul	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," of Section B. Independent Contractors	•				•			ed organization or indiv			5		Х
Complete this table for your five highes the organization. Report compensation	="	-								pens	ation f	rom	
(A) Name and busin		NO			VILII	OI W	111111	(B)  Description of s		— С	(C Comper	;) nsatior	—— า
2 Total number of independent contracto	rs (including but r	not lin	nite/	d to	tho	ام ع	stec	d ahove) who received m	nore than				
\$100,000 of compensation from the org		.5. 1111		<u> </u>	(	0		accord, who received in	io.o triair		Form	990 (c	2015

532008 12-16-15

Ра	rt VII							
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grands similar amounts not included about the contributions included in lines Total. Add lines 1a-1f	1b	296,074.	296,074.			
<u> </u>		Total Add lines to 11		Business Code				
Program Service Revenue			enue					
	3	Investment income (including						
	4	other similar amounts) Income from investment of ta Royalties	ax-exempt bond p	oroceeds	11,019.			11,019.
	b	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
		Rental income or (loss)						
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 110,927. 112,814. -1,887.	(ii) Other				
	d	Net gain or (loss)	-	<b></b>	-1,887.			-1,887.
Other Revenue		Gross income from fundraisir including \$ contributions reported on line Part IV, line 18	ng events (not of e 1c). See		·			·
Ť		Less: direct expenses						
J		Net income or (loss) from fun Gross income from gaming a Part IV, line 19	ctivities. See					
	b	Less: direct expenses	b					
	10 a	Net income or (loss) from gar Gross sales of inventory, less and allowances	s returns <b>a</b>					
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	11 0	Miscellaneous Revenu		Business Code				
	11 a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue See instructions		· · · · · · · · · · · · · · · · · · ·	305,206.	0.	0.	9.132.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	64,337.	57,903.	3,217.	3,217
6	Compensation not included above, to disqualified	0 = 7 = 0 = 1	0.7000	-,	-,
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22,667.	22,100.	567.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,446.	9,402.	522.	522
9 10	Payroll taxes	9,286.	5,076.	404.	3,806
11	Fees for services (non-employees):	3/2001	3,0,0	1010	3,000
	Management				
a					
b	Legal	9,514.	4,757.	4,757.	
	Accounting	7,311.	4,757.	=,7574	
d	Lobbying				
e		3,285.		3,285.	
f	Investment management fees	3,203.		3,203.	
g					
40	column (A) amount, list line 11g expenses on Sch 0.)	13,722.	11,082.		2,640
12	Advertising and promotion	4,616.	11,002.	4,616.	2,040
13	Office expenses	4,010.		4,010.	
14	Information technology				
15	Royalties				
16	Occupancy	534.	426.	54.	54
17	Travel	334.	420.	74.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest			+	
21	Payments to affiliates	6,471.	3,768.	956.	1,747
22	Depreciation, depletion, and amortization	0,4/1.	3,100.	930 •	1,/4/
23	Other expanses, Itamiza expanses not covered				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VETERANS' PET FOOD BANK	72,640.	72,640.		
b	COMPUTER AND WEBSITE	29,455.	26,509.	1,473.	1,473
c	MISCELLANEOUS EXP	9,013.	5,497.	800.	2,716
d	DEVELOPMENT & FUNDRAISI	3,369.	-,		3,369
	All other expenses	.,			-,
25	Total functional expenses. Add lines 1 through 24e	259,355.	219,160.	20,651.	19,544
26	Joint costs. Complete this line only if the organization	. ,	,	,	- <b>,</b>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			91,537.	1	50,451
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		8,627.	3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	3,600
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,957.			
	b	Less: accumulated depreciation	10b	2,353.	1,196.	10c	604
-	11	Investments - publicly traded securities			315,467.	11	370,481
-	12	Investments - other securities. See Part IV, line		53,235.	12	63,200	
-	13	Investments - program-related. See Part IV, line		13			
-	14	Intangible assets		8,819.	14	25,514	
-	15	Other assets. See Part IV, line 11			4=0	15	-10 0-0
<u> </u>	16	Total assets. Add lines 1 through 15 (must equ			478,881.	16	513,850
-	17	Accounts payable and accrued expenses			18,912.	17	14,876
-	18	Grants payable				18	
-	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete				21	
Se 2	22	Loans and other payables to current and former		· · · · · · · · · · · · · · · · · · ·			
Liabilities		key employees, highest compensated employee					
<u>ia</u>		Complete Part II of Schedule L				22	
<b>-</b>   2	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D		<b>—</b>	10 010	25	11 076
-   2	26	Total liabilities. Add lines 17 through 25			18,912.	26	14,876
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Sec		complete lines 27 through 29, and lines 33 ar			450 060		498,974
	27	Unrestricted net assets			459,969.	27	490,974
Ba	28	Temporarily restricted net assets				28	
[   <sup>2</sup>	29	Permanently restricted net assets		29			
로		Organizations that do not follow SFAS 117 (A					
5	••	and complete lines 30 through 34.					
set   3	30	Capital stock or trust principal, or current funds				30	
⋖	31	Paid-in or capital surplus, or land, building, or ed		_		31	
<u>5</u> ا لِحَ	32	Retained earnings, endowment, accumulated in		<b>—</b>	4E0 060	32	100 074
'	33	Total net assets or fund balances		1	459,969.	33	498,974
3	<u> 34</u>	Total liabilities and net assets/fund balances			478,881.	34	513,850

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,3 5,8			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45	9,9	69.		
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0 .				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		49	8,9	74.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	· · · · · · · · · · · · · · · · · · ·				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	0.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?	-		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PETS FOR PATRIOTS INC

**Employer identification number** 27-1082210

Pai	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
he o	organi	zation is not a private found	ation because it is: (	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch					)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:		. ,				,
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)						
6				nental unit described in	section 17	70/h)/1)/A)	(v)	
7		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
′			-	initial part of its support i	ioiii a gov	emmema	unit or norm the general	public described in
0		section 170(b)(1)(A)(vi). (Co		(4)(A)(vi) (Complete Dan	+ II \			
8 9	37	A community trust describe						
9	21	An organization that norma	•	•	•			-
		activities related to its exen	•	·				•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
10		An organization organized a	•	•	•			
11		An organization organized a	•	•	-		•	
		more publicly supported or	-					check the box in
		lines 11a through 11d that	* *			-		
а		Type I. A supporting orga	•	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. <b>You must c</b>	-					
b		Type II. A supporting org	•					-
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i	Name of supported	(ii) EIN	` ' ' ' '	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing o	document?	support (see instructions)	other support (see instructions)
				, "	Yes	No	instructions)	instructions)
ota	l							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
	Amounts from line 4	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	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.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here	·····				▶□
	ction C. Computation of Publ						
	Public support percentage for 2015 (					14	%
	Public support percentage from 2014						%
16a	33 1/3% support test - 2015. If the c	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2014. If the d						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-		-	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes	-	•			•	
	more, and if the organization meets the				-		e 🛌
10	organization meets the "facts-and-circ						
ΙÖ	<b>Private foundation.</b> If the organization	п иш пот спеск а	DUX OH IIITE 13, 16	Ja, 100, 178, OF 17			0 or 990-EZ) 2015
					3011		0 01 000-LZ) ZU 10

532022 09-23-15

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	clow, picage comp	sioto i urt ii.j				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")	90,493.	176,670.	643,551.	210,874.	293,192.	1,414,780.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·	·	·		, ,
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
Э	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	90,493.	176,670.	643,551.	210,874.	293,192.	1,414,780.
	Amounts included on lines 1, 2, and	-			-	·	
	3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,414,780.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	90,493.	(b) 2012 176,670.	(c) 2013 643,551.	(d) 2014 210,874.	293,192.	1,414,780.
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	90,493.	176,670.	643,551.	210,874.	293,192.	1,414,780.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))			100.00 %
	16 Public support percentage from 2014 Schedule A, Part III, line 15						
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))						
18							
19a	33 1/3% support tests - 2015. If the						
r	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the						<b>▶</b> X
~	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			·		ŭ	

#### Part IV | Supporting Organizations

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

#### 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 11a or 11b 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 (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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 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 E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	urly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		ı		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
200		pported organization(s).	1		
sec	uon L	D. All Type III Supporting Organizations		V	N <sub>2</sub>
4	Did th	a arganization provide to each of its supported examizations, by the last day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	_		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		ns for the organization's position that its supported organization(s) would have engaged in these	QL.		
2		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <i>Answer (a) and (b) below.</i> e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? Provide details in <i>Part VI.</i>	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~		supported organizations? If "Yes " describe in <b>Part VI</b> , the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	i <mark>g Orga</mark> n	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	ganization (see	
	instructions)			•	

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>				
b	5 ( 2010			
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1.2. 3b. 3c. 4b. 4c. 5a. 6. 9a. 9b. 9c. 11a. 11b. and 11c. Part IV. Section B. lines 1 and 2: Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

PETS FOR PATRIOTS INC 27-1082210

Organization type (check 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					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, 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.						
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \frac\					
but it <b>must</b> answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

PETS FOR PATRIOTS INC 27-1082210

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 8,181. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, audress, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### PETS FOR PATRIOTS INC

27-1082210

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
3453 10-26-		Schedule B (Form	

Name of organization Employer identification number 27-1082210 PETS FOR PATRIOTS INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 27-1082210

	PETS FOR PATRIOTS	INC	27-1082210			
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically important land area			
	Protection of natural habitat		tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b			1 1			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year ▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for			
_	conservation easements.					
Pai	t III Organizations Maintaining Collections o		other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · · ·				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic 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 tre		al gain, provide			
	the following amounts required to be reported under SFAS 1					
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		🕨 \$			

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

Schedule D (Form 990) 2015

Pa	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	easures, c	r Other	Simila	r Asse	t <b>s</b> (continu	ied)
3	Using the organization's acquisition, accessio	n, and other record	ls, checl	any of the	following that	t are a sigr	nificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ms				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ney further t	he organizatio	on's exem	ot purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai				•			$\square$	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.		Ū						
1a	Is the organization an agent, trustee, custodia	ın or other intermed	diary for	contribution	ns or other as:	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	-	·	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						·?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
$\overline{}$	rt V Endowment Funds. Complete if				•					
	·	(a) Current year		rior year	(c) Two year			ars back	(e) Four v	ears back
1a	Beginning of year balance	(.,	( / -	, , , , , , , , , , , , , , , , , , ,	(-, ,		, ,		, ,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1	a column (	a)) held as:	I			l	
a	Board designated or quasi-endowment		%	g, colaiiii (	a)) 1101d do.					
	Permanent endowment	%	_′°							
	Temporarily restricted endowment	% %								
Ŭ	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ation the	nt are held s	and administe	red for the	organiza	ation		
ou	by:	ision of the organiza	ation the	it are ricid e	ina aaniiniste	ica ioi tiic	organize	2011	L.	es No
	(i) unrelated organizations									110
	(ii) related organizations									
h	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the								.   00	
÷	rt VI Land, Buildings, and Equipme		WITIOTIE	idildo.						
	Complete if the organization answered		) Part I\	/ line 11a 9	See Form 990	Part X lir	ne 10			
-	Description of property	(a) Cost or o			t or other		umulated	1	(d) Book	value
	bescription of property	basis (investr		. ,	(other)		eciation	1	( <b>u</b> ) Dook	value
12	Land	,	,	24010	(3331)	дорго	2.4.011			
	Land									
	Buildings							-+		
	Equipment				2,957.		2,35	3.		604.
					_,,,,,,		_,	<del>-  </del>		
	Other		X colun	nn (R) line '	10c)					604.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 PETS FOR PA	TRIOTS INC		27	-1082210	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	62 200	END OF VE	AD MADEEM	773 T TTD	
(A) SPDR S&P 500 ETF TRUST	63,200.	END-OF-YE	AR MARKET	VALUE	
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	63,200.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Pa	rt X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valu		d-of-year market v	/alue
(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 Pa	art Y line 15		
	Description	114. 000 1 01111 000, 1 2	TEX, IIIC 10.	(b) Book va	lue
(1)				. ,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>		
Part X Other Liabilities.	5 000 B . W. W			_	
Complete if the organization answered "Yes"  (a) Description of liability		11e or 11f. See Form 9  b) Book value	90, Part X, line 25	).	
		b) book value			
(1) Federal income taxes					
(2)					
(3)					
(5)					
(6)					
(7)					
(0)					

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII □

Schedule D (Form 990) 2015

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				205 075
1	Total revenue, gains, and other support per audited financial statements			1	295,075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	6 016		
a	<b>5</b>		-6,846.	-	
b	***************************************			-	
C	. , ,				
d	, , , , , , , , , , , , , , , , , , , ,			1	-6,846.
e o	• • • • • • • • • • • • • • • • • • • •			2e 3	301,921.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				301,321.
		4a	3,285.		
a b			3,203.	-	
C		·		4c	3,285.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.			5	305,206.
	rt XII Reconciliation of Expenses per Audited Financial St				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	256,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				·
а		2a			
b					
c	0.11				
d					
e				2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	256,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a	3,285.		
b					
С	Add lines <b>4a</b> and <b>4b</b>			4c	3,285.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	259,355.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			-, i are /,	e Z, i ar XI,

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PETS FOR PATRIOTS INC

**Employer identification number** 27-1082210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SHELTER DOG OR CAT. THIS WILL END ANIMAL HOMELESSNESS IN THE US AND
ENRICH THE LIVES OF THE MEN AND WOMEN WHO SERVE, AND HAVE SERVED OUR
COUNTRY. THE ORGANIZATION ALSO PROVIDES ACCESS TO ADDTIONAL COSTS
REDUCTIONS FOR VETERINARY SERVICES AND PET BASICS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCESS TO ADDTIONAL COSTS REDUCTIONS FOR VETERINARY SERVICES AND PET
BASICS.
FORM 990, PART VI, SECTION B, LINE 11:
BOARD REVIEWS 990 PRIOR TO ITS FILING
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC ON
IT'S WEBSITE.

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

Identifying number

PE	TS FOR PATRIOTS INC			FOF	RM 9	90	PAGE 10			27-1082210
Pa	rt   Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any li	sted pr	operty	, complete Pa	rt V b	efore y	ou complete Part I.
1	Maximum amount (see instructions)								1	500,000.
2	Total cost of section 179 property plac	ed in service (see	instructions	)					2	
3	Threshold cost of section 179 property	before reduction	in limitation						3	2,000,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ent	er -0					4	
5 [	Dollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter	-0 If married fil	ing separately, se	e instruct	ions			5	
6	(a) Description of pr	operty		(b) Cost (busin	ness use	only)	(c) Elect	ed cost		
	isted property. Enter the amount from					7				
	Total elected cost of section 179 proper								8	
	Tentative deduction. Enter the <b>smaller</b>								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the s Section 179 expense deduction. Add li								11 12	
	Section 179 expense deduction. Add in Carryover of disallowed deduction to 2								12	
	Earryover of disallowed deduction to 2 e: Do not use Part II or Part III below fo					13				
	rt II Special Depreciation Allowa				ıde liste	ed pror	nerty )			
	Special depreciation allowance for qua		•	•			_ , .			
	the tax year						-		14	
	Property subject to section 168(f)(1) ele								15	
	Other depreciation (including ACRS)								16	592.
	rt III MACRS Depreciation (Do no									
			Se	ection A						
17	MACRS deductions for assets placed	n service in tax y	ears beginnir	ng before 201	5				17	
	f you are electing to group any assets placed in ser									
	Section B - Assets	Placed in Service			Using	the Ge	eneral Deprec	iation	ı Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) I	Recovery period	(e) Conventio	n (f) N	lethod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
e	15-year property									
f	20-year property									
<u>g</u>	25-year property				2	5 yrs.		+-	S/L	
h	Residential rental property	/			_	.5 yrs.	MM	+-	S/L	
		/				.5 yrs.	MM	+-	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	+-	S/L	
	Section C - Assets F	laced in Service	During 201	5 Tay Voor I	  sing th	no Alto	mative Depre		S/L	stem
 20a	Class life	laced III Sel Vice		J Tax Teal C	Janig ti	ie Aite	Пашче Берге		S/L	Stelli
<u>zua</u> b	12-year	-			1	2 yrs.		_	3/L S/L	
	40-year	/			_	0 yrs.	MM	_	3/L 3/L	
	rt IV Summary (See instructions.)	,	1		<del></del>	7.5.	.,,,,,,			
	Listed property. Enter amount from line	= 28							21	
	<b>Fotal.</b> Add amounts from line 12, lines									
	Enter here and on the appropriate lines								22	592.
	or assets shown above and placed in									
	portion of the basis attributable to sect	ion 263A costs				23				
51625	11 15 LHA For Paperwork Reduction	Act Notice, see	separate in	structions.						Form <b>4562</b> (2015)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment,

Note: For any (a) through (c)	vehicle for w	hich you are u	sing the	standar Section (	d milead	ge rate d	or dedu	ucting leas	e expen	se, com	plete <b>onl</b>	<b>y</b> 24a, 2	24b, colu	ımns
		on and Other					nstruc	tions for li	mits for p	oasseng	er autom	nobiles.)	)	-
24a Do you have evidence to	support the bu	siness/investme	nt use cla	aimed?	Y	es	No	<b>24b</b> If "Y	es," is th	ne evide	nce writte	en?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ot	<b>(d)</b> Cost or her basis	/hu	(e) is for depr siness/inve use only	estment	(f) Recovery period	(g) (h) Method/ Depreciation Convention deduction		Method/ Deprecia		Ele sectio	(i) cted on 179 ost
25 Special depreciation al				•			•	•		25				
used more than 50% in 26 Property used more than										25				
26 Froperty used more the	<u> </u>	<del> </del>	6 dse.		<u> </u>			1			<u> </u>		i .	
	1 1	<u> </u>	6						<u> </u>					
	: :		6											
27 Property used 50% or								<u> </u>	l				1	
Zi Troporty adda 0070 or			6						S/L -					
	1 : :		6					S/L -						
	: :		6						S/L -				1	
28 Add amounts in colum	n (h), lines 25	<u>·</u>		e and on	line 21.	page 1		1		28			1	
29 Add amounts in colum												29		
	(//			B - Infor										
Complete this section for v to your employees, first ans										•				S
30 Total business/investment		Ü		a) nicle		<b>b)</b> nicle	V	(c) 'ehicle	(d) (e) Vehicle Vehicle			•	(f) Vehicle	
year ( <b>do not</b> include com														
31 Total commuting miles														
<b>32</b> Total other personal (no driven	9	,												
<ul><li>33 Total miles driven durin</li><li>Add lines 30 through 3</li></ul>	g the year.													
34 Was the vehicle available during off-duty hours?	ole for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement tha	•	•		ng, by your		Yes	No	
	employees?								
38	38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your								
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners								
39	Do you treat all use of vehicles by employees	as personal us	se?						
40	Do you provide more than five vehicles to your employees, obtain information from your employees about								
	the use of the vehicles, and retain the information	tion received?							
41	Do you meet the requirements concerning qua	alified automol	oile demonstration use?						
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," do not	complete Section B for	the covered vehicles	3.				
P	art VI Amortization								
	(a)	(b)	(C) Amortizable	(d)	(e)	Amo	(f)		

(a) Description of costs	of costs Date amortization Amortizable Code Amo			(e) Amortizat period or pero		<b>(f)</b> Amortization for this year				
42 Amortization of costs that begins during your 2015 tax year:										
WEBSITE	123115	123115 22,575.		36M						
	::									
43 Amortization of costs that began before	43	5,879.								
44 Total. Add amounts in column (f). See	44	5,879.								

516252 12-28-15

Form **4562** (2015)

35 Was the vehicle used primarily by a more

36 Is another vehicle available for personal

than 5% owner or related person?