PUBLIC DISCLOSURE COPY

Form <b>990</b>
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## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

ormation. Open to Public Inspection

ΑΙ	For the	2017 calendar year, or tax year beginning MAY 1, 2017 and	ending Al	PR 30, 2018			
	Check if applicable	C Name of organization		D Employer identifica	tion number		
	Addres change	S PETS IN NEED					
	Name change	Doing business as		94-613	9667		
	Initial		Room/suite	E Telephone number			
	Final return/	871 FIFTH AVENUE		(650)36	7-1405		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,210,942.		
	Amend return			H(a) Is this a group retu	Jrn		
	Applica tion	F Name and address of principal officer. All Molliner		for subordinates?			
	pending	SAME AS C ABOVE		H(b) Are all subordinates inclu			
1	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 📃 527		st. (see instructions)		
٦V	Websit	e: WWW.PETSINNEED.ORG		H(c) Group exemption	number 🕨		
κ	Form of	organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year		State of legal domicile: CA		
Pa	art I	Summary					
	1 8	Briefly describe the organization's mission or most significant activities:	ANCE THE	NO-KILL MOVEMENT,			
Governance	I	REDUCE PET HOMELESSNESS, AND FIND EVERY DOG AND CAT A LOVING					
nai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ts.		
Ne	3 1	Number of voting members of the governing body (Part VI, line 1a)			11		
		Number of independent voting members of the governing body (Part VI, line 1b)		11			
ې د د	5	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	39		
/itie	6	Fotal number of volunteers (estimate if necessary)	6	80			
Activities &	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	bl	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.		
				Prior Year	Current Year		
¢	8	Contributions and grants (Part VIII, line 1h)		2,574,861.	1,763,250.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)		145,360.	213,527.		
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		178,084.	231,621.		
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,283.	-1,317.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,941,588.	2,207,081.		
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		1,348,917.	1,579,081.		
use.	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	. bī	Fotal fundraising expenses (Part IX, column (D), line 25)					
Ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		789,694.	869,374.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,138,611.	2,448,455.		
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		802,977.	-241,374.		
0 C			Be	ginning of Current Year	End of Year		
Net Assets or	20 1	Fotal assets (Part X, line 16)		12,612,453.	12,632,861.		
tAs	21	Fotal liabilities (Part X, line 26)		1,077,033.	1,013,699.		
Re	22 1	Net assets or fund balances. Subtract line 21 from line 20		11,535,420.	11,619,162.		
Pa	art II	Signature Block					
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my k	nowledge 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 FRANK ESPINA, AUDIT COMMITTEE CHAIR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature LAWRENCE S. KUECHLER LAWRENCE S. KUECHLER 11/07/18 P00233621 Paid self-employed Firm's name ARMANINO LLP Preparer 94-6214841 Firm's EIN ▶ Firm's address 50 W. SAN FERNANDO ST, STE 500 Use Only Phone no. 408-200-6400 SAN JOSE, CA 95113 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2017) PETS IN NEED	94-6139667	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF PETS IN NEED IS TO ADVANCE THE NO-KILL MOVEMENT, REDUCE		
	PET HOMELESSNESS, AND FIND EVERY DOG AND CAT A LOVING HOME. THE		
	ORGANIZATION ACCOMPLISH ITS MISSION BY RESCUING CATS AND DOGS FROM		
	PUBLIC SHELTERS IN THE BAY AREA AND BEYOND WHEN THEY ARE IN DANGER OF		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Үе	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Үе	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$772 , 496 . including grants of \$) (Revenue	\$1	.21,875.)
	ANIMAL CARE/RESCUE - EXCELLENT CARE, QUALITY MEDICAL SERVICES AND GOOD		
	TRAINING ARE THE KEY COMPONENTS OF ANIMAL CARE. THE ORGANIZATION		
	MAINTAINS A SHELTER WHERE ANIMALS ARE CARED FOR AND TRAINED BY QUALITY		
	STAFF AND VOLUNTEERS. MOST OF THE SHELTER GUESTS ARE LOVING ANIMALS		
	THAT HAVE BEEN RESCUED FROM PUBLIC FACILITIES WHERE THEY WERE IN DANGER		
	OF BEING KILLED. THE ORGANIZATION GOES ON RESCUE RUNS TO PUBLIC		
	SHELTERS TO RESCUE CATS AND DOGS IN NEED OF A SECOND CHANCE. ONCE BACK		
	AT THE SHELTER, THE ANIMALS ARE SCREENED, GIVEN A BASIC MEDICAL EXAM BY		
	VETERINARY STAFF, VACCINATED, DEWORMED, AND SPAYED OR NEUTERED. THE		
	ORGANIZATION'S CANINE TRAINER WORKS WITH VOLUNTEERS TO TRAIN AND ENRICH		
	DOGS TO BECOME MORE ADOPTABLE. THE ORGANIZATION'S VOLUNTEERS ALSO WORK		
	WITH CATS TO SOCIALIZE THEM AND FIND THEM SUITABLE HOMES. IF AN ANIMAL		
4b	(Code: ) (Expenses \$ 758,030. including grants of \$ ) (Revenue	\$	)
	MEDICAL - THE ORGANIZATION OPERATES A LOW-COST SPAY/NEUTER CLINIC THAT		
	IS AVAILABLE TO THE PETS OF ANY CALIFORNIA RESIDENT. THE ORGANIZATION		
	BELIEVES THAT AN AGGRESSIVE SPAY/NEUTER PROGRAM IS A KEY COMPONENT TO		
	PREVENTING UNWANTED ANIMALS FROM ENTERING PUBLIC SHELTERS AND LOSING		
	THEIR LIVES. IN ADDITION TO THE IN-HOUSE SPAY/NEUTER CLINIC, THE		
	ORGANIZATION HAS A MOBILE SPAY/NEUTER VAN THAT IS TAKEN TO LOW-INCOME		
	COMMUNITIES IN ORDER TO PROVIDE FREE SPAY/NEUTER SERVICES TO THE PETS		
	OF LOCAL RESIDENTS.		

4c	(Code:) (Expenses \$ 498,030. including grants of \$	) (Revenue \$	91,670.)									
	ADOPTIONS - VISIBILITY AND SERVICE ARE THE KEY COMPONENTS OF ADOPTION.											
	THE ORGANIZATION MAINTAINS A SHELTER, OPEN TO THE PUBLIC, STAFFED WITH											
	TRAINING ADOPTION AND ANIMAL CARE SPECIALISTS WHO COUNSEL THE PUBLIC											
	ABOUT THE RESPONSIBILITIES OF PET OWNERSHIP AND ASSIST THEM IN											
	SELECTING AN APPROPRIATE PET FOR THEIR LIFESTYLE. IN ADDITION TO WORD											
	OF MOUTH, THE ORGANIZATION PROMOTES THE ADOPTIONS BY MAINTAINING A											
	PROFESSIONAL AND UP-TO-DATE WEBSITE WITH AVAILABLE ANIMALS,											
	HIGHLIGHTING ADOPTABLE ANIMALS ON VARIOUS SOCIAL MEDIA CHANNELS,											
	HIGHLIGHTING ANIMALS ON LOCAL TELEVISION, AND BRINGING ADOPTABLE											
	ANIMALS TO OUTREACH EVENTS. THE DIRECT MAIL CAMPAIGN, WEBSITE, AND											
	E-MAIL NEWSLETTER KEEPS DONORS INFORMED OF THE WORK THE ORGANIZATION IS											
	DOING TO ADOPT ANIMALS.											
4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ including grants of \$ ) (Revenue \$	)										
4e	Total program service expenses 2,028,556.											
			000 (									

Form	990 (2017) PETS IN NEED 94-613966	57	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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	<u> </u>		
-		4		x
F	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D.		11b		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		<u> </u>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		4-7		x
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<b>.</b>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form **990** (2017)

Form	990 (2017) PETS IN NEED 94-613	667	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	. 2.54		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I	250		
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,"	00		x
07	complete Schedule L, Part II	26		
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	07		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		~
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):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. <b>28b</b>		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			х
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		х
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	
		_	000	(0.0.( -))

Form **990** (2017)

_	990 (2017) PETS IN NEED		94-613966	7	P	age 5
Pa	t 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	2			
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 re	eportable	gaming			
	(gambling) winnings to prize winners?			1c		X
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	39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ms?		2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (I	-BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				-
	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 contribut	•				
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•		-		x
	to file Form 8282?	1 1		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-		no roquirod?	7f 7a	N/A	
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		N/A	/11	,	
0		,		8		
٩	Sponsoring organizations maintaining donor advised funds.			0		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:			0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · ·		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		•			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the executive reactive any payments for indeer tenning convises during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O		14b		

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Form	990 (2017) PETS IN NEED 94-61396		P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	-		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 11	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	
а ь	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	163	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	x	
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
С	,	100	x	
40	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	А	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
a	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	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 CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RANDI KORTVELY - 650-367-1405			
	871 FIFTH AVENUE, REDWOOD CITY, CA 94063			

Form 990 (2		94-6139667	Page 7						
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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ROB KALMAN	2.00	-	-		-					
PRESIDENT		х		x				0.	0.	0.
(2) WENDY VAN VLEET - TO NOV 2017	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(3) FRANK ESPINA	2.00									
TREASURER		Х		х				0.	0.	0.
(4) GALI HAGEL	2.00									
SECRETARY		Х		х				0.	0.	0.
(5) CHARLES BARTELS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JAMES BLACKMAN	2.00									
BOARD MEMBER		х						0.	0.	0.
(7) WENDY CALVERT	2.00									
BOARD MEMBER		х						0.	0.	0.
(8) ANGELA CHIEN	2.00	_							_	
BOARD MEMBER		х						0.	0.	0.
(9) JOHN LOCKTON	2.00									
BOARD MEMBER		х						0.	0.	0.
(10) NANCY RYDE	2.00									
BOARD MEMBER		х						0.	0.	0.
(11) PAT SINCLAIR	2.00									
BOARD MEMBER		х						0.	0.	0.
(12) PAUL ROCHESTER - TO NOV 2017 BOARD MEMBER	2.00	x						0.	0.	0
(13) PETER RADIN	2.00	~						<u> </u>	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(14) ALI MOLLICA	40.00									<u>.</u>
EXECUTIVE DIRECTOR				x				166,000.	0.	29,424.
(15) RANDI KORTVELY	40.00								·	
FINANCE AND OPERATIONS MANAGER				x				96,942.	0.	32,844.
		1						, ,		,
		1								

Form 990 (2017) PETS IN NEE	D								94-61	.3966	7	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	on	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa rom th anizat d relat anizati	e ion ed
1b Sub-total								262,942.		0. 0.		62,	268.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 262,942.		0.		62	0. 268.
2 Total number of individuals (including but							o re	•	000 of reportable	•		,	
compensation from the organization													1
2 Did the experimentian list any former office	r director or tr	to			-		<b>~</b> 1	highest compensated or		I		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for				-	•			•		I	3		х
4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X	
<ul><li>and related organizations greater than \$1</li><li>Did any person listed on line 1a receive or</li></ul>											4	Λ	
rendered to the organization? <i>If</i> "Yes," co Section B. Independent Contractors	mplete Schedul	e J fe	or sı	ıch r	oers	on .					5		Х
1 Complete this table for your five highest of the organization. Report compensation for	•	•							•	bensa	tion fro	om	
(A)		NO		ig w				(B) Description of s				<b>C)</b> nsatio	n
		110.									-ompo		
							$\neg$						
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nited	d to t		se lis	ted	above) who received mo	ore than				

rm 990 Part VII						94-61396	67 Page
							Г
	Check if Schedule O con	tains a response	or note to any line	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax unde sections 512 - 514
<u> </u>	Federated campaigns	1a					012 014
	Membership dues						
ŭ c	Fundraising events						
A d	Related organizations						
, e	e Government grants (contribut						
ίζι <sub>f</sub>	All other contributions, gifts, gra						
the	similar amounts not included abo		1,763,250.				
õ g	Noncash contributions included in lines						
h au	Total. Add lines 1a-1f			1,763,250.			
			Business Code				
2 a	ANIMAL CARE AND OTHER		900099	121,857.	121,857.		
b	ADOPTION FEES		900099	91,670.	91,670.		
2 a b c d e f							
b 6							
e P	÷						
f	All other program service reve	enue					
g	Total. Add lines 2a-2f		►	213,527.			
3	Investment income (including	ı dividends, intere	est, and				
	other similar amounts)		►	231,621.			231,6
4	Income from investment of ta	x-exempt bond p	oroceeds 🕨 🕨				
5	Royalties		🕨				
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
с	Rental income or (loss)						
d	Net rental income or (loss)		►				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
с	Gain or (loss)						
d	l Net gain or (loss)		►				
<sub>b</sub> 8 a	Gross income from fundraising	0					
	including \$	of					
	contributions reported on line	-					
b b	Part IV, line 18						
5 b	Less: direct expenses						
c	Net income or (loss) from fun	0	····· ►				
9 a	Gross income from gaming a						
	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gan						
10 a	Gross sales of inventory, less		2 526				
.	and allowances						
	Less: cost of goods sold			-1,335.			-1,3
c	Net income or (loss) from sale			±,333.			, 5
44	Miscellaneous Revenu MISC INCOME	Je	Business Code 900099	18.	18.		
			500055	10.	TO.		
b			++				
	All other revenue			18.			
	Total. Add lines 11a-11d			2,207,081.	213,545.	0 .	. 230,2
12	Total revenue. See instructions.		🕨	2,207,001.	2±J,J±J.	0.	. 230,20

PETS IN NEED

	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	(C) Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	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,				
5	trustees, and key employees	335,334.	268,268.	56,951.	10,115
6	Compensation not included above, to disqualified	,		,	,
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	982,163.	848,858.	19,113.	114,192
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	15,109.	8,507.	5,086.	1 516
9	Other employee benefits	134,827.	129,993.	2,478.	1,516 2,356
10	Payroll taxes	111,648.	95,305.	5,111.	11,232
11	Fees for services (non-employees):		, , , , , , , , , , , , , , , , , , , ,	,	
''a					
b					
c	•	10,190.		10,190.	
d					
e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4,993.		10.	4,983
13	Office expenses	148,613.	90,982.	7,537.	50,094
14	Information technology		,	,	,
15	Royalties				
16	Occupancy	91,795.	82,576.	4,108.	5,111
17	Travel	6,651.	1,738.	4,181.	732
18	Payments of travel or entertainment expenses		,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	33,364.	29,027.	1,668.	2,669
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	193,388.	168,248.	9,669.	15,471
23	Insurance	15,089.	10,407.	3,778.	904
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		120,338.	120,338.		
b		100,602.	100,602.		
c	BUSINESS EXPENSES	99,662.	51,965.	34,120.	13,577
d		34,601.	17,137.	11,312.	6,152
e		10,088.	4,605.	150.	5,333
25	Total functional expenses. Add lines 1 through 24e	2,448,455.	2,028,556.	175,462.	244,437
26	Joint costs. Complete this line only if the organization	, , -	. , .	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

PETS I	N NEED
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		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,540.	1	1,973.
	2	Savings and temporary cash investments	829,681.	2	637,328.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,141.	4	16,450.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated employ	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(l	B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9	) voluntary			
S		employees' beneficiary organizations (see instr).	Complete I	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	6,798.
	9	Duran station and station and station and station			431.	9	636.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,021,382.			
	b	Less: accumulated depreciation	10b	1,650,818.	5,546,268.	10c	5,370,564.
	11	Investments - publicly traded securities			5,991,770.	11	6,599,112.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			226,622.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ		12,612,453.	16	12,632,861.	
	17	Accounts payable and accrued expenses			184,711.	17	156,239.
	18	Grants payable				18	
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete	Part IV of So	chedule D		21	
Se	22	Loans and other payables to current and former					
ilitie		key employees, highest compensated employee	es, and disq	ualified persons.			
Liabilities		Complete Part II of Schedule L			22		
-	23	Secured mortgages and notes payable to unrela	•	· · · · · · · · · · · · · · · · · · ·	892,322.	23	857,460.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X of			
		Schedule D	1 055 022	25	1 012 000		
	26	Total liabilities. Add lines 17 through 25			1,077,033.	26	1,013,699.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🗴 and			
ses		complete lines 27 through 29, and lines 33 an			0.050.147		0 010 776
anc	27	Unrestricted net assets	9,259,147.	27	8,812,776.		
Bal	28				632,849.	28	867,762.
pu	29			·····	1,643,424.	29	1,938,624.
Ъ		Organizations that do not follow SFAS 117 (A	SC 958), cr				
s or	20	and complete lines 30 through 34.				20	
set:	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		Г		31 32	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated in		E C	11,535,420.	32	11,619,162.
-	33 34	Total net assets or fund balances			12,612,453.	<u> </u>	12,632,861.
	J04	TOTAL HADHILIES AND HEL ASSELS/TUND DAIANCES			,,,	ა4	12,052,001.

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

Form	1990 (2017) PETS IN NEED	94-6139667	1	Pag	<sub>ge</sub> 12
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	2,	207,	081.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	448,	455.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	241,	374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,	535,	420.
5	Net unrealized gains (losses) on investments	5		325,	116.
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	11,	619,	162.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

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(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.

OMB No. 1545-0047
2017
Open to Public

	Partment of the Treasury ► Attach to Form 990 or Form 990-EZ. Prnal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection					
Nan	ne of t	the organizati							Employer	identification number
		-	PETS I	N NEED						94-6139667
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	ization is not a	a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3					anization described in se			i).		
4					njunction with a hospital				)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fi				ne general p	oublic described in
				omplete Part II.)		U			0 1	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
					ulture (see instructions).					
		university:	-						-	
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	d with,
		its supporte	ed organizatior	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d		] Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo/	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requiremen	nt (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g	Prov	vide the follow	ing information	about the supporte				_		
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization	١		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	ıl									

### Schedule A (Form 990 or 990-EZ) 2017 PETS IN NEED Part II

Section A. Public Support

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) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,153,579.	2,364,077.	1,366,534.	2,574,861.	1,763,250.	10,222,301.	
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							
4	Total. Add lines 1 through 3	2,153,579.	2,364,077.	1,366,534.	2,574,861.	1,763,250.	10,222,301.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3,407,421.	
6	Public support. Subtract line 5 from line 4.						6,814,880.	
	tion B. Total Support						-,,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
		2,153,579.	2,364,077.	1,366,534.	2,574,861.	1,763,250.	10,222,301.	
	Amounts from line 4	2,100,075.	2,001,077.	1,000,001.	2,3,1,001.	1,700,200.	10,222,001.	
0	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	02 407	146,631.	189,804.	147 770	221 621	799,322.	
-	and income from similar sources	83,487.	140,031.	109,004.	147,779.	231,621.	199,322.	
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.)	3,242.	2,917.	5,494.	43,283.	2,544.	57,480.	
11	Total support. Add lines 7 through 10						11,079,103.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	538,769.	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
_	organization, check this box and stor	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2017 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	61.51 %	
15	Public support percentage from 2016	Schedule A, Part I	I, line 14			15	90.41 %	
<b>1</b> 6a	33 1/3% support test - 2017. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X	
b	33 1/3% support test - 2016. If the c	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qualifies as a publicly supported organization							
17a	<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-		• • • •	-			
	more, and if the organization meets th	0						
	organization meets the "facts-and-circ							
18	Private foundation. If the organizatio		•	-				
	5		,					

Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	17 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
					(		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	17 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	•			2		
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
-	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the			on line 14 and line		· · · ·	
198	more than 33 1/3%, check this box ar						
L							►
D	<b>33 1/3% support tests - 2016.</b> If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n ald not check a	box on line 14, 19	a, or 190, check th	his box and see ins	structions	<u></u>

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

732024 10-06-17

Yes

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization satisfied the Activities rest. Complete line 2 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructiona		
2	Activities Test. Answer (a) and (b) below.	actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes." then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections 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):			
a	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (	Form 990	or 990-E7	2017	PETS	IN	NEED
Schedule A	FOUL 990	OL 330-ET	2017	тпр	TT4	пппр

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

	edule A (Form 990 or 990-EZ) 2017 PETS IN NEED	(a)(2) Supporting Orga		94-6139667 Page 7
		a)(s) Supporting Orga	nizations (continued)	<b>•</b> • • •
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury

* *	PUBLIC	DISCLOSURE	COPY	* 1
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# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Internal Revenue Service		
Name of the organization		Employer identification number
PET	'S IN NEED	94-6139667
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (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 Rul	e. See instructions.
For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1)	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amou	or 16b, and that received from

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

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

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

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) (2017)

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of org	ganization	Emplo	yer identification number
PETS IN	NEED		94-6139667
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$62,279.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of org	ganization	En	nployer identification number
PETS IN	NEED		94-6139667
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$60,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$240,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$70,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>3</b>
Name of or	ganization	E	mployer identification number
PETS IN	NEED		94-6139667
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(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
		\$	

lame of organi				Employer identification number
PETS IN NEE Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo , charitable, etc., contributions of \$1,000 or	vina line entry.	94-6139667 (7), (8), or (10) that total more than \$1,000 for For organizations Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif		nship of transferor to transferee
-				·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		nship of transferor to transferee
-			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, ar	nd ZIP + 4	Relatior	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>	
-	Transferee's name, address, ar	nd ZIP + 4	Relatior	nship of transferor to transferee
-				

SCHEDULE D

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



Name of the organization	
Department of the Treasury	► Attac
Internal Revenue Service	►Go to www.irs.qov/Form990 fo

Employer identification number

-		
	94-6139667	

	PETS IN NEED		94-6139667	
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Account	S. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b) Fund	Is and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds		
	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe			
	impermissible private benefit?		Yes	No
Par				
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	ally import	ant land area	
	Protection of natural habitat			
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservati	on easement on the last	
	day of the tax year.		Held at the End of the Tax Y	ear
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)			
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization o	luring the tax	
	year ▶			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	tion easer	nents during the year	
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation of	easements	during the year	
	\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(			
	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state			
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	organizatio	n's accounting for	
Dee	conservation easements.	Oinsilan	A + -	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar	Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public s	ervice, provide, in Part XII	I,
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and			
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, pro	ovide the following amour	its
	relating to these items:	<b>.</b> .		
	(i) Revenue included on Form 990, Part VIII, line 1			
~	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	n, provide		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>.</b> .		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2	. <b>U17</b>

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

	dule D (Form 990) 2017 PETS IN NEE						-613		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	Similar As	ssets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a signi	ficant use c	of its co	ollection i	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change prograr	ns					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further t	ne organizatior	n's exempt	t purpose ir	Part	XIII.		
5	During the year, did the organization solicit or	-	-	-						
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang						rt IV. I	_		
	reported an amount on Form 990, Par						,.			
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other asse	ets not inc	luded				
i a	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII a						. –			
D			iowing table.					Amount		
•	Paginning balance					1c		Amount		
	Beginning balance					1d				
	Additions during the year									
e	Distributions during the year					1e				
0-	Ending balance					<u>1f</u>		7		
	Did the organization include an amount on Fo					<i>c</i>	ட	Yes		<b>∣No</b>
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it									
T ai						. т.	h1-	() [		
		(a) Current year	(b) Prior year	(c) Two years		<u>Three years</u>		(e) Four		
1a	Beginning of year balance	2,181,170.	1,989,367.	2,002,	, 281.	1,921,	317.	۷,۰	333,	485.
b	Contributions	100 100	101 000	12	014	0.1	0.6.4		1	<b>700</b>
С	Net investment earnings, gains, and losses	178,107.	191,803.	-13,	,214.	81,	264.		172,	780.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs								584,	948.
f	Administrative expenses									
g	End of year balance	2,359,277.	2,181,170.	1,989,	,367.	2,002,	581.	1,5	921,	317.
2	Provide the estimated percentage of the current	ent year end balance	e (line 1g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment  69.66	%								
с	Temporarily restricted endowment	30.34 %								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administere	d for the c	organizatior	n	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	See Form 990.	Part X. lin	e 10.				
	Description of property	(a) Cost or o		t or other		umulated		(d) Book	value	<u>e</u>
	Description of property	basis (investr	• •	(other)	• •	eciation		( <b>u</b> ) Book	value	0
10	Land			132,008.					132,	008.
	Land		6	5,520,637.	1	.,405,542			115,	
	Buildings			,,, -		,,-12		-,-	,	
	Leasehold improvements			221,759.		183,929	+		37	830.
	Equipment			146,978.		61,347	-			631.
	Other			,				F.	370,	
Iota	Add lines 1a through 1e. (Column (d) must ed	<u>qual Form 990, Part .</u>	<u>X, column (B), line 1</u>	<u>()c.)</u>			<u> </u>			
						Sch	edule	D (Form	990)	2017

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

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	Delivery (h) result a surel Farmer 000, Bast V, and (D) line 05)	

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

Sche	dule D (Form 990) 2017 PETS IN NEED	94-6139667	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,536,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 325,116.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	2.061		
е	Add lines <b>2a</b> through <b>2d</b>	2e	328,977.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,207,081.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,207,081.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,452,316.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	3,861.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,448,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	2,448,455.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER

23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE. IN ADDITION. THE

ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER

SECTION 170(B)(1)(A) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION

506(A)(2) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION RECOGNIZES THE EFFECTS OF ITS INCOME TAX POSITIONS ONLY

IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE

ORGANIZATION HAS EVALUATED ITS TAX POSITION AND HAS CONCLUDED AS OF APRIL

Schedule D (Form 990) 2017     PETS IN NEED       Part XIII     Supplemental Information (continued)		94-6139667	Page 5
30, 2018, THAT THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT UNCER	TAIN		
TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
COSTS OF GOODS SOLD	3,861.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COSTS OF GOODS SOLD	3,861.		

SC	HEDULE J	Comp	pensation Information	OM	1B No. 15	545-004	17
(Fo	rm 990)	-	Directors, Trustees, Key Employees, and Highest Compensated Employees		20	17	,
		Complete if the organiz	ation answered "Yes" on Form 990, Part IV, line 23.	Or	ben to	<b>D</b> ubli	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/E	Attach to Form 990. Form990 for instructions and the latest information.		Inspec		C
-	e of the organization			Employer identif	ficatio	n nur	nber
	C C	PETS IN NEED		94-61396			
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropria	ate box(es) if the organization provide	ed any of the following to or for a person listed on Form S	ээо,			
	Part VII, Section A,	line 1a. Complete Part III to provide a	any relevant information regarding these items.				
	First-class or c	harter travel	Housing allowance or residence for person	nal use			
	Travel for com	panions	Payments for business use of personal res	idence			
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary s	spending account	Personal services (such as, maid, chauffeu	ır, chef)			
b			nization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses descri	ibed above? If "No," complete Part III to explain		1b		
2	•		oursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Direc	ctor, regarding the items checked on line 1a?		2		
3			tion used to establish the compensation of the organizat				
			eck any boxes for methods used by a related organizatio	n to			
	·	ation of the CEO/Executive Director, I	but explain in Part III.				
	Compensation		Written employment contract				
		compensation consultant	Compensation survey or study				
	Form 990 of of	ther organizations	X Approval by the board or compensation co	ommittee			
4		• •	t VII, Section A, line 1a, with respect to the filing				
_	organization or a re	U U	acat2		4.0		х
a h		e payment or change-of-control paym	nonqualified retirement plan?		4a 45		X
b			compensation arrangement?		4b 4c		x
С			the applicable amounts for each item in Part III.		40		
	I Tes to any of in		the applicable amounts for each item in Fart in.				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organ	izations must complete lines 5-9				
5			1a, did the organization pay or accrue any compensation	,			
-	contingent on the re		, a.a. are organization pay or abbrid any compendation	·			
а					5a		х
	Any related organization			Г	5b		x
~	, ,	or 5b, describe in Part III.					
6			1a, did the organization pay or accrue any compensatior	n			
2	contingent on the n						
а	0	0			6a		х
	Any related organiz				6b		x
	, ,	or 6b, describe in Part III.					
7			1a, did the organization provide any nonfixed payments				
			t III		7		х
8			or accrued pursuant to a contract that was subject to the				
	-				8		х
9			outtable presumption procedure described in				
					9		
LHA		eduction Act Notice, see the Instru		Schedule J	(Form	990)	2017

### 94-6139667

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) ALI MOLLICA	(i)	166,000.	0.	0.	4,980.	24,444.	195,424.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	Ο.	Ο.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)				1 1				

Part III Supplemental Information

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. **2017** Open to Public Inspection

OMB No. 1545-0047

Employer identification number 94-6139667

PETS IN NEED

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEING EUTHANIZED DUE TO SPACE OR FINANCIAL LIMITATIONS.

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

BECOMES ILL AFTER IT ARRIVES AT THE ORGANIZATION, A MEDICAL TEAM GOES

TO WORK TO DO EVERYTHING THEY CAN TO HELP THE ANIMAL TO A SPEEDY

RECOVERY.

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

AFTER REVIEW BY MANAGEMENT, THE 1NFORMATION RETURNS GO TO THE FULL BOARD OF

DIRECTORS FOR REVIEW AND COMMENT.

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

MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO

DISCLOSE ANNUALLY IF A CONFLICT EXISTS.

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

THE ORGANIZATION CAREFULLY RESEARCHES COMPARABLE POSITIONS IN LIKE NON

PROFIT ORGANIZATIONS AS WELL AS THE COST OF LIVING IN OUR AREA WHEN

DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT

OFFICIALS.

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

GOVERNING DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC

UPON REQUEST.