

3627419

ARTICLES OF INCORPORATION

OF

The Wylder Foundation

FILED
Secretary of State
State of California

IPC DEC 21 2013

I.

The name of this corporation is The Wylder Foundation

II.

A. This corporation is a nonprofit PUBLIC BENEFIT CORPORATION and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The specific purpose of this corporation is to rescue, rehabilitate and re home unwanted dogs from the kill shelters in Los Angeles County.

III.

The name and address in the State of California of this corporation's initial agent for service of process is:

Gail Bacelar
9751 Sweetwater Dr, Santa Clarita, California 91390

IV.

The initial street address of this corporation is 11948 Ventura Blvd, Studio City, California 91604-2607.

V.

A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

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VI.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for religious purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

VII.

This corporation shall have a future file date of December 21, 2013

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: 12/5/2013

LegalZoom.com, Inc., Incorporator



By: Cheyenne Moseley, Assistant Secretary
LDA #0104 in Los Angeles County (expires 12/2013)
101 N. Brand Blvd., 11th Floor, Glendale, CA 91203
(323) 962-8600

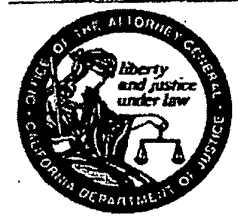
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Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**INITIAL
REGISTRATION FORM
STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS**
(Government Code Sections 12580-12599.7)



NOTE: A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: The Wylder Foundation

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:
Address: 11948 VENTURA BLVD.

City: Studio City

State: California

ZIP Code: 91604

Organization's telephone number: 818-762-2665

Organization's e-mail address: THEWYLDERFOUNDATION@GMAIL.COM

Organization's fax number: 661-450-1605

Organization's website: WWW.WYLDERSHOLISTICPETCENTER.COM

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN):
46-4439780

Group Exemption FEIN (if applicable):

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: 3627419

09/10/2016

391160

Names and addresses of ALL trustees or directors and officers (attach a list if necessary):

Name **MELISSA BACELAR** Position **PRESIDENT/DIRECTOR**

Address **7342 CANTALOUPE AVE.**

City **VAN NUYS** State **CA** ZIP Code **91405**

Name **GAIL BACELAR** Position **VICE PRESIDENT**

Address **9731 SWEETWATER DRIVE**

City **SANTA CLARITA** State **CA** ZIP Code **91390**

Name **ELLEN LEVINE** Position **TREASURER/DIRECTOR**

Address **3724 VANTAGE AVE.**

City **STUDIO CITY** State **CA** ZIP Code **91604**

Name **SUZANNE BROWNING** Position **SECRETARY/DIRECTOR**

Address **3912 CARPENTER DRIVE**

City **STUDIO CITY** State **CA** ZIP Code **91604**

Name

Address

City State ZIP Code

Describe the primary activity of the organization. (A copy of the material submitted with the application for federal or state tax exemption will normally provide this information.) If the organization is based outside California, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property, and other assets held or expected to be held in California. Indicate whether you are monitored in your home state, and if so, by whom. Attach additional sheets if necessary.

The organization will be required to file financial reports annually. All organizations must file the Annual Registration/Renewal Fee Report (RRF-1) within four months and fifteen days after the end of the organization's accounting period. Organizations with \$25,000 or more in either gross receipts or total assets are also required to file either the IRS Form 990-EZ or 990-PF. Forms can be found on the Charitable Trusts' website at <http://ag.ca.gov/charities/>.

If assets (funds, property, etc.) have been received, enter the date first received:

Date assets first received: **JAN 8 2016**

Registration with the Attorney General is required within thirty days of receipt of assets.

What annual accounting period has the organization adopted?

Fiscal Year Ending _____ Calendar Year

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Attach your founding documents as follows:

- A) **Corporations** - Furnish a copy of the articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California. ✓
- B) **Associations** - Furnish a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association).
- C) **Trusts** - Furnish a copy of the trust instrument or will and decree of final distribution.
- D) **Trustees for charitable purposes** - Furnish a statement describing your operations and charitable purpose.

Has the organization applied for or been granted IRS tax exempt status Yes No

Date of application for Federal tax exemption: DEC. 21, 2013

Date of exemption letter: OCTOBER 3 2014 Exempt under Internal Revenue Code section 501(c)

If known, are contributions to the organization tax deductible? Yes No

Attach a copy of the Application for Recognition of Exemption (IRS Form 1023) and the determination letter issued by the IRS.

Does your organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer? If yes, provide the name(s), address(es), and telephone number(s) of the provider(s):

Commercial Fundraiser Fundraising Counsel Commercial Coventurer

Name

Address

City

State

ZIP Code

Telephone Number

Commercial Fundraiser Fundraising Counsel Commercial Coventurer

Name

Address

City

State

ZIP Code

Telephone Number

Commercial Fundraiser Fundraising Counsel Commercial Coventurer

Name

Address

City

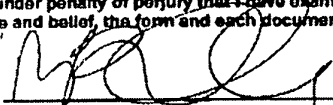
State

ZIP Code

Telephone Number

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Signature



Title

President/Director

Date

4.21.15

If additional information is required, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.7), the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300-312.1).

If you have questions regarding registration, or need assistance, information is available on our website at <http://ag.ca.gov/charities/> or you can reach us by telephone at (916) 445-2021 or fax at (916) 444-3651.

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**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
The Wylder Foundation		Melissa Bacelar	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
11948 Ventura Blvd.		46-4439780	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Studio City, CA 91604		04	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: (818) 939-1608	
a Name: Melissa Bacelar		c Fax: (optional) N/A	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a Organization's website: N/A			
b Organization's email: (optional) TheWylderFoundation@gmail.com			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		12/21/2013	
12 Were you formed under the laws of a foreign country? If "Yes," state the country.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT** file this form unless you can check "Yes" on lines 1, 2, 3, or 4.

- 1 Are you a corporation? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a limited liability company (LLC)? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an unincorporated association? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a trust? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted bylaws? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT** file this application until you have amended your organizing document. Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 1, Article II, Paragraph B.
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 2, Article VI.
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
PLEASE SEE ATTACHMENT			

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Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees related to each other through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

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Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases. Yes No

- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

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Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in political campaigns in any way? If "Yes," explain. Yes No
- 2a Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

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Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.)

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.

5 Are you affiliated with a governmental unit? If "Yes," explain.

6a Do you or will you engage in economic development? If "Yes," describe your program.

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationships between the developer and your officers, directors, or trustees.

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationships between the manager and your officers, directors, or trustees.

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.

9a Are you applying for exemption under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.

b Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

08/18/2016

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. Yes No
-
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i) Do you require an application form? If "Yes," attach a copy of the form. Yes No
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No

Part VIII Your Specific Activities (Continued)

- 15 Do you have a **close connection** with any organizations? If "Yes," explain. Yes No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain. Yes No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. Yes No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. Yes No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your **main function** or as a **secondary activity**. Yes No
- 20 Is your **main function** to provide **hospital or medical care**? If "Yes," complete Schedule C. Yes No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F. Yes No
- 22 Do you or will you provide **scholarships, fellowships, educational loans, or other educational grants** to individuals, including grants for **travel, study, or other similar purposes**? If "Yes," complete Schedule H. Yes No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

08/18/2016

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
	Current tax year	(a) From To	(b) From To	(c) From To	
1 Gifts, grants, and contributions received (do not include unusual grants)					
2 Membership fees received					
3 Gross investment income					
4 Net unrelated business income					
5 Taxes levied for your benefit					
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	PLEASE SEE ATTACHMENT				
7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
8 Total of lines 1 through 7					
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
10 Total of lines 8 and 9					
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
12 Unusual grants					
13 Total Revenue Add lines 10 through 12					
14 Fundraising expenses					
15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
16 Disbursements to or for the benefit of members (attach an itemized list)					
17 Compensation of officers, directors, and trustees					
18 Other salaries and wages					
19 Interest expense					
20 Occupancy (rent, utilities, etc.)					
21 Depreciation and depletion					
22 Professional fees					
23 Any expense not otherwise classified, such as program services (attach itemized list)					
24 Total Expenses Add lines 14 through 23					

Revenues

Expenses

08/18/2016

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

		Year End:
Assets		(Whole dollars)
1	Cash	0
2	Accounts receivable, net	0
3	Inventories	0
4	Bonds and notes receivable (attach an itemized list)	
5	Corporate stocks (attach an itemized list)	
6	Loans receivable (attach an itemized list)	
7	Other investments (attach an itemized list)	
8	Depreciable and depletable assets (attach an itemized list)	
9	Land	0
10	Other assets (attach an itemized list)	
11	Total Assets (add lines 1 through 10)	
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc. payable	
14	Mortgages and notes payable (attach an itemized list)	
15	Other liabilities (attach an itemized list)	
16	Total Liabilities (add lines 12 through 15)	0
Fund Balances or Net Assets		
17	Total fund balances or net assets	
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
 - The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

08/18/2016

Part X Public Charity Status (Continued)

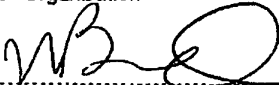
- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization


(Signature of Officer, Director, Trustee, or other authorized official)

Melissa Bacelar
(Type or print name of signer)

2.22.14
(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A, Statement of Revenues and Expenses.
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A, Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

08/18/2016

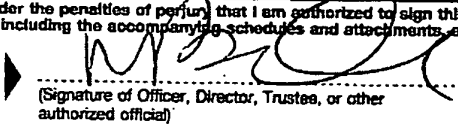
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here



Melissa Bacelar
(Type or print name of signer)

2.22.14
(Date)

President/Director
(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

ATTACHMENTS TO IRS FORM 1023

Part I – Identification of Applicant

Line 7

Our authorized representative will be Melissa Bacelar, who is the president of The Wylder Foundation, located at 7342 Cantaloupe Ave. Van Nuys, CA 91405. Telephone: (818) 939-1608. Fax: (661) 268-1605.

Line 10

We respectfully request that this organization be excused from filing Form 990 or Form 990EZ because this organization anticipates normally receiving no more than \$50,000 annually. However, the organization will file form 990N until such time as we are required to file form 990.

Part IV – Narrative Description of Your Activities

The Wylder Foundation is a nonprofit corporation organized and operated exclusively for charitable purposes, specifically to rescue dogs from Kill Shelters and rehabilitate them. The Kill Shelters are government funded. We plan to open our Shelter to the public and provide educational awareness and educational programs on the importance of rescuing dogs from shelters. We further our purposes under this program by conducting the following activities:

We will be providing food, water, 24 hour care, vetting, medication and training to these animals.

The officers and directors administer this program on a volunteer basis. This program will commence in early 2014 and will consume 100% of the organization's time. Our program is open to the public and initially, the organization's activities will be advertised through local magazines and social media; and funded through donations from family, friends and the general public. The organization's activities and planning for our program is conducted at our headquarters listed on this Form 1023, 11948 Ventura Blvd. Studio City, CA 90604. Through the successful execution of our program, we further our charitable purposes.

08/18/2016

Part V - Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

Line 1a

Name	Title	Mailing Address	Compensation
Melissa Bacelar	President/Director	7342 Cantaloupe Ave. Van Nuys, CA 91405	None
Gail Bacelar	Vice President	9731 Sweetwater Drive Santa Clarita, CA 91390	None
Ellen Levine	Treasurer/Director	3724 Vantage Ave. Studio City, CA 91604	None
Suzanne Browning	Secretary/Director	3912 Carpenter Ct. Studio City, CA 91604	None

Line 2a

Melissa Bacelar is the mother of Gail Bacelar.

Line 3a

Name	Qualifications	Avg. Hours	Duties
Melissa Bacelar	Melissa has been a dog rescuer and advocate for 10 years. She started and successfully ran The Poopie Foundation Education and Rehab center for 5 years and opened the Rescue Retail store Lucky Puppy in 2012.	60 a week	Melissa will be finding the dogs and pulling them from the shelters. She will review adoption applications and make decisions on vetting and final adoptions.
Gail Bacelar	Gail has raised and cared for dogs for over 40 years. In 2010 she began fostering dogs at her home and in 2012 she helped in opening Lucky Puppy the first nonprofit retail/rescue store in Los Angeles.	30 a week	Gail will do the bookkeeping for the foundation and oversee the use of funds.
Ellen Levine	Has been rescuing dogs Fostering and transporting them for 35 years. Has assisted in fund raisers.	30 a week	Ellen will help care for the dogs, transport, do home checks, and fundraising events. Schedule Fundings and organize walks and transportation, also Home checks.
Suzanne Browning	Suzanne has been rescuing dogs for 40 years. A foster, an advocate and a fund raiser Suzanne has served on several boards through the years.	30 a week	Suzanne will perform home checks on potential adopters. She will help bring the homeless animals on to different Media outlets and she will do all of the fundraising. Helping control Volunteers schedules Feeding and walking.

08/18/2016

Line 5a

The CONFLICT OF INTEREST policy attached to this application was adopted by the Board of Directors and signed into effect by the Secretary.

Part VIII - Your Specific Activities

Line 4a

Our fundraising activities will include the following:

- Our volunteers will ask for donations through social media.
 - We will be posting pictures of individual dogs on Facebook and asking our supporters for donations for medical care. These donations will be made through our PayPal account or with a check and will be used for vet care, boarding, food and any other needs the dogs may have.
- We will also have annual fundraising parties where we will ask supporters to come and contribute to the 501c 3 so we can continue to save dogs.

Line 4d

Fundraising will primarily, though not exclusively, be conducted in the state of California. Our organization will conduct its own fundraising.

[The remainder of this page intentionally left blank.]

The Wylder Foundation; EIN: 46-4439780

Part IX - Financial Data

Revenue			
	2013	2014	2015
Gifts/Grants/Donations/Contributions	\$666	\$16,000	\$16,000
Sales Income (sale of goods/services)	\$1,000	\$24,000	\$24,000
Fundraising Income	\$208	\$5,000	\$5,000
Total Revenue	\$1,874	\$45,000	\$45,000
Expenses			
	2013	2014	2015
Line 14 - Fundraising Expenses	\$33	\$800	\$800
Line 20 - Occupancy (Rent, Utilities, Etc.)			
For Rent	\$250	\$6,000	\$6,000
Line 22 - Professional Fees	\$83	\$2,000	\$2,000
Line 23 - Other Expenses			
Program Expenses			
For Food For The Dogs	\$417	\$10,000	\$10,000
For Veterinary	\$855	\$20,520	\$20,520
Office Supplies	\$80	\$1,900	\$1,900
Fax	\$35	\$850	\$850
Internet Expense	\$15	\$360	\$360
Delivery & Postage	\$11	\$270	\$270
Printing Costs	\$25	\$600	\$600
Transportation cost(Gas)	\$40	\$1,000	\$1,000
Insurance	\$29	\$700	\$700
Other Expenses Subtotal	\$1,507	\$36,200	\$36,200
Total Expenses	\$1,874	\$45,000	\$45,000
Excess Revenue Over Expenses	\$(0)	\$0	\$0

08/18/2016



RECEIVED
Attorney General's Office
APR 22 2015
Registry of
Charitable Trusts

The Wylder Foundation

EID:46.4439780
11948 Ventura Blvd.
Studio City, Ca

4-21-2015

RE: CT-1
CT File Number: App # 1488338

Gentlemen:

Enclosed is registration form CT-1 for the Wylder Foundation, along with our check in the amount of \$2500 for filing fees. I also left the registration fee originally sent, in case you needed.

Very truly yours,


Melissa Bacelar

4-21-2015

08/18/2016

See All

Any

Please select Type first

Any Age

Any

Find Pets

Winona - ADOPTED!

Dog • Maltese & Pood'e Mix • Baby • Female • Small
The Wylder Foundation Studio City, CA



Share:    

Winona has found a home! You can read Winona's original profile below or view adoptable pets from this adoption group.

ABOUT WINONA

TheWylderFoundation@gmail.com or 818.762.2665

All available dogs can be seen at
Wylder's Holistic Pet Center
11948 Ventura Blvd Studio City, Ca 91604
Parking in Rear

Monday through Saturday 11am to 7pm
Sunday 11am to 4pm

All Dogs are Spay/Neutered, Up to date on shots and microchipped. There is a tax deductible adoption donation of \$600 and you will need to fill out an agreement.

This 8 week old maltipoo is a female. She is sweet as can be and looking for a forever home.

MORE ABOUT WINONA

House trained • Spayed/Neutered • Current on vaccinations • Primary Color(s): White or Cream • Coat Length: Long

 Print



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first month's premium

We've got
you covered **petfirst**
pet insurance

OTHER PETS AT THIS ORGANIZATION

< 1 of 3 >



Maddox



Ash



Kelby



Austin



Aubrey



Alvin

See all Available Pets >

08/11/2014

Location: CA or 91604

Any

Order (See All)

Age

Color

Please select Type first

Any Age

Any

Find Pets

Hermes - ADOPTED!

Dog • Schnauzer • Baby • Male • Small
The Wylder Foundation Studio City, CA

Print



Share: [f](#) [t](#) [s](#) [p](#)

Hermes has found a home! You can read Hermes's original profile below or view adoptable pets from this adoption group.

ABOUT HERMES

TheWylderFoundation@gmail.com or 818.762.2665

All available dogs can be seen at
Wylder's Holistic Pet Center
11948 Ventura Blvd Studio City, Ca 91604
Parking in Rear

Monday through Saturday 11am to 7pm
Sunday 11am to 4pm

All Dogs are Spay/Neutered, Up to date on shots and microchipped. There is a tax deductible adoption donation of \$600 and you will need to fill out an agreement.

MORE ABOUT HERMES

House trained • Spayed/Neutered • Current on vaccinations • Primary Color(s): Gray, Blue or Silver • Coat Length: Medium

THE WYLDER FOUNDATION
11948 Ventura Blvd
Studio City, CA 91604

Contact this Organization

Finding forever homes for every pet

Join the Petfinder community and subscribe today

SIGN UP

SPECIAL OFFER FOR PETFINDER VISITORS

\$20 OFF
first month's premium

We've got you covered **petfirst**
Pet Insurance

OTHER PETS AT THIS ORGANIZATION

< 1 of 3 >



Maddox



Ash



Kelby



Austin



Aubrey



Alvin

See all Available Pets >

Any
Brand (See All)
Please select Type first
Any Age
Gender
Any

Apollo - ADOPTED!

Dog • Schnauzer • Baby • Male • Small
The Wylder Foundation Studio City, CA



Share:

Apollo has found a home! You can read Apollo's original profile below or view adoptable pets from this adoption group.

ABOUT APOLLO

TheWylderFoundation@gmail.com or 818.762.2665

All available dogs can be seen at
Wylder's Holistic Pet Center
11948 Ventura Blvd Studio City, Ca 91604
Parking in Rear

Monday through Saturday 11am to 7pm
Sunday 11am to 4pm

All Dogs are Spay/Neutered, Up to date on shots and microchipped. There is a tax deductible adoption donation of \$600 and you will need to fill out an agreement.

MORE ABOUT APOLLO

House trained • Spayed/Neutered • Current on vaccinations • Primary Color(s): Gray, Blue or Silver • Coat Length: Medium

Print



OTHER PETS AT THIS ORGANIZATION

< 1 of 3 >



Maddox



Ash



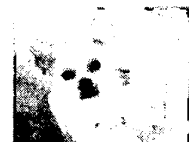
Kelby



Austin



Aubrey



Alvin

See all Available Pets >

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FIND A PET TO ADOPT

ABOUT PET ADOPTION | DOG CARE | CAT CARE | ALL PET CARE | SHELTERS & RESCUES | HELPING PETS | VIDEOS

Location: Atlanta, GA or 30203 | Type: Any | Breed (See All): Please select Type first | Age: Any Age | Gender: Any | Find Pets

366 ADOPTED PETS FROM THE WYLDER FOUNDATION

Return to search results

< Previous

21 of 366

Next >

Simon, Peter and Paul - ADOPTED!



Dog • Saint Bernard St. Bernard & Labrador Retriever Mix • Baby • Male • Large
The Wylder Foundation Studio City, CA



Share:

Simon, Peter and Paul has found a home! You can read Simon, Peter and Paul's original profile below or view adoptable pets from this adoption group.

ABOUT SIMON, PETER AND PAUL

TheWylderFoundatcn@gmail.com or 818.762.2665

All available dogs can be seen at
Wylder's Holistic Pet Center
11948 Ventura Blvd Studio City, Ca 91604
Parking in Rear

Monday through Saturday 11am to 7pm
Sunday 11am to 4pm

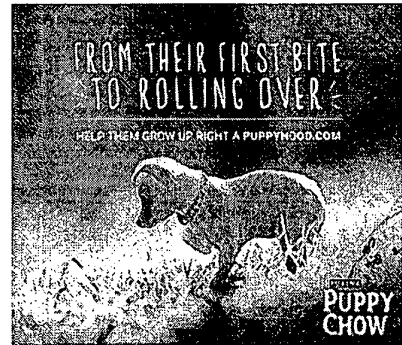
All Dogs will be Spay/Neutered, Up to date on shots and microchipped. There is a tax deductible adoption donation of \$600 and you will need to fill out an agreement.

These babies are 8 weeks old and sweet fluffy balls of joy. They are about 6lbs now and they are all boys. Each has their first round of shots and have been dewormed. We have started to crate train them as well!

THE WYLDER FOUNDATION

11948 Ventura Blvd
Studio City, CA 91604

Contact this Organization



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\$20 OFF first month's premium
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OTHER PETS AT THIS ORGANIZATION

< 1 of 2 >



Austin



Percy



Addison



Bailey

From: Gail Bazelar <wyldersholisticpetcenter@gmail.com>
 To: Cathy Green <cathygogreen@aol.com>
 Subject: Re: Urgent matter, please respond ASAP
 Date: Sun, Sep 6, 2015 8:27 pm

Cathy, I am just so sorry this is happening. You have been through so much and adopting a puppy should only bring joy to your family. This is a horrible situation. Parvovirus takes up to ten days and as little as 2 to show up in a puppy and we take every precaution we can with our pups. In 11 years of rescuing and rehabilitating dogs this is the first time a dog that I have adopted out has come down with parvo. When you adopted her she was playful, eating, had solid poop and was truly in every way a healthy puppy. I would never adopt out a puppy I thought may be ill. We hold the puppies for ten days before we adopt them out but with such a highly contagious disease at anytime they can be infected. We do not let the puppies go near our older dogs in case they are carriers and we do not let people touch them without sanitizing. I am praying that she pulls through at the vet and will live a long happy life. We are a rescue and we take 100's of dogs from horrible situations and we do everything in our power to save them and find them wonderful homes. There was no neglect on our part just a very unfortunate disease that a puppy can catch by being let outside or even interacting with a dog that has been outside.

I am happy to speak to your vet who can call me on my cell phone since I am not going to be in tomorrow. My cell number is 818 929-1608. I have also contacted the companies that sell the dog food that you bought to see if they have heard of any cases of virus or illness from anyone drinking their products. These are all FDA approved products made in the USA following all legal guidelines. I would not ever recommend any person drink the milk. Although all of the foods we sell are human grade they are dog products. I may have said my son drinks raw goats milk but I would not recommend it to someone. Again I am extremely sorry and I will email you as soon as I hear from Jacqueline at Answers Pet Food. I hope the puppy is ok, as well as your dog and son. Please keep us posted. Melissa

On Sun, Sep 6, 2015 at 5:20 PM, Cathy Green <cathygogreen@aol.com> wrote:
 Melissa

I contacted the credit card company just now and advised them that The Wylder Foundation sold me a diseased dog on August 30, 2015. Since the symptoms of Parvovirus take up to 10 days, demand is hereby made that The Wylder Foundation refund my contribution in its entirety. Secondly, as a result of this gross oversight, I have incurred veterinarian expenses in the thousands of dollars and would like the foundation to assist with these expenses. Not only is the puppy sick, she infected our other dog which resulted in over 500 dollars in veterinary bills. At this time the puppy is expected to be in urgent care for a minimum of three days, if she makes it through the night. There is no way we can afford these bills, nor did we adopt this puppy with the intent of being liable for medical expenses due to your foundation's neglect.

Lastly, some raw food products were purchased from your store which made my other dog ill and per your recommendation I allowed my son to taste this raw goats milk and now he is ill. I have made many calls to you with this information and at no time have you offered anything. In our brief calls, your foundation has refused to take any responsibility for this matter. Not only is our new puppy's life at stake, all the other puppies you held with her are most likely infected. Our vet has advised us to report this matter to the better business bureau, as well as the CDC and the licensing board. Our vet is willing to speak with you at any time regarding these issues, as well as supporting the assertions contained in this email. Please contact me so we can resolve these issues, as they are extremely urgent.

08/11/2016
 Wylder's
 Holistic Pet Center & Rescue