

NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form

Applicant/Program: PAWS WITH PURPOSE
Applicant Requested Amount: \$2015.96
Appropriation Request Amount: \$2015.96

Executive Summary of Request
The funding is for the purchase of computers for the program.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

212 District # [Signature] Primary Sponsor Signature \$2015.96 Amount 08/06/2018 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
None.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Paws with Purpose

Program Name and Request Amount Computer Purchase, \$2015.96

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes ▾
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes ▾
Is the proposed public purpose of the program viable and well-documented?	Yes ▾
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes ▾
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes ▾
Has prior Metro Funds committed/granted been disclosed?	Yes ▾
Is the application properly signed and dated by authorized signatory?	Yes ▾
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes ▾
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A ▾
Is the entity in good standing with:	
▶ Kentucky Secretary of State?	
▶ Louisville Metro Revenue Commission?	
▶ Louisville Metro Government?	
▶ Internal Revenue Service?	
▶ Louisville Metro Human Relations Commission?	Yes ▾
Is the current Fiscal Year Budget included?	Yes ▾
Is the entity's board member list (with term length/term limits) included?	Yes ▾
Is recommended funding less than 33% of total agency operating budget?	Yes ▾
Does the application budget reflect only the revenue and expenses of the project/program?	Yes ▾
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes ▾
Is the most recent annual audit (if required by organization) included?	N/A ▾
Is a copy of Signed Lease (if rent costs are requested) included?	N/A ▾
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A ▾
Are the Articles of Incorporation of the Agency included?	Yes ▾
Is the IRS Form W-9 included?	Yes ▾
Is the IRS Form 990 included?	Yes ▾
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A ▾
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A ▾
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A ▾

Prepared by: JEFF NOBLE

Date: 08/06/2018

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Paws with Purpose <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 3411 Bardstown Road, Louisville, KY 40218			
Website: www.pawswithpurpose.org			
Applicant Contact:	Sandy Bowling	Title:	Executive Director
Phone:	502-291-6078	Email:	sandy@pawswithpurpose.org
Financial Contact:	Kevin Hisel	Title:	Board Treasurer
Phone:	502-560-5327	Email:	Kevin.Hisel@ddwcolor.com
Organization's Representative who attended NDF Training: Sandy Bowling			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville		
Council District(s):	all	Zip Code(s):	all
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Paws with Purpose			
Total Request: (\$)	2,015.96	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	na	Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission Statement

Paws with Purpose is dedicated to providing highly skilled assistance dogs as partners to children and adults with physical disabilities or other special needs in the greater Louisville, Kentucky area.

Vision Statement

Paws with Purpose vision is to foster independence and understanding in our community through compassionate advocacy and the power of the human-canine bond.

Paws with Purpose is the only Kentucky-based assistance dog program that is fully accredited by Assistance Dogs International (ADI). ADI is a coalition of non-profit assistance dog organizations that sets standards for training and placing assistance dogs, as well as providing education to the public and advocating for persons with disabilities. ADI also provides a comprehensive accreditation system to ensure that its members meet the high standards expected of assistance dog programs. In addition to maintaining standards that its members must adhere to, ADI provides its accredited members with informational resources and networking opportunities to provide them with support and the most current developments in our field.

Paws with Purpose has a collaborative partnership with the Kentucky Department of Corrections. In this program, our dogs are trained at the Kentucky Correctional Institution for Women (KCIW) during the week, by a select group of inmates who receive ongoing instruction from our training staff and volunteers. The inmates in the program are responsible for all aspects of the dogs' training, grooming and general care. Volunteer handlers spend each weekend socializing the dogs and reinforcing the training that the inmate handlers are working on.

Our goal is to place at least three to four dogs each year as assistance dogs or facility dogs to work with individuals with disabilities in the greater Louisville, Kentucky area. In 2017, we completed four placements, including two placements of assistance dogs with children on the autism spectrum, one assistance dog with an adult with mobility limitations, and a facility dog partnered with a psychiatrist whose practice has an emphasis on pediatric and adolescent behavioral mental health.

In 2018, we are in the process of completing the placement of three dogs with veterans with combat-related post-traumatic stress, and one dog with an adult with a mobility disability. We are working with Norton Healthcare and hope to place three facility dogs by the end of 2018 at their area hospitals.

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Sheilah Abramson-Miles	December 2020
Sue Wettle	December 2019
Elaine Weisberg	December 2019
Dolores Biles	December 2021
Kevin Hisel	December 2021
Jerry Klopfenstein	December 2018
Mark Stowers	December 2018
Diana Quesada	December 2020
Alex Johnson	December 2020
Burcum Keeton	December 2020

Describe the Board term limit policy:

The term of office for a Director shall be two years with the possibility of re-election for four additional terms of two years each. No member of the Board of Directors shall be eligible for nomination for re-election to the Board if the member has been absent from three consecutive regular meeting of the Board without having provided orally or in writing an excuse for his or her absence with an officer of the Board of Directors. Term of office shall run from July 1 to June 30. However, the Directors shall hold office until their successors are elected. If a new member of the Board is elected at a time other than the June Board meeting, to enlarge the Board of to fill a vacancy, the new member will serve the remainder of the term in progress, or the term of the person who has been replaced, and may then stand for re election at the next regularly scheduled election in the same manner as any other Board member.

Three Highest Paid Staff Names	Annual Salary
Gabrielle Cecil	52,000
Sandy Bowling	50,000
Susie Porter	27,040

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The funding will be spent on updated computers for three staff members and a volunteer client services coordinator. Two staff members are currently using personal computers for work.

Best Buy
HP 17.3" laptop
Intel core i5
8gb memory
1TB hard drive
\$503.99 each

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C: If this request is a fundraiser, please detail how the proceeds will be spent:

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

As part of the placement training, we hold some group classes for applicants for classroom instruction on training concepts, canine learning theory, canine health and the basics of living and working with an assistance dog. However, the bulk of the placement training is conducted in individualized one-on-one sessions with each client. This customized training consists of at least 120 hours and takes place in the client's home, school or place of work, and multiple public venues that the client may frequent with his or her assistance dog partner. The placement process is very time consuming as each client's placement training usually requires a team of two trainers to work with the client/dog team over a period of months.

Our work with each client does not end when the placement is finalized. An essential aspect of the service we provide to our clients is the ongoing follow up support that PwP provides to every placement team throughout the life of their partnership. This means that if our client experiences a change in their needs, health status or other circumstances, we will work with them to train new skills for their canine partner, or help them adapt the skills that they already have, to new circumstances or environments. As a locally based organization that serves clients in and around the greater Louisville area, we are able to provide this ongoing support on a personal and individualized basis.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We partner with the Kentucky Correctional Institution for Women. All dogs are trained during the week at KCIW until they are placed with a client.

Other community partnerships are:

a. Outreach and Roll for Spina B We also participate in the Foundation for the Blind. We also part

b. Special School Projects, such as G

c. University of Louisville puppies in training a

d. School and Community organizations

Jeff - I have attached a word doc that shows this section

s children: We had an exhibit at the Walk-N-Run for Children's Hospital. We had monthly therapy dog visits at their pediatric clinic. We are supported by Norton's Children's Hospital. We serve families with special needs children; members of the community who could benefit from an assistance dog. We also have dogs at the Innocents.

levels at elementary schools for special projects. We have a Therapy Project.

: PWP has made our therapy dogs and

shops, libraries, camps, scout troops and other organizations. We are aware of the challenges faced by people with disabilities.

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment	2015.96		2015.96
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	2015.96		2015.96
<i>Total Program Budget</i>	100 %	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Columns 2 Expenses **</i>	

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
n/a			
Total			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Client Services Coordinator 10 hours/week	\$6500.00	\$13. x 10 x 50 wks
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$6500.00	

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: January

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

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SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Elaine Weisberg</i>	Date:	<i>9/28/18</i>
Legal Signatory: (please print):	<i>Elaine Weisberg</i>	Title:	<i>v.p. of board</i>
Phone:	<i>502 4587007</i>	Extension:	
		Email:	<i>ela.neweisberge@gmail.com</i>

We partner with the Kentucky Correctional Institution for Women. All dogs are trained during the week at KCIW until they are placed with a client.

Other community partnerships are:

a. Outreach and networking with organizations that serve special needs children: We had an exhibit at the Walk-N-Roll for Spina Bifida of Kentucky which led to an invitation to do monthly therapy dog visits at their pediatric clinic. We also participate yearly in the autism day camp at Camp Hi Ho sponsored by Norton's Children's Hospital. We have had meetings with the Molly Johnson Foundation which assists families with special needs children; members of the Foundation are interested in connecting PWP with children and their families who could benefit from an assistance dog. We also participated in the Disabilities Resource Fair at the Home of the Innocents.

b. Special School Projects: PWP has partnered with classrooms or grade levels at elementary schools for special projects, such as Goshen Elementary First Grade class' Gator Doodle Factory Project.

c. University of Louisville's Resilient Family Project with Hotel Louisville: PWP has made our therapy dogs and puppies in training available for visits with families at Hotel Louisville;

d. School and Community Presentations: PWP makes presentations to schools, libraries, camps, scout troops and community organizations to provide education, awareness and understanding of the challenges faced by people with physical disabilities in our community, and the role of an assistance dog in the life of someone with a mobility limitation. The number of children participating in these presentations range from 50 to several hundred eager learners! Examples this year include a presentation to the students participating in the Leadership Program at Sacred Heart Model School and a presentation to students at University of Louisville's School of Public Health.

e. Additional outreach to children in the community: In 2016, PWP placed an assistance dog, Gabby, with Sarah Sauer, a Crusade volunteer and survivor of a childhood brain tumor. Sarah and Gabby are very active in outreach programs to children. They attend year-round mentoring visits with children at St. Joseph's Children's Home and at Sunrise Children's Services program for foster children. Sarah and Gabby also participate in the Kosair Children's "Kids with Cancer" picnic.

SDM

Paws With Purpose, Inc.
Revenues and Expenditures

* Updated 1-4-18

<u>REVENUES</u>	<u>Budget for 2018</u>
Fundraising Events:	
Trivia Night	11,000
Walk-a-thon fundraising event	13,000
Other special fundraising events (schools, social groups, restaurants)	4,000
Sponsorships:	
PNC Bank (renewed in 2017 for \$5,000 for two years)	2,500
Swope Foundation (assume will renew in 2017 for \$5,000 for two years)	2,500
Independent Pilots' Association (\$5,000 received in 2016 for two years)	2,500
DD Williamson	2,500
Bonnie Bizer Foundation	5,000
Norton Healthcare	7,500
New sponsorship	7,500
Individual & Business Contributions:	
Community Health Charities of Kentucky	5,000
Estate of Robert Adams	-
Other individual & business contributions	10,000
End of year appeal	3,500
Corporate and Foundation Grants:	
Earl Shelp Foundation	3,500
Woosley Foundation	5,000
Mildred Horn Foundation	5,000
Estate of Bonnie Bizer	-
Community Foundation of Louisville	-
Give Local Louisville - CFL	15,000
Cralle Foundation	10,000
Give 502 grant	-
Mitsubishi Electric Automotive	2,000
GE Foundation	-
Norton Healthcare Foundation	-
Sam Swope Family Foundation	5,000
Warrior Empowerment Foundation	10,000
Crusade for Children	25,000
Wood and Marie Hannah Foundation	5,000
Clark Family Foundation	30,000
MDRT Foundation	-
VA Pet Assist program reimbursement	-
Kentucky Colonels	2,500
Anonymous grant	1,000

REVENUES (continued)

Other revenue:	
ADI puppy reimbursement	10,200
Adoption fees	1,500
Miscellaneous trainer/client reimbursement	1,000
Oliver Fund	1,500
Other miscellaneous	1,000
Total Revenues	210,700

EXPENSES

Salaries and Payroll Taxes:	
Wages - Executive Director (Sandy)	50,000
Wages - Gabrielle (budgeted \$23 per hour x 40 hours per week for 2017)	52,000
Wages - Susanne (budgeted \$10 per hour x 25 hours per week for 2017)	27,040
Wages - Clarissa	-
Wages - Development Director (Erica)	-
Reimbursement for Health Insurance	3,000

Paws With Purpose, Inc.
Revenues and Expenditures

* Updated 1-4-18

	<i>Budget for 2018</i>
Telephone and internet (office)	2,000
Telephone allowance for Sandy and Gabrielle (new cell phone for Michelle)	1,500
Postage, shipping and delivery	1,000
Printing and copying	1,200
Payroll processing costs	1,500
Office expenses - other	500
Total Office Expenses	11,700

EXPENSES (continued)

Other Expenses:

Insurance - non-employee	1,800
Insurance - workers' compensation	1,700
Marketing - end of year mailing	1,200
Marketing - RFX Technologies (CFL grant project)	-
ADI Breeding Coop	1,500
ADI Dues	300
Contract labor (L Embry, C Gerrish, A Egan, C Salzmann)	5,000
Website design and updates	200
Miscellaneous expenses - Trainer and volunteer parties	1,000
Miscellaneous expenses - Meals for clients and sponsors	500
Miscellaneous expenses - Other	1,000
Total Other Expenses	14,200

Fund Raising Expenses:

Trivia Night	800
Other fundraising expenses (Walk-a-thon, etc.)	1,000
Total Fund Raising Expenses	1,800

Puppy Expenses:

Veterinary expenses:	
Placement-related medical	2,000
Breeding-related medical	2,000
Medications	3,000
Emergency room visits	1,000
Routine vet visits	4,000
Puppy supplies	2,000
Cloud Star treats	-
Puppy equipment	3,000
Whelping and other expenses for, Juno, Kansas, Mabel and possibly sophie	3,000
Puppy insurance	1,800
Breeding-related travel	1,000
Food	2,500
Treats	1,000
Total Puppy Expenses	26,300

Total Expenses	213,218
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Net Income (Loss)	(2,518)
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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date **OCT 17 2008**

Employer Identification Number:

DLN:

17053264743018

Contact Person:

JOHN JENNEWBEIN

ID# 31307

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

PAWS WITH PURPOSE
PO BOX 7834
LOUISVILLE, KY 40257

Dear Applicant:

Our letter dated June 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

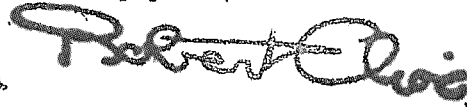
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank Paws with Purpose</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> </p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Non Profit</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions PO Box 5458</p> <p>6 City, state, and ZIP code Louisville Ky 40205</p>	<p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

or

Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Sandra Bowly Date ▶ 2/5/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Paws With Purpose, Inc.
Profit and Loss Statement

REVENUES

	Previous 1/1/18 - 4/30/18	Activity for May	Actual 1/1/18 - 5/31/18	Preliminary Budget for 2018
Fundraising Events:				
Trivia Night	10,680	-	10,680	11,000
Walk-a-thon fundraising event	6,502	2,960	9,462	13,000
Other special fundraising events (schools, social groups, restaurants, etc.)	681	-	681	4,000
Sponsorships:				
PNC Bank (renewed in 2017 for \$5,000 for two years)	-	-	-	2,500
Swope Foundation	2,500	-	2,500	2,500
Independent Pilots' Association	-	-	-	2,500
DD Williamson	-	-	-	2,500
Bonnie Bizer Foundation	-	-	-	5,000
Norton Healthcare	-	-	-	7,500
New sponsorships (Paducah Bank)	-	2,500	2,500	7,500
Individual and Business Contributions:				
Community Health Charities of Kentucky	1,184	-	1,184	5,000
Other individual & business contributions	4,654	832	5,486	10,000
Oliver Fund contributions	590	-	590	0
End of year appeal	-	-	-	3,500
Corporate and Foundation Grants:				
Earl Shelp Foundation	-	-	-	3,500
Woosley Foundation	5,000	-	5,000	5,000
Mildred Horn Foundation	7,500	-	7,500	5,000
Give Local Louisville (Community Foundation of Louisville)	-	-	-	15,000
Cralle Foundation	-	-	-	10,000
Crusade for Children	7,334	-	7,334	25,000
Warrior Empowerment Foundation	-	-	-	10,000
Sam Swope Family Foundation	-	-	-	5,000
Wood and Marie Hannah Foundation	-	5,000	5,000	5,000
Clark Family Foundation	10,000	-	10,000	30,000
Mitsubishi Electric Foundation	-	-	-	2,000
Order of Kentucky Colonels grant	-	-	-	2,500
Anonymous grant	-	-	-	1,000
Other Revenue:				
ADAI puppy reimbursements	8,000	-	8,000	10,200
Adoption fees	-	-	-	1,500
Transfer from Oliver Fund	1,500	-	1,500	1,500
Investment income - Oliver Fund	2,320	-	2,320	0
Miscellaneous trainer/client reimbursement	167	-	167	1,000
Other miscellaneous revenue (release dog fees, other)	1,500	-	1,500	1,000
Total Revenues	70,112	11,292	81,404	210,700

MAILED
6-21-17

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-1 (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer. See instructions.	Employer identification number (EIN) or
	PAWS WITH PURPOSE, INC.	[REDACTED]
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	P.O. BOX 5458	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40255	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of ▶ TONY HOWARD

Telephone No. ▶ (502) 896-9215 Fax No ▶ (502) 893-8255

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2016 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3 c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return (terminated)
 Amended return
 Application pending

C PAWS WITH PURPOSE, INC.
P.O. BOX 5458
LOUISVILLE, KY 40255

D Employer identification number: [REDACTED]

E Telephone number: (502) 689-0804

F Name and address of principal officer: TONY HOWARD
SAME AS C ABOVE

G Gross receipts \$ 141,492.

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: PAWSWITHPURPOSE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: **M** State of legal domicile: KY

Part I Summary		Prior Year		Current Year	
1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGHLY SKILLED SERVICE DOGS AND CONTINUED SUPPORT TO PERSONS WITH DISABILITIES OTHER THAN BLINDNESS.					
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
3 Number of voting members of the governing body (Part VI, line 1a)		3		11	
4 Number of independent voting members of the governing body (Part VI, line 1b)		4		0	
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5		3	
6 Total number of volunteers (estimate if necessary)		6		37	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a		0.	
7b Net unrelated business taxable income from Form 990-T, line 34		7b		0.	
8 Contributions and grants (Part VIII, line 1h)			57,469.		124,620.
9 Program service revenue (Part VIII, line 2g)					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,682.		16,872.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			59,151.		141,492.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			27,194.		56,017.
16a Professional fundraising fees (Part IX, column (A), line 11e)					
16b Total fundraising expenses (Part IX, column (D), line 25) ▶			4,642.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)			19,628.		37,543.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)			46,822.		93,560.
19 Revenue less expenses - Subtract line 18 from line 12			12,329.		47,932.
20 Total assets (Part X, line 16)		Beginning of Current Year		End of Year	
21 Total liabilities (Part X, line 26)			164,119.		189,278.
22 Net assets or fund balances - Subtract line 21 from line 20			30,815.		8,042.
			133,304.		181,236.

Part II Signature Block

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

Signature of officer: Tony Howard Date: 6/21/17

Sign Here TONY HOWARD
Type or print name and title: TREASURER

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed if P/TIN

Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Paws With Purpose
3960 Gilman Avenue ~ Louisville, KY ~ 40207

0573014.09

states
NAOI

John Y. Brown III
Secretary of State
Received and Filed
11/28/2003 2:14:00 PM
Fee Receipt: \$9.00

Articles of Incorporation

For the purposes of forming a Non-Profit corporation in Kentucky Pursuant to KRS Chapter KRS 273, the undersigned incorporators, a majority of whom are citizens of the United States, hereby submit the following Articles of Incorporation to the Secretary of State for filing and certify:

Article I: The name of the Corporation shall be **Paws With Purpose, Inc.**

Article II: The place in this state where the principal office of the Corporation is to be located is in the **City of Louisville Jefferson County.**

Article III: The purpose for which the Corporation is organized is **exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.**

Article IV: The street address of the Corporation's initial registered office in Kentucky is **3960 Gilman Avenue, Louisville, KY 40207** and the name of the initial registered agent at that office is **Ms. Catherine R. Davis.**

Article V: The mailing address of the corporation's principal office is **3960 Gilman Avenue, Louisville, KY 40207.**

Article VI: The number of directors constituting the initial Board of Directors is 7. The names and mailing addresses of the persons who are to serve as the initial Board of Directors are as follows:

President:	Sharon S. Gretsinger	6905 Charles Lindsey Court	Louisville KY	40229
Vice-president:	Johna K. Albritton	14812 Landmark Drive	Louisville KY	40245
Secretary:	Catherine R. Davis	3960 Gilman Avenue	Louisville KY	40207
Treasurer:	Theresa M. Riggs	13989 Poplar Lane	Louisville KY	40299
	Cindy M. Ray	2908 Swope Road	Louisville KY	40241
	Ann A. Egan	808 Girard	Louisville KY	40222
	Patricia Seibert	8602 Image Way	Louisville KY	40299

Article VII: The name and mailing address of each incorporator is:

Sharon S. Gretsinger	6905 Charles Lindsey Court	Louisville KY	40229
Johna K. Albritton	14812 Landmark Drive	Louisville KY	40245
Catherine R. Davis	3960 Gilman Avenue	Louisville KY	40207
Theresa M. Riggs	13989 Poplar Lane	Louisville KY	40299

Paws With Purpose

3960 Gilman Avenue ~ Louisville, KY ~ 40207

Article VIII: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements) of any political statements on behalf of or in opposition to and candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

Article IX: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

In witness whereof, we hereunto subscribe our names this 20th day of November, 2003.

Sharon S. Greshinger
Sharon S. Greshinger

John K. Albritton
John K. Albritton

Catherine R. Davis
Catherine R. Davis

Theresa M. Riggs
Theresa M. Riggs

11/20/03
Date

11/20/03
Date

11/20/03
Date

11-20-03
Date

PAWS WITH PURPOSE, INC.

General Information

Organization Number	0573014
Name	PAWS WITH PURPOSE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/26/2003
Organization Date	11/26/2003
Last Annual Report	5/9/2018
Principal Office	P.O. BOX 7834 LOUISVILLE, KY 40257
Registered Agent	FBT LLC SUITE 3200 400 WEST MARKET STREET LOUISVILLE, KY 40202-3363

Current Officers

President	<u>Sheilah A Miles</u>
Vice President	<u>Susan Wettle</u>
Vice President	<u>Elaine Weisberg</u>
Secretary	<u>Dolores Biles</u>
Treasurer	<u>Kevin Hisel</u>
Director	<u>Jerry Klopfenstein</u>
Director	<u>Mark Stowers</u>
Director	<u>Sandy Bowling</u>
Director	<u>Diane Quesada</u>
Director	<u>Burcum Keeton</u>
Director	<u>Alex Michael Johnson</u>

Individuals / Entities listed at time of formation

Director	<u>SHARON S GRETSINGER</u>
Director	<u>JOHNA K ALBRITTON</u>
Director	<u>CATHERINE R DAVIS</u>
Director	<u>THERESA M RIGGS</u>
Director	<u>CINDY M RAY</u>
Director	<u>ANN A EGAN</u>
Director	<u>PATRICIA SEIBERT</u>
Incorporator	<u>SHARON S GRETSINGER</u>
Incorporator	<u>JOHNA K ALBRITTON</u>

Incorporator

CATHERINE R DAVIS

Incorporator

THERESA M RIGGS

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	5/9/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/3/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/22/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/1/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/21/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/15/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/19/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/3/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/1/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/17/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/16/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/4/2007	1 page	<u>PDF</u>	
<u>Statement of Change</u>	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/6/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	10/28/2004	1 page	<u>PDF</u>	
<u>Articles of Incorporation</u>	11/26/2003	2 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/9/2018 1:45:25 PM	5/9/2018 1:45:25 PM	
Annual report	5/3/2017 10:16:39 AM	5/3/2017 10:16:39 AM	
Annual report	4/22/2016 11:42:59 AM	4/22/2016 11:42:59 AM	
Annual report	4/1/2015 4:49:58 PM	4/1/2015 4:49:58 PM	
Annual report	3/21/2014 3:44:25 PM	3/21/2014 3:44:25 PM	
Annual report	2/15/2013 3:59:04 PM	2/15/2013 3:59:04 PM	
Annual report	2/19/2012 3:28:32 PM	2/19/2012 3:28:32 PM	
Annual report	7/3/2011 9:52:12 PM	7/3/2011 9:52:12 PM	
Annual report	4/1/2010 5:23:11 PM	4/1/2010 5:23:11 PM	
Annual report	7/17/2009 12:45:35 PM	7/17/2009	

Annual report	9/16/2008 11:57:24 AM	9/16/2008 11:57:24 AM
Annual report	6/4/2007 9:03:55 PM	6/4/2007 9:03:55 PM
Principal office change	5/4/2007 10:42:39 AM	5/4/2007
Registered agent address change	5/4/2007 9:33:39 AM	5/4/2007
Annual report	7/6/2006 10:22:30 AM	7/6/2006
Annual report	6/30/2005	6/30/2005
Annual report	10/28/2004	10/28/2004
Add	11/26/2003 2:14:01 PM	11/26/2003

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004	1 page
Articles of Incorporation	11/26/2003	2 pages

MAILED
6-21-17

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-1 (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer. See instructions.	Employer identification number (EIN) of
	PAWS WITH PURPOSE, INC.	
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social Security number (SSN)
	P.O. BOX 5458 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40255	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ TONY HOWARD

Telephone No ▶ (502) 896-9215

Fax No ▶ (502) 893-8255

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 or

▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3 c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Return of Organization Exempt From Income Tax

2016

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning, 2016, and ending

B Check if applicable: [X] Address change, [] Name change, [] Initial return, [] Initial reclassification, [] Amended return, [] Application pending. C PAWS WITH PURPOSE, INC. P.O. BOX 5458 LOUISVILLE, KY 40255. D Employer identification number (502) 689-0804. G Gross receipts \$ 141,492.

F Name and address of principal officer: TONY HOWARD, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes [] No [X]. H(b) Are all subordinates included? Yes [] No [X].

I Tax exempt status: [X] 501(c)(3), [] 501(c) () (insert no.), [] 4947(a)(1) or [] 527. J Website: PAWSWITHPURPOSE.ORG. H(c) Group exemption number.

K Form of organization: [] Corporation, [] Trust, [] Association, [] Other. L Year of formation. M State of legal domicile: KY.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7. Governance metrics; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: Tony Howard, Date: 6/21/17, Title: TREASURER.

Paid Preparer Use Only: Preparer's name, signature, date, PIN, firm's name, address, EIN, phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [] No [X]

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE HIGHLY SKILLED SERVICE DOGS AND CONTINUED SUPPORT TO PERSONS WITH DISABILITIES OTHER THAN BLINDNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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?

Yes 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 measured by expenses. 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 \$ 71,732. including grants of \$) (Revenue \$)

PLACEMENT OF SERVICE DOGS WITH QUALIFIED RECIPIENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 71,732.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		X
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		
2 a	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. <input type="text" value="3"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3a, provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text" value="7"/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value="10"/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value="10"/>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. <input type="text" value="11"/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <input type="text" value="11"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax exempt interest received or accrued during the year. <input type="text" value="12"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
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. <input type="text" value="13"/>		
c	Enter the amount of reserves on hand. <input type="text" value="13"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1 b Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a 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?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a The governing body?		X
8 b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
10 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
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?		
15 a The organization's CEO, Executive Director, or top management official		X
15 b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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 exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: **NONE**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TONY HOWARD 6004 BROWNSBORO PARK BLVD. LOUISVILLE KY 40207 (502) 896-9215**

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

1 a 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former			
(1) SHETLAH ABRAMSON-MILES PRESIDENT	20 0	X	X				0.	0.	0.	
(2) SUE WETTLER VICE PRESIDENT	20 0	X	X				0.	0.	0.	
(3) JERRY KLOPFENSTEIN DIRECTOR	5 0	X					0.	0.	0.	
(4) TONY HOWARD TREASURER	15 0	X	X				0.	0.	0.	
(5) DOLORES BILES VICE PRESIDENT	5 0	X	X				0.	0.	0.	
(6) ELAINE WEISBERG VICE PRESIDENT	20 0	X	X				0.	0.	0.	
(7) RHONDA PARERO DIRECTOR	5 0	X					0.	0.	0.	
(8) MARK STOWERS DIRECTOR	5 0	X					0.	0.	0.	
(9) BRENDA BUSH DIRECTOR	5 0	X					0.	0.	0.	
(10) MARY BETH O'RIELLY DIRECTOR	5 0	X					0.	0.	0.	
(11) KEVIN HISEL DIRECTOR	5 0	X					0.	0.	0.	
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (not only hours in related organizations; please attach schedule)	(C) Positions (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key Employee	Highest Compensated Employee	Former Officer, Director, Trustee, Key Employee, or Highest Compensated Employee	Other			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1 b Sub-total 0. 0. 0.
c Total from continuation sheets to Part VII, Section A 0. 0. 0.
d Total (add lines 1b and 1c) 0. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	124,620.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		124,620.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(j) Rent	(i) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(f) Securities	(g) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	11,721.			
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events		11,721.		
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS		5,151.			5,151.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,151.				
12 Total revenue. See instructions		141,492.	0.	0.	5,151.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	52,037.	42,600.	9,437.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,980.	3,258.	722.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,838.			3,838.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,411.	3,411.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,555.	2,555.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,712.		1,712.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24c amount exceeds 10% of line 25, column (A) amount, list line 24c expenses on Schedule O.)				
a VETERINARY EXPENSES	7,954.	7,954.		
b CONTRACT LABOR	3,355.	3,355.		
c OFFICE SUPPLIES	2,823.	1,976.	565.	282.
d MISCELLANEOUS	2,815.	1,311.	1,310.	194.
e All other expenses	9,080.	5,312.	3,440.	328.
25 Total functional expenses. Add lines 1 through 24e	93,560.	71,732.	17,186.	4,642.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash -- non-interest-bearing	123,248.	1	149,185.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	722.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	10c
	11	Investments -- publicly traded securities	20,574.	11	19,074.
	12	Investments -- other securities. See Part IV, line 11		12	
	13	Investments -- program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,297.	15	20,297.
16	Total assets. Add lines 1 through 15 (must equal line 34)	164,119.	16	189,278.	
Liabilities	17	Accounts payable and accrued expenses	7,315.	17	5,542.
	18	Grants payable		18	
	19	Deferred revenue	23,500.	19	2,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	30,815.	26	8,042.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	133,304.	27	181,236.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	133,304.	33	181,236.	
34	Total liabilities and net assets/fund balances	164,119.	34	189,278.	

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Part 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	141,492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,560.
3	Revenue less expenses Subtract line 2 from line 1	3	47,932.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,304.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	181,236.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PAWS WITH PURPOSE, INC.

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	42,516.	47,579.	97,583.	57,469.	124,620.	369,767.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	42,516.	47,579.	97,583.	57,469.	124,620.	369,767.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4.						369,767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	42,516.	47,579.	97,583.	57,469.	124,620.	369,767.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	1,428.	671.	2,093.	535.	5,151.	9,878.
11 Total support. Add lines 7 through 10						379,645.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.40%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.09%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total, Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b 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; 7c Add lines 7a and 7b; 8 Public support, (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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; 13 Total support, (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33-1/3% support tests--2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33-1/3% support tests--2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



Part IV Supporting Organizations

(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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support usage.



Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	

Section 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	

Section 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	

Section 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 Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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.		
a 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	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
	c Fair market value of other non-exempt-use assets	1c	
	d Total (add lines 1a, 1b, and 1c)	1d	
	e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D -- Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E -- Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1			
2			
3			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4			
a			
b			
c			
5			
6			
7			
8			
a			
b			
c			
d			
e			

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
MISCELLANEOUS REVENUE	\$ 5,151.	\$ 535.	\$ 2,093.	\$ 671.	\$ 1,428.
TOTAL	\$ 5,151.	\$ 535.	\$ 2,093.	\$ 671.	\$ 1,428.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2016

▶ 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.

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

Open to Public Inspection

Name of the organization

Employer identification number

PAWS WITH PURPOSE, INC.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 conservation easements during the year *

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (Continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Temporarily restricted endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) 0.

Part VII Investments – Other Securities.

N/A

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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (E) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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) TRAINING DOGS	20,297.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	20,297.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Not unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 c
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4a and 4b		4 c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

PAWS WITH PURPOSE, INC.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

MADE AVAILABLE VIA OUR WEBSITE AND UPON REQUEST.

PAWS WITH PURPOSE, INC.

General Information

Organization Number	0573014
Name	PAWS WITH PURPOSE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/26/2003
Organization Date	11/26/2003
Last Annual Report	5/9/2018
Principal Office	P.O. BOX 7834 LOUISVILLE, KY 40257
Registered Agent	FBT LLC SUITE 3200 400 WEST MARKET STREET LOUISVILLE, KY 40202-3363

Current Officers

President	<u>Sheilah A Miles</u>
Vice President	<u>Susan Wettle</u>
Vice President	<u>Elaine Weisberg</u>
Secretary	<u>Dolores Biles</u>
Treasurer	<u>Kevin Hisel</u>
Director	<u>Jerry Klopfenstein</u>
Director	<u>Mark Stowers</u>
Director	<u>Sandy Bowling</u>
Director	<u>Diane Quesada</u>
Director	<u>Burcum Keeton</u>
Director	<u>Alex Michael Johnson</u>

Individuals / Entities listed at time of formation

Director	<u>SHARON S GRETSINGER</u>
Director	<u>JOHNA K ALBRITTON</u>
Director	<u>CATHERINE R DAVIS</u>
Director	<u>THERESA M RIGGS</u>
Director	<u>CINDY M RAY</u>
Director	<u>ANN A EGAN</u>
Director	<u>PATRICIA SEIBERT</u>
Incorporator	<u>SHARON S GRETSINGER</u>
Incorporator	<u>JOHNA K ALBRITTON</u>

Incorporator
Incorporator

CATHERINE R DAVIS
THERESA M RIGGS

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	5/9/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/3/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/22/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/1/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/21/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/15/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/19/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/3/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/1/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/17/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/16/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/4/2007	1 page	<u>PDF</u>	
<u>Statement of Change</u>	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/6/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	10/28/2004	1 page	<u>PDF</u>	
<u>Articles of Incorporation</u>	11/26/2003	2 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/9/2018 1:45:25 PM	5/9/2018 1:45:25 PM	
Annual report	5/3/2017 10:16:39 AM	5/3/2017 10:16:39 AM	
Annual report	4/22/2016 11:42:59 AM	4/22/2016 11:42:59 AM	
Annual report	4/1/2015 4:49:58 PM	4/1/2015 4:49:58 PM	
Annual report	3/21/2014 3:44:25 PM	3/21/2014 3:44:25 PM	
Annual report	2/15/2013 3:59:04 PM	2/15/2013 3:59:04 PM	
Annual report	2/19/2012 3:28:32 PM	2/19/2012 3:28:32 PM	
Annual report	7/3/2011 9:52:12 PM	7/3/2011 9:52:12 PM	
Annual report	4/1/2010 5:23:11 PM	4/1/2010 5:23:11 PM	
Annual report	7/17/2009 12:45:35 PM	7/17/2009	

Annual report	9/16/2008 11:57:24 AM	9/16/2008 11:57:24 AM
Annual report	6/4/2007 9:03:55 PM	6/4/2007 9:03:55 PM
Principal office change	5/4/2007 10:42:39 AM	5/4/2007
Registered agent address change	5/4/2007 9:33:39 AM	5/4/2007
Annual report	7/6/2006 10:22:30 AM	7/6/2006
Annual report	6/30/2005	6/30/2005
Annual report	10/28/2004	10/28/2004
Add	11/26/2003 2:14:01 PM	11/26/2003

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004	1 page
Articles of Incorporation	11/26/2003	2 pages