# 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?  Does this application include funding for sub-grantee(s)?	Yes No
Does this application include funding for sub-grantee(s)?	_ Yes ■ No
I have reviewed the attached Neighborhood Development Fundament	Application and have found it complete and
within Metro Council guidelines and request approval of fundi	ng in the following amount(s). I have read the
organization's statement of public purpose to be furthered by the	ne funds requested and I agree that the public
purpose is legitimate. I have also completed the disclosure sec	tion below, if required.
part of the second	
260 1 100	\$2015. <b>9</b> / <sub>2</sub> 08/06/2018
District # Primary Sponsor Signature	Amount Date
ų	
Primary Sponsor Disclosure	
List below any personal or business relationship you, your fam organization, its volunteers, its employees or members of its be	ily or your legislative assistant have with this
None.	ard of directors,
Approved by:	
Appropriations Committee Chairman	Date
Final Appropriations Amount:	
The second secon	

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 I	-	Ye∮▼
Is the funding proposed by Council Member(s) less than or equal to the reque	est 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?		Yesv
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 legal responsibility of that taxing district?	program outside the	N/AT
Is the entity in good standing with:	the state of the s	And the second second second
► Kentucky Secretary of State?		
<ul><li>Louisville Metro Revenue Commission?</li><li>Louisville Metro Government?</li></ul>		Ye√
▶ Internal Revenue Service?		
➤ Louisville Metro Human Relations Commission?		
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 pro	ject/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 T
Is a copy of Signed Lease (if rent costs are requested) included?		N/A-
Is the Supplemental Questionnaire for churches/religious organizations (if requesfaith-based) included?	sting organization is	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) i	ncluded?	N/AT
Affirmative Action/Equal Employment Opportunity plan and/or policy statement required to do so)?	included (if	N/AT
Has the Agency agreed to participate in the BBB Charity review program? If so, met the BBB Charity Review Standards?	has the applicant	N/A*
Prepared by: JEFF NOBLE Date	te: 08/06/2018	

Carried May Billion

### 1111111 01111

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

		. SI	ECTION 1 - APPL	CANT INFORMATIO	ON.	
Legal Name of Applic	cant Organ	nization:	Paws with P	urnose		
(as listed on: http://www.			cords			
Main Office Street &			3411 Bardstown	Road, Louisville,	KY 40218	
Website: www.paws	<del></del>		v			
Applicant Contact:	Sandy E	Bowling		Title:	Executive Director	
Phone:	502-291	-6078		Email:	sandy@pawswithpurpose.org	
Financial Contact:	Kevin H	lisel		Title:	Board Treasurer	
Phone:	502-560	-5327		Email:	Kevin.Hisel@ddwcolor.com	
Organization's Repre	sentative	who att	ended NDF Train	ing: Sandy Bowling	5	
GEO	GRAPHICA	L AREA(	S) WHERE PROG	RAM ACTIVITIES AI	RE (WILL BE) PROVIDED	
Program Facility Loca	ition(s):	Louisvi	ille			
Council District(s):		all		Zip Code(s):	all	
	SECTI	ON 2 – F	ROGRAM REQU	EST & FINANCIAL II	NFORMATION	
PROGRAM/PROJECT	NAME: Pa	ws with	Purpose			
Total Request: (\$)	2,015.96	i .	Total Metro A	ward (this program	i) in previous year: (\$) 0	
Purpose of Request (	check all t	hat appl	y):			
Operating F	unds (gen	erally ca	nnot exceed 33%	of agency's total o	perating budget)	
Programming	ng/service	s/events	for direct benefi	t to community or	qualified individuals	
Capital Proj	ect of the	organiza	ition (equipment	furnishing, buildin	g, etc)	
The Following are Re	quired Att	achmen	ts:			
IRS Exempt Status De		n Letter		Signed lease if re	ent costs are being requested	
Current year projecte	ed budget			IRS Form W9		
Current financial stat	al statement			Evaluation form:	s if used in the proposed program	
Most recent IRS Forn	n 990 or 11	20-H		Annual audit (if required by organization)		
✓ Articles of Incorporat	ion (currer	nt & signe	ed)	Faith Based Orga	anization Certification Form, if applicable	
Cost estimates from capital expense	proposed v	endor if r	equest is for			
Government for this o	or any othe	er progra	am or expense, in	cluding funds recei	r received from Louisville Metro ved through Metro Federal Grants, opment Funds). Attach additional	
Source: I	Source: na Amount: (\$)					
Source:	Source: Amount: (\$)					
Source:				Amount: (\$)		
Has the applicant con	tacted the	BBB Ch	arity Review for p	articipation?	es No	
Has the applicant met	the BBB (	harity R	eview Standards	Yes No		

### 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 or 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 posttraumatic 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.

### 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 elibible 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		

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

C: If this request is a fundraiser, please detail how the proceeds will be spent:
<b>D:</b> 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.
<ul> <li>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.</li> </ul>

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. Jell I have a that attracted doc that authors this shows the section

Other community partnerships a

a. Outreach and Roll for Spina B We also participa have had meeting the Foundation ar dog. We also part

b. Special School F projects, such as Go

c. University of Lou puppies in training av

d. School and Commi community organization s children: We had an exhibit at the Walk-Nthly therapy dog visits at their pediatric clinic. sored by Norton's Children's Hospital. We milies with special needs children; members of families who could benefit from an assistance of the Innocents.

evels at elementary schools for special tory Project.

: PWP has made our therapy dogs and

Is, libraries, camps, scout troops and of the challenges faced by people with

Page 6 Effective May 2016

Applicant's Initials

### 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.

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	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	
To at Program Budget	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)	
Total Revenue for Columns 2 Expenses **	

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.

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

**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-7 Type of Contribution	value of Contribution	Method of Valuation
Client Services Coordinator 10 hours/week	\$6500.00	\$13. x 10 x 50 wks
Tatal Value of In-Kind (to match Program Budget Line Item.	\$6500.00	
Volunteer Contribution & Other In Kind)		
gency Fiscal Year Start Date: January		
oes your Agency anticipate a significant increase udget projected for next fiscal year? NO	e or decrease in your budget f	rom the current fiscal year to the
YES, please explain:		
•		

### **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**

- 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.
- 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.
- 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.
- 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 Si	gnatory:	Plaine West	leerg	Date:	9/28/18
Legal Signatory: (ple		•	eisberg	Title:	v.p. of Board
Phone: 502 45	87007	Extension:	Email:	Elanew	eisberge amail con

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Effective May 2016

Applicant's Initials <u>&u</u>

Sector F

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.

Som

### Paws With Purpose, Inc. Revenues and Expenditures

	Budget for 2018
REVENUES	
Fundraising Events:	44.000
Trivia Night Walk-a-thon fundraising event	11,000 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 Norton Healthcare	5,000
New sponsorship	7,500 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 Estate of Bonnie Bizer	5,000
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 Warrior Empowerment Foundation	5,000 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:	40.000
ADI puppy reimbursement Adoption fees	10,200 1,500
Miscellaneous trainer/client reimbursement	1,000 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
Neumoni sement for treatm monitance	3,000

### Paws With Purpose, Inc. Revenues and Expenditures

	Budget
	for 2018
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 Evnenger	
Other Expenses: Insurance - non-employee	1,800
Insurance - workers' compensation	1,700 1,700
Marketing - end of year mailing	1,200
Marketing - RFX Technologies (CFL grant project)	-,200
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
Dunny Evnonege	
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 Puppy insurance	3,000
Breeding-related travel	1,800 1,000
Food	2,500
Treats	1,000
Total Puppy Expenses	26,300
Total Expenses	213,218
Net Income (Loss)	(2,518)

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

DateOCT 172008

PAWS WITH PURPOSE PO BOX 7834 LOUISVILLE, KY 40257 Employer Identification Number:

DLN:

17053264743018 Contact Person: JOHN JENNEWEIN

ID# 31307

Contact Telephone Number: (877) 829-5500
Public Charity Status: 170(b)(1)(A)(vi)

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

(Rev November 2017) Department of the Treasury Internal Revenue Service

## **Request for Taxpayer** Identification Number and Certification

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

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

	1 Name (as shown on your income tax return) Name is required on this line; do	o not leave this line blank		
	2 Business name/disregarded entity name, if different from above			THE PERSON OF A SHEET PROPERTY OF THE PERSON
page 3.	3 Check appropriate box for federal tax classification of the person whose namfollowing seven boxes	e is entered on line 1. Check only	one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);
u o	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation	Partnership Tro	ıst/estate	, , ,
e.	single-member LLC			Exempt payee code (if any)
Print or type. Specific Instructions on	Limited liability company Enter the tax classification (C=C corporation, S=Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax put.	n of the single-member owner Do om the owner unless the owner of proses Otherwise, a single-memb	the LLC is 1	Exemption from FATCA reporting code (if any)
H SH	is disregarded from the owner should check the appropriate box for the ta	x classification of its owner.		(Applies to accounts maintained outside the U.S.)
bec	Other (see instructions) Non Potut  5 Address (number, street, and apt. or suite no.) See instructions	Reques	ter's name a	and address (optional)
See S	POBOX 5458	·		, ,
σ̈	6 City state, and ZIP code .			
	Louisville by 4025			
ì	7 List account number(s) here (optional)			
1941		gameng mangang ang mangang man		entre de la companya
Enter y	our TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoid	Social sec	urity number
resider	o withholding. For individuals, this is generally your social security num at allen, sole proprietor, or disregarded entity, see the instructions for F	Part I, later. For other		
entities	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get a		
T/N, la			Of Employer	Identification number
Note: Numbe	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	AISO SEE VIIIAL Name and		activities of the state of the
	II Certification			
Pari	penalties of perjury, I certify that:	And the respective particular to the respective particular to the second particular to the secon		
	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for a numbe	er to be iss	ued to me); and
2. I am Serv	not subject to backup withholding because: (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a failure subject to backup withholding; and	kup withholding, or (b) I have r	not been no	otified by the Internal Revenue
3. l am	a U.S. citizen or other U.S. person (defined below); and			
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is corr	ect.	
you hav	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real esta tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 does no ns to an individual retirement ar	t apply. For rangement	r mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person > Sandra Bruly	Date <b>▶</b>	2/5	118
Ger	neral Instructions	Form 1099-DIV (dividends, funds)	including t	hose from stocks or mutual
Section noted	references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (various t	ypes of inc	come, prizes, awards, or gross
	developments For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	<ul> <li>Form 1099-B (stock or mut transactions by brokers)</li> </ul>	ual fund sa	ales and certain other
after th	ey were published, go to www.irs.gov/FormW9.	Form 1099-S (proceeds fro	m real esta	ate transactions)
Purk	oose of Form	Form 1099-K (merchant ca	rd and thire	d party network transactions)
An indi	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	1098-T (tuition)	,,	1098-E (student loan interest),
identifi	cation number (TIN) which may be your social security number	• Form 1099-C (canceled de		and of accurations and the
(SSN),	individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	Form 1099-A (acquisition or		1
(EIN), t	o report on an information return the amount paid to you, or other	Use Form W-9 only if you a alien), to provide your correct	ne a U S. p t TIN	reison (including a resident
amount reportable on an information return. Examples of information returns include, but are not limited to, the following.  Form 1099-INT (interest earned or paid)  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

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

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. 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 Name of exempt organization or other tiler, see instructions Employer electification number (EIN) or Type or print PAWS WITH PURPOSE, INC. Number, street, and room or sorte number. If a PO box, see instructions File by the due date for P.O. BOX 5458 filing your City town or post office, state, and All code for a foreign address, see instructions return 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 Application Return Return Is For Is For Code Code 01 Form 990-T (corporation) Form 990 or Form 990-EZ 07 Form 990-BL 02 Form 1041-A 08 0.3 Form 4720 (other than individual) 09 Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► TONY HOWARD Fax No. > (502) 893-8255 Telephone No. ► (502) 896-9215 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, ➤ ☐ and attach a list with the names and EINs of all members If it is for part of the group, check this box the extension is for 1 I request an automatic 6-month extension of time until 11/15 , 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 16 or , 20 , and ending lax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial 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 3 a \$ 0. nonrefundable credits. See instructions ر المراجعة ال b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 3 b s tax payments made, include any prior year overpayment allowed as a credit

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.

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

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

Form 8868 (Rev 1-2017)

# FOR 990

Charles 154; and 2016

Department of the Treasury Internal Research Services

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.

Open to Public Inspection

A	For the	2016 calendar year, or tax year beginning , 2016, and	ending		1
В	Check if ap	picable C		D Employer iden	itification number
	X Acetar				
	Name	P.O. BOX 5458		Е Такропрация	mer
	initial	LOUISVILLE, KY 40255		(502)	589-0804
	- nal re	as demonstrat			
	Alietta	Sed rekun		G Gross receipts	
	A 2 64 C	#ion product F   Fame and address of principal along TONY HOWARD	' '	ı∘ sı diorfa t∉fi≗u ţei zr	1-1103
		SAME AS C ABOVE	— H(D) Ale	all subord-nates include o," attach a tist (see in	structions) Yes No
1	Tax-ex:	المصافحات المنظم المحادية المساورين المساورين والمراكز في المساور المراكز المساور المساور المساور المساور المساور	527		
J	Websi	· · · · · · · · · · · · · · · · · · ·		op exemption number	
K			formation	M Sale of	legal demicile KY
Pa		Summary			41.18 <del>1.181.181.181.181.181.181.181.181.1</del>
		elly describe the organization's mission or most significant activities. TO PRO			
ë	Al	ND CONTINUED SUPPORT TO PERSONS WITH DISABILITIES	OTHER T	HAN RLINDNE	\$8
Jan				and provide the same of the same of	Prof. 1 - November 200 April 200 Apr
Activities & Governance	2 Čh	eck this box • [ ] if the organization discontinued its operations or disposed	of more than	25% of its net a	scale
Ĝ	3 Nu	mber of voting members of the governing body (Part VI, line 1a).		3	11
વ્ય	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	Ō
ties	5 To	al number of individuals employed in calendar year 2016 (Part V, line 2a).		5	3
ŧï.	6 To	al number of volunteers (estimate if necessary)		6	37
Ac		al unrelated business revenue from Part VIII, column (C), line 12		7a	0:
	bN⊬	unrelated business taxable income from Form 990-1, line 34		7b	0.
		10 10 10 10 10 10 10 10 10 10 10 10 10 1		Prior Year	Current Year
<u>o</u>		ntributions and grants (Part VIII, line 1h)		57,469.	124,620.
Revenue		ogram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)		a, a programme description of the constraints	
ev.		ner revenue (Part VIII, column (A), lines 5, 4, and 70)		1,682.	76 072
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	59,151.	16,872. 141,492.
		ents and similar amounts paid (Part IX, column (A), lines 1-3)			111,172.
	4	nefits paid to or for members (Part IX, column (A), line 4)		er en og a pelokansgrupuskansk er begræden i span i s	Magnification of the second of
	1	aries, other compansation, employee benefits (Part IX, column (A), lines 5-10	)	27,194.	56,017.
es	1000	itessional fundraising fees (Part IX, column (A), line 11e)	·		Ju, oi /.
Expenses	loarit		4.0		\
ă.	b 10	al fundraising expenses (Part IX, column (D), line 25) - 4, 6	42.	eriga en la karro megeries, en la sara	, on the same of t
	117 (2)1	rer expenses (Fait IX, column (A), lines 11s-11d, 11f-24e)		19,628.	37,543.
	(	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,822.	93,560.
	1	venue less expenses. Subtract line 18 from line 12		12,329.	47,932.
9 o			Beginn	ning of Current Year	End of Year
sset Salar	20 [ol	al assets (Part X, line 16)		164,119.	189,278.
Net Assets or Fund Balancos	<b>21</b> Tol	al liabilities (Part X, line 26)		30,815.	8,042.
		assets or fund balances. Subtract line 21 from line 20		133,304.	191,236.
Pa	irt II	Signature Block			
Uran	er penatties o	d peresy in a con got I have examined les return including accompanying conedules and statements, a ation of processes (4 <b>5</b> %) it on officer) ந bywed on all whiten than of which preparer has any anowfedge.	and to the best of	my knowledge and bel	ief, it is true, correct, and
		1 Ann Halina	Т	(c/2.11	/
٠.		Signature of Sant (Alleman)		0.1	meterone contrate and an analysis of the second
Sig He	gn	· · · · · · · · · · · · · · · · · · ·	מים בי	CIIDED	
пе	re	TONY HOWARD	1 KLI	ASURER _	
		Pont/Type property a name Forgospi 's arguitable Code		Clask if	PTIN
		and the first and the second of the second o		Self-employed	
Pa		and the second s	and the second second	Semengrayea	New Assessment of the second code of the color of the second of the second or construction
	eparer e Only	Entris weith	. Complete or the complete of	Fum's EIN >	
US	е опу	Firm's add@%			39.50
	. N 1500	the return with the property change about 7 age includes:		Place no	Yes No
		discuss this return with the preparer shown above? (see instructions)	rational to the	2 16 16	Form 990 (2016)
BA.	a For Pa	perwork Reduction Act Notice, see the separate instructions.	SEEMBLES 1	→ O2/10	1 01111 220 (20(b)

0573014.09

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

### 11/26/2003 2:14:00 PM Fee Receipt: \$3.00

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

### 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 Untied States, hereby submit the following Articles of Incorporation to the Secretary of State for filing and certify:

- Article 1: The name of the Corporation shall be Paws With Purpose, Inc.
- <u>Article II</u>: 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 serion 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: Vice-president:	Sharon S. Gretsinger Johna K. Albritton	6905 Charles Lindsey Court 14812 Landmark Drive	Louisville Louisville		40229 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		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 it's 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.

### PAWS WITH PURPOSE, INC.

### **General Information**

**Organization Number** 0573014

PAWS WITH PURPOSE, INC.

**Profit or Non-Profit** N - Non-profit

**Company Type** KCO - Kentucky Corporation

**Status** A - Active Standing G - Good

State ΚY

**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 Sheilah A Miles Vice President Susan Wettle Vice President Elaine Weisberg Secretary **Dolores Biles Treasurer** Kevin Hisel

Director Jerry Klopfenstein Director Mark Stowers Director Sandy Bowling Director Diane Quesada Director **Burcum Keeton** 

Director Alex Michael Johnson

### Individuals / Entities listed at time of formation

Director SHARON S GRETSINGER Director JOHNA K ALBRITTON Director **CATHERINE R DAVIS** Director THERESA M RIGGS **Director CINDY M RAY** 

Director ANN A EGAN

Director PATRICIA SEIBERT

Incorporator SHARON S GRETSINGER Incorporator **JOHNA K ALBRITTON** 

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>	
Statement of Change	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>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	PDF	
Articles of Incorporation	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

# 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.

MAILE D 6-21-11 OMB NO TEST 1709

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 Name of exempt organization or other filer, see instructions onlines electric contratted in security Type or print PAWS WITH PURPOSE, INC Number, street, and room or suite number. If a PO box, see instructions File by the due date for P.O. BOX 5458 filing your return See Thy been or post office, state, and 200 code for a foreign address, see instructions 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 Return Application Return ls For Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (other than individual) Form 4720 (individual) 03 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, If it is for part of the group, check this box 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 , 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: |X| calendar year 20-16 or lax year beginning , 20 , and ending 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

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.

EFTPS (Electronic Federal Tax Payment System). See instructions

tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

Form 8868 (Rev 1-2017)

0.

3 b S

3 c S

### 990

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.

UNB No. 1545 0007 2016

Open to Public Inspection

► Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 2016, and ending Check if applicable ation number X Aches duos PAWS WITH PURPOSE, INC. P.O. BOX 5458 LOUISVILLE, KY 40255 (502) 689-0804 G Gross receipts \$ Ma) is this is group splings for Subjectionales. . Name and address of prescapal offices. TONY HOWARD Yes H(b) Are all subordmakes included? B TVo, allacts a list (see instructions) SAME AS C ABOVE X 501(c)(3) 1 | 501(c) ( Website: ► PAWSWITHPURPOSE.ORG M(c) Georgi exemplica rember 🕨 | Corporation | Trust M State of logal domicile L Year of formation. Part I Summary 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. Activities & Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a)...... 5 Total number of volunteers (estimate if necessary). 6 37 7a Total unrelated business revenue from Part VIII, column (C), line 12 Û. b Net unrelated business taxable income from Form 990-1, line 34 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 57,469 124,620 9 Program service revenue (Part VIII, time 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. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 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) b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines Tra-11d, 11f-24e) 19,628. 37.543. Total expenses. Add lines 13-17 (most equal Part IX, column (A), line 25) 93,560. 46,822. Revenue less expenses. Subtract line 18 from line 12 12,329. 47,932. ŏ 🖔 Beginning of Current Year End of Year Total assets (Part X, Ine 16) 20 164,119. 189,278. 21 Total habilities (Part X, line 26) 30,815. 8,042. Net A 22 Net assets or fund balances. Subtract line 21 from line 20 133,304. 181,236. Part II Signature Block of the return, including accompanying schedules and statements. Spreed on all internation of which propage has any knowledge. Sign Here TONY HOWARD TREASURER Type to peak remain and take Pend Type proporties same sed-constayed Paid Preparer Use Only Francis addresss Francis File P Phone oc

May the IRS discuss this return with the preparer shown above? (see instructions)

No

	PAWS WITH PURPO			Page i
	2	ervice Accomplishments	8	2 2 20
		response or note to any line in this Part II	• · · · · · · · · · · · · · · · · · · ·	
	cribe the organization's miss		gertynn - Art f f ffn yn ar yn gen oeir - ega Art - yn yr gen oeir yn fa fyn - fa Gerogeg y y	
and a state of the	LITIES OTHER THAN	D SERVICE DOGS AND CONTINU BLINDNESS.	SD SUPPORT TO PERSONS WITH	
2 Old the orga	enization undertake any signific	cant program services during the year which w	vere not listed on the prior	
Form 990 o			Yes	X No
		or make significant changes in how it con	ducts, any program services? Yes	X No
	scribe these changes on Sch		Provide	40-1.5
4 Describe th Section 501 and revenu	ie organization's program se I(c)(3) and 501(c)(4) organiz ic, if any, for each program	ervice accomplishments for each of its thre zations are required to report the amount of service reported.	e largest program services, as measured by if grants and allocations to others, the lotal of	expenses.
4 a (Code	) (Expenses \$	71,732. including grants of \$	) (Revenue \$	
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# Form 990 (2016) PAWS WITH PURPOSE, INC. Part IV Checklist of Required Schedules

Pa	art IV Checklist of Required Schedules		1	
		gavey-modelship.	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes.' complete Schedule A	1	Х	4
2	is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II.	4		Х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Control of the Contro	Х
9	Old the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV.	9	Contract Con	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	nag girana shakiri s	Χ
11	if the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, VIII, IX, or X as applicable.	And the second s	-	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D. Part VI	11 a		X
	b Did the organization report an amount for investments — other securities in Part X, fine 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
	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.	11 c		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 IX	11 d	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI and XII	12a		Χ
	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	12 b		Χ
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F. Parts Land IV.	14b		Х
15	Did the organization report on Part IX, column (A), tine 3, more than \$5,000 of grants or other assistance to or for any toreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Χ
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.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I (see instructions)	17	na n	Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, tines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	alio -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X

BAA

Pa	art IV   Checkl	ist of Required Schedules (continued)		V	N
20	to Chal that recovers	ation operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	No X
			20b		1.
	Cod the accarrie	Ma, did the organization attach a copy of its audited financial statements to this return?	200		
Æ. i	domestic gover	nment on Part IX, column (A), line 17 If 'Yes,' complete Schedule I. Parts I and II	21		X
22	: Old the organization (A), line	ation report more than \$5,000 of grants or other assistance to or for demestic individuals on Part IX, 27 if 'Yes,' complete Schedule I, Parts Fand III.	22		Х
23	Dut the organization and former office Schedule J	tion answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current irs, directors, trustees, key employees, and highest compensated employees? If 'Yes.' complete	23		X
24	a Cid the organization the last day of t	tion have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and dute K. If 'No. 'go to line 25a	24a		X
		ation invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		* !PP'0*</td
		tion maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt	honds?	24c 24d		
			244	aram ir jakra istolyti	
25	a Section 501(c)( transaction with	3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a	***************************************	Х
	b is the organization that the transaction Schedule L. Pa.	on aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and on has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete it I	25b		X
26	<ul> <li>former officers.</li> </ul>	tion report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or directors, trustees, key employees, highest compensated employees, or disqualified persons? It is sufficiently be suffic	26	Control of the contro	X
27	contributor or em	ion provide a grant or other assistance to an officer, director, trustee, key employee, substantial iployee thereof, a grant selection committee member, or to a 35% controlled entity or family member persons? If 'Yes,' complete Schedule L. Part III	27	um enskwiepe, med	X
	instructions for	ation a party to a business transaction with one of the following parties (see Schedule L, Part IV applicable filing thrusholds, conditions, and exceptions):	e de la companya de l		
	a A current or for	mer officer, director, trustee, or key employee? If 'Yes.' complete Schedule L. Part IV.	28a		X
	b A family member Schedule L, Pai	of a current or former officer, director, trustee, or key employee? If 'Yes,' complete rt IV	28b	on a stream of the second	X
	c An entity of which officer, director,	h a current or former officer, director, trustee, or key employee (or a family member thereof) was an trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	On the organiza	ation receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organiza	ation receive contributions of art, historical treasures, or other samilar assets, or qualified conscivation of Yes." complete Schedule M	30		Х
31		ation liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32		ion sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete rt II	32		X
33		ion own 100% of an entity disregarded as separate from the organization under Regulations sections. 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organizand Part V, line	ration related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV.	34		Х
35	a Drú the organiza	ation have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 3 entity within the	5a, did the organization receive any payment from or engage in any transaction with a controlled meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	1974 pt 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	k, nyskyd synnekkisky
36	Section 501(c)(3 organization? If	3) organizations. Did the organization make any transfers to an exempt non-charitable related 'Yes,' complete Schedule R. Part V, line 2	36	-t	X
37	Oid the organizative treated as a par	ion conduct more than 5% of its activities through an entity that is not a related organization and that is the through for for foreign income tax purposes? If 'Yes,' complete Schedule P, Part VI	37		X
38	Note, All Form	ion complete Schedule O and provide explanations in Schedule O for Part VI, lines 115 and 192 990 filess are required to complete Schedule O	38	X	(0.10)
3A/	А		Form	990 (	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance		Case Bridge (V) (V) Transcom	January P.
Check if Schedule O contains a response or note to any line in this Part V.			
	_ process concessors	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		-
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b]	0		San Control of the Co
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		10
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- inents, filed for the calendar year ending with or within the year covered by this return 2 a	3		
bif at least one is reported on line 2a, did the organization file all required federal employment lax returns?	2 b	X	\$::v
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١.,
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	· · · · · · · · · · · · · · · · · · ·	X
b if 'Yes,' has it filled a Form 990 T for this year? If 'No' to line 3b, provide an explanation in Schodule 0	3 b		
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)?	4 a	s Ministerna de confecçación con	Х
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).			V
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	., .,	X
c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ,
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 chantable contributions?	6 a	· village on the decivity	Х
bilf "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?	6 b		
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?	7 a		Х
bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		Activities and a second
c Did the organization sett, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If "Yes," indicate the number of Forms 8282 filed during the year		• Negrons recepted at 2	Mino (Michiganam econocon
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g if the organization received a contribution of qualified intellectual property, did the organization ble Form 8899 as required?	7 g	-	
hilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	diangento vanous	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		and the second	
organization have excess business holdings at any time during the year?	. 8		randriska kraviterianie.
9 Sponsoring organizations maintaining donor advised funds.		900	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	waterii i düstisti tu	and the second section of the second
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	A STATE OF THE STA		
a Initiation fees and capital contributions included on Part VIII, line 12			
By the state of th		# special contracts	
11 Section 501(c)(12) organizations, Enter:  a Gress income from members or shareholders	1	1	
b Gross income from other sources (Do not net amounts due or paid to other sources		· · ·	
against amounts due or received from them)	12a		
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   12b	124		day to alternative
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		Seeder Service 2	
a is the organization licensed to issue qualified health plans in more than one state?	13a	Self-force and	
Note, See the instructions for additional information the organization must report on Schedule O.		······································	provide monament.
b Enter the amount of reserves the organization is required to maintain by the states in	Security and Security	en intellication	
which the organization is licensed to issue qualified health plans.		90.00 pg (1994)	
c Enter the amount of reserves on hand		VCALC AMARIA	
14 a Did the organization receive any payments for indoor fanning services during the tax year?	14a		X
bilf 'Yes,' has illilied a Form 720 to report these payments? If 'No,' provide an explanation in Schedule C	14b	000	Solding St. C.
BAA TEEAGIOSE 11/16/16	Form	990 ()	ZUID)

Fuert	990 (2016) PAWS WITH PURPOSE, INC.		ş-	inge l
Part	VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b La 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			for X
Sect	on A. Governing Body and Management	<del>namena an</del> appliferations of	water only of the second second	owners - William
			Yes	No
	Inter the number of voting members of the governing body at the end of the tax year of 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		The second of th	A STATE OF THE STA
2	Inter the number of voting members included in line 1a, above, who are independent [ 1 b]  Oid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other inflicer, director, trustee, or key employee?	2	Edd At 200 more and a second	X
3	old the organization delegate control over management duties customarily performed by or under the direct supervision if officers, directors, or trustees, or key employees to a management company or other person?	3		X
	old the organization make any significant changes to its governing documents ance the prior Form 990 was filed?	4		X
	bid the organization become aware during the year of a significant diversion of the organization's assets?	5	İ	X
	bid the organization have members or stockholders?	6		X
7 a	id the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	7 a	E	X
b	nembers of the governing body?			
	tockholders, or persons other than the governing body?	7 b	descriptions may	X
	hid the organization confemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	he governing body?	8 a	de en en transcription de la constitución de la con	X
b	ach committee with authority to act on behalf of the governing body?	8 b		Х
	s 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.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ie Co	ode.)
	bid the organization have local chapters, branches, or affiliates?	10a	Yes	ng marana and an area
b	Yes, and the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their perations are consistent with the organization's exempt purposes?	10b		
	ias the organization provided a complete copy of this Form 390 to all members of its governing body before (iting the form?	11 a	Х	Ì
	tescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a i	old the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	Х	
Š	Yere officers, directors, or trustees, and key employees required to disclose annually interests that could give use one officts?	12 b	Х	
,	nd the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this was done	12 c		Х
13	hd the organization have a written whistleblower policy?	13		X
14	sid the organization have a written document retention and destruction policy?	14		X
15	nd the process for determining compensation of the following persons include a review and approval by independent ersons, comparability data, and confemporaneous substantiation of the deliberation and decision?			
a	he organization's CEO, Executive Director, or top management official	15 a		X
b (	Their officers or key employees of the organization	15 b	Tangan a transport	X
	'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	\$1 (mm) mm) (m)	/···· 110.005	
16 a l	ond the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?	16 a		Х
Ь	'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the irganization's exempt status with respect to such arrangements?	16 b		
	on C. Disclosure	ookseem room b	cheminate cycle 4	I
	and the states, with which a rows of this Form 990 is revisioned to be liked * MANG	Committee of the committee		····
18 5	section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) or public inspection, Indicate how you made these available. Check all that apply.			
sector attention	Own website Another's website X Upon request Other (explain in Schedule O)			
8.0	rescribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available during the tax year.  SEE SCHEDULE O	able to		
20	itato the name, address, and telephone number of the person who possesses the organization's books and records:			

# 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 lax year.
- List all of the organization's current officers, directors, trustens (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 employees.'
- 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.

6673

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

			(C			)		October 1		
	(A) Name and Title	(B) Average hoses	A LAKE	n one i boër	BEX.	intic	eck move ss person rand a ee)	(D) Reputative componsation hom	(E) Reputatio compensatem from calated organizatems	(F) Estimaled amoust of other componsation
		per week (het any heurs ter retailoit nupaniza- ters hetow dated lane)						The organization (W-2/1049-MISC)	(W-271099-MISIC)	Congransacion from the organization and related organizations
(1)	SHEILAH ABRAMSON-MILES PRESIDENT	20 0	Х	to delicate and the second	Х			0.	0.	0,
(2)		20	ΙΛ.		Λ	š		V.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(2,)	SUE WETTLE VICE PRESIDENT	0	Х	2010/2010	Χ			O.	0.	O .
(3)	JERRY KLOPFENSTEIN DIRECTOR	5	X	ali de despelativa e porti		et politica (Caraca)		Ű.	0.1	0.
(4)	TONY HOWARD	15				ļ			energia (pero neres ser estratores de promo <b>a</b> nticipio non activo ser en	er, om mer er er ook er geneer ook ook ook er een een een een een een een een een
	TREASURER	0	Χ		Х			0.	0.	0.
(5)	DOLORES BILES	5							,,	e enn occurrent met et en met et en manual en
1	VICE PRESIDENT	0	Χ	-wordenes	Χ			0.	0 .	0.
(6)	ELAINE WEISBERG	20		and an artist of the second						A particular of the control of the c
	VICE PRESIDENT	0	Х	Parlier colors	Χ			0.	0.	0.
(7)	RHONDA PARERO	5							00000 Annua	
	DIRECTOR	0	Χ					0.	0.	0.
(8)	MARK STOWERS	5						To integration	next model	
	DIRECTOR	0	Χ		120-0-1780001			0.	0.	come son on the contract of th
(9)	BRENDA BUSH	5	and the state of t					100	Ambient Calcider	
	DIRECTOR	0	Χ					0.	0.0	0,
(10)	MARY BETH O'RIELLY	5							_	_
	DIRECTOR	0	Х					0.	0.	0.
(11)	KEVIN HISEL	5		SA PORTO				2	,	
	DIRECTOR	0	X		ys/en-sames			0.	0.	
(12)		and the second of the second o		į.						
(13)							1000			904,, 2- mt ,
(14)		ye ve ee e		- toglerate de especificada			to Collection and Architecture for			

Part VII   Section A. Offic	ers, pirectors, in	(8)	ney 	crr		oye C)	es,	and	riighest Con	ipensated Er	ubio	yees (	:sarrangar <sub>j</sub> a
(A) Name and t	eto	Ave usion from a series of the	list) a	, folklig	ilandik 1919-1919	-154919	A CONTROL OF THE PROPERTY OF T		(D) Fregues Lidenc Losseports About Trens Fact organization Trens (W-201899 MPSC)	(E) Petas listile a competitivitim from related communities (W-27) 059 MBSC	685. B	Estans proposed conseque from tropies and th original	ched of other number the value states
(15)	ni waniningini ci minin ince e ce e ce e ce e ce e ce e ce						-	The second second		он муньшан түштө адынаты мадас чала амаа		A THE STATE OF THE PARTY OF THE	everanam mininga a m mua
(16)	and the same with the same was the same was	2012 202 200 200			,		O Section Control of C	The Part of the Pa		e		enterta ar a minimum	
(17)		### APPLIES APPLIES ####################################							and the second s	er	Sancarla destre	. Julija opporations in spenda	
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(20)			organization	194, 2141114				Q-1-1-1-1-1	and the second s	ann dad sy raid (friish da 1850) dad e 1850 an da 1850 a			entighengus, sengenden for en esse of deliver
(21)			- Anna and a special						COMPANY OF THE PROPERTY OF T		**************************************	TO MATERIAL PROPERTY OF THE PR	ent scorner (signe-newstry version than the
(22)	en e	And white die 200	Market States of Chicago						The second secon			ermanner og engligt skale opprøde.	
	and the second state of th				t a a sur serie							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or comp. Care company years over communities
(24)	And the same of th	Face Proper Select White					*		,		ab jgj. voaanne op jilj.		
(25)									or community ( ) for the summer	[h <sub>200</sub> -1]1		-mare e constituições (Alice e a Alice	et at (60)
1 b Sub-total c Total from continuation sh d Total (add lines 1b and 1c) Total number of individuals (i from the organization ►			stod	abo	/e) v	vho	recei	VOII (	0. 0. 0. more than \$100,00		0. 0. 0.	sation	
3 Did the organization list an on line 1a? If 'Yes,' comple	y <b>to</b> nner officer, direct ete Schedule J for such	tor, or tru ir individu	stee, al	key	er	plo:	/ee.	o: h	ighest compensa	led employee	(tamen and department and definition	3	es No
4 For any individual listed on the organization and relate such individual .	line 1a, is the sum of diorganizations greate				nsa If 'Y	tion les.	and con	othe Iplet	er compensation le Schedule J for	from		4	X
5 Did any person fisted on lin for services rendered to the	s organization? <i>If 'Yes</i>	comple comple	satio le Sc	n tr	om . Iule	any <i>J la</i>	t#18(6) / \$140	date In pe	d organization or erson	INCHAIGUA		5	X
Section B. Independent C  1 Complete this table for you compensation from the organ	ontractors If five highest compen	saled indo	pen	deni	Coi	wa	lo s	tha	t received more if	nan \$100,000 of	20. VK.)	ren aga arm <b>a</b> aggga annig	Charles Control of the Control of th
A second control of the second	ezation. Report compeni (A) ime and business addi		136, C		(1e) )	y ** ***	451 M 241	10, 24	(B) Description (	Ì		(C) Simplinsi	abon
							· · · · · · · · · · · · · · · · · · ·						
2 Total number of independent	and the second s	and result have	on and the second	- 45u.					AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ile see		over communication and the state of the stat	
2 Total number of independent \$100,000 of compensation			est (	, 18 MJ	.ಎಫ್ ಕಿ	- 015%	OUT!	v 5 J %		5 c con 27 5		Form <b>99</b>	0 /2010

	n 990 (2016) PAWS WITH PURPOSE, INC.		namental and the second of the		Anciento e Mandinale do companha de la Marie de Antigo de Companha de Antigo de Companha de La C
<sub> </sub> ra	t VIII Statement of Revenue  Check if Schedule O contains a response or note to any	line in this Part Vi	- Abba		a section
yr + 24 100 mmm		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated husiness revenue	(D) Revenue excluded from lax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	la Federated campaigns la b Membership dues lb Membership dues lb Membership dues lb lb c Fundraising events lc d Related organizations ld e Government grants (contributions) le f Alf other contributions, gifts, grants, and similar emounts not included above lf lb 124, 620 g Noncash contributions included in lines la 1f: \$ h Total. Add lines 1a-1t.	124,620.			
Program Service Revenue	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f				
	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds.  Royalties  (i) Real (ii) Personal  a Gross rents. b Less: rental expenses c kental income or (loss).				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss).				
Other Revenue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c). See Part IV, line 18.  b Less: direct expenses.  c Net income or (loss) from fundraising events	11,721.			
	9 a Gross income from gaming activities. See Part IV, line 19.  b Less: direct expenses.  c Net income or (loss) from gaming activities.				ор обосновной обергация (по в до в
	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,

d All other revenue

e Total. Add lines 11a-11d.

12 Total revenue. See instructions.

0.

### Part IX | Statement of Functional Expenses

Section 561(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a i		hoe in this Part IX		
	not include amounts reported on lines 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 demestic organizations and domestic governments. See Part IV, line 21		. , . , , , , , , , , , , , , , , , , ,	e vergenen er bleven er til en er mil en entan a tank i 1900 frankreim til frankreim og men <sub>er e</sub> n prepariet fr	ge gerinder i den sterren fransk f
2	Grants and other assistance to domestic individuals. See Part IV, line 22		L		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				and an addition of the form of the first of
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0.1	0.	o	O .
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8).	0.	0.	0 -	0.
7	Other salaries and wages	52,037.	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	9,437.	allighter was a mishandilannolden medele danaman alakem edit on energy mishan et me and
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	and the second s		on a compression of the second	e destal a service conference de manage de managemente de managemente dessentantes de conference de conserva d
10	Payroll taxes	3,980.	3,258.	722.	e specialis (1975) e como para e como para e propiedo de la como para e como para e como para e como para e co
	Fees for services (non-employees):				
i	a Management	valenta anno esta esta esta esta esta esta esta esta		· · · · · · · · · · · · · · · · · · ·	gammanagaya a aggamman 15,000,000 aggamagaya a bayan san san san san san san
l	o Legal	e en antique de la companya de la c			, and the strange make report and a second and
•	U MUCCHERRY			and the second s	в не надажения (1889) <del>постоя</del> доборов (1889) производ <b>ите и</b> устройн <b>ения замения и сельност</b> потром у туру, и пост
	d Lobbying	ngay a a singgan mana a manggan a mana a manana a sa	≠ve-amazonyezmožinie; ±ve nemociskiekiššioleki manozon cielino vantšišše emieczych kišol ko	en de partiri essentiga em secono a megano duenza a carel des acos muntos e constata cares de la constata care	e a commente de 2002 de 2000 de primero por la participa de la proposición de 2000 de 2000 de 2000 de 2000 de 2
	e Professional fundraising services. See Part IV, line 17	and the second s	on anna 15 anna ann ann ann ann ann ann ann ann a	maconida e e escena ameno anda posta l'amenamento massa antica amena amena a posta.	ты түүлөгүү түрүү түрү
ę	Investment management fees.  Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)		1		
	Advertising and promotion	3,838.	ozopuju za zazarzania zazarzania	and the state of t	<u> 3,839.</u>
13	Office expenses	.,			- CONTRACTOR CONTRACTO
14	Information technology				v-0.009-y
15	Royallies		and the control of th		- 2004 - Marie - Marie Marie - 2011 - 100
16	Оссыралеу.	*	V + 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1		Francisco
17	Travel	3,411.	3,411.	and the second second section and the second second second section and the second second section and the second se	and the state of the
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		BARRE - BERNEY STANKER		
19	Conferences, conventions, and meetings	2,555.	2,555.		e per e e companie de elementamente (1986-1937) e me en escapacione (1997), companye e c
20	Interest	and the second s	is, mentionales, et une <b>milentene. Vienen</b> ales (montributes y es engre <mark>pendi</mark> anes d'entregre des engrégas e au p <mark>r</mark>	and the second s	ye i vergelder milly eggelderig som tek <b>an</b> er etter i miller miller etter.
21	Payments to affiliates		**************************************	a a anterior e por la comissión de la comissió	m - St. 1627mm 20012ftmm communer or commune 253 menomin 253 of or demonstra
22	Depreciation, deptetion, and amortization	, , an aggregative police of p	er conservation and the second decomposition of the second	их, поставить 1975 <b>- нешини</b> 1995 год на нада 2 дарт в него двого от на произвание и население и положения до голов даруг	in interest gaz fogogot in en en estat il totologica in del contra en
23	Insurance	1,712.		1,712.	likilismakan asi i a ra an a Bilismiyan in a salan yan analan analan i a a sala sekini
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	VETERINARY EXPENSES	7,954.	7,954.		
	CONTRACT LABOR	3,355.	3,355.		A CONTROL OF THE PROPERTY OF T
	OFFICE SUPPLIES	2,823.	1,976.	565.	2.82.
(	MISCELLANEOUS	2,815.	1,311.	1,310	194.
Ę	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 > [] if following SOP 98-2 (ASC 958-720)		eeridoolaturraadobalaana meer reconsistentii.		
BAA	protesting and a contract of the contract of t	1 30170A017	anne anno anno anno anno anno anno anno	and the second of the second o	Form <b>990</b> (2016)

Form 990 (2016) PAWS WITH PURPOSE, Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 149,185. 123,248 1 Cash - non-interest-hearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 aAccounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), 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 8 Inventories for sale or use 9 722. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10 c 10b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 20,574. 19,074. 12 12 investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 20,297 15 20,297. Other assets. See Part IV, line 11. 15 16 189,278. 164,119 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,315, Accounts payable and accrued expenses 17 5,542. 17 18 18 Grants payable 23,500 19 2,500. Deferred revenue 19 20 20 Tax-exempt bend habilities... 21 Escrew or custodial account hability. Complete Part iV of Schedula D 21 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 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 26 30,815 8,042. Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117 (ASC 958), check here > or Fund Balances lines 27 through 29, and lines 33 and 34. 27 181,236. 133,304. 27 Unrestricted net assets 28 Temporarity restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here >

> 189,278. Form 990 (2016)

181,236.

30

31

32

33

34

133,304.

164,119.

Net Assets

30

32

33

34

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

r Osi	A 790 (2010) PAWS WITH PURPUSE, INC.			81,58636,	16
Pa	rt XI Reconciliation of Net Assets		***************************************		
NS	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	1,49	2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93	3,56	Ó.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,93	
4	Net assets or fund halances at beginning of year (must equal Part X, line 33, column (A))	4	13	3,30	1.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	5	was sar garantan	
8	Prior period adjustments	8			
3	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	1.01	- 00	,
n.	t XII   Financial Statements and Reporting	1U ;	181	,23	э.
ra	an annual and a second a second and a second a second and				£75-73
	Check if Schedule O contains a response or note to any line in this Part XII		***************************************		
			<b>Y</b>	es   N	lo
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	composition of the contraction o			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			. 41 4	
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	if 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:    Separate basis	d on a		7.000mg+	
	No constitution of the con				X
	Were the organization's financial statements audited by an independent accountant?		2 b		7
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa- basis, consolidated basis, or both:	e		9000	
	Separate basis Consolidated basis Both consolidated and separate basis		CONTRACTOR STATEMENT	727	
,	the 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?		2 c	a social	
	If the organization changed either its oversight process or selection process during the tax year, explain		20		
	in the organization changed entrig his oversight process or sciedum process owing the tax year, explaint 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?		3 a	Marine Published	X
ı	off 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		3 b	Data and production	
BAA			Form 99	30 (20	16)
~~~				4 e- W	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Teamson's telephone Western

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

CARS No. 1545 UNK?

2016

Open to Public Inspection

Name of the organization mber PAWS WITH PURPOSE, INC. Part | 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 hox.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-tand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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). 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 12 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally most satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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 till non-functionally integrated supporting organization f. Enter the number of supported organizations. g. Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Flacks of supported organization (v) Amount of monetary (wi) Amount of other liv) is the argumenter balen in your governing dealmanner? 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 Lor if the organization failed to qualify under Part III. If the organization fails to qualify under the tests hall below, please complete Part III.)

	organization fails to qualify u	neter the tests ha	icd below, please	complete Fart II	1)		
Sec	ction A. Public Support		4.		,		West of the second
beg	endar year (or fiscal year inning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	dists, grants, controllers, and manufaction feet received. (De tol ophyric any innernal 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	THE AND THE RESERVE OF THE PROPERTY OF THE PRO	-comment military control of the con				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	delignor.	esi Cousi (- Terre e escolusiona)		Sola medicement videococcine	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	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)	on the second se					0.
6	Public support. Subtract line 5 from line 4.						369,767.
Sec	tion B. Total Support	n francisco constrain y exemplo lignori filos <b>m</b> del listrologici <b>exem</b> is processidar francisco del la filosofici	er andersjonen gestentreten volgsterstjonen generalen en gebruik en en sterreten en verken var verk	The second section of the second seco		900	
Cald begi	ndar year (or fiscal year nning in) >	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	42,516.	47,579.	97,583.	57,469.	124,620.	369,767.
8	Ciross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources		Or contracting all marines as a contracting and an artist and a contracting a contracting and a contracting and a contracting and a contra				0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .		e e e e e e e e e e e e e e e e e e e	a de la companya de l		6000 mm	0.
10	Other income. Do not include gain or loss from the sale of rapidal assets (Explain in Part VI.) SSE FART. VI	1,428.	671.	2,093.	535.	5,151.	9,878.
11	Total support. Add lines 7 through 10	comments committee to the control of		esidan mendan jalan mendan jala	and the state of t		379,645.
12	Gross recepts from related activity	ies, etc. (see ins	tructions)			12	0,
13	First five years. If the Form 990 is to organization, check this box and s		's first, second, thre	i, fourth, or fifth t	ax year as a section	n 501(c)(3)	. •
Sec	tion C. Computation of Pub	lic Support Po	ercentage	engelege (1909)/90/resembles-george (1904) yan delejar <b>mana</b> digi <b>mana</b> asi ila			-0/25/01
	Public support percentage to: 201					4	97.40%
	Public support percentage from 20					7 3.	98.09%
16a	33-1/3% support test-2016. If the and stop here. The organization of				f line 14 is 33-1/3°	% or more, check t	lins box
b	33-1/3% support test—2015. If the and stop here. The organization (	organization did jualifies as a pub	not check a box o licly supported org	in line 13 or 16a ponization	, and line 15 is 33	-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the facts of	reets the 'facts-ar	nd-circumstances"	test, check this	box and stop here	$\epsilon$ . Explain in Part $ackslash$	/I how
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the Tacts-and-	leets the 'facts-ai circumstances' to	nd-circumstances' est. The organizati	test, check this on qualifies as a	box and stop here a publicly supporte	e. Explain in Part \ d organization	/I how the
18	Private foundation. If the organiza	ation did not chec	ok a box on line 13	s. 16a. 16b, 17a,	or 17b, check this	i box and see insti	uctions >
~~~		egy a service ( marches of Sales Service Andrews and Andrews A	Charles of the Control of the Contro		C - L	- dul- A /F 000	000 573 0020

Pa	rt III   Support Schedule fo	r Organization	ns Described	in Section 509	9(a)(2)	noria. Part II If Fo	2. 2. 2. 2. 2. 2. 2. 2. 2. 3. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	fails to qualify under the li	ests listed below.	piease complete	Part II)	on railed to succesy	illenganga i kasi ie sa tim	J Unigentization
Sec	ction A. Public Support		2004-00000			erver III: hervir Alver <del>1990 i Mille Berest Ellen de deue mene</del> r egys egy) di herst a <b>sessensiólife</b> a (	TOT FROM THE CHINA CHINA PROMETERS AND THE STATE COMMISSION COMMISSION CONTRACTOR AND ASSESSMENT OF THE STATE CHINA CHIN
	idar year (or fiscal year beginning in) > Giffs, grants, confinintions, and membership fees received (Do not michide any horisana urants,)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	<b>(f)</b> Total
2	Gress receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				of the management of the second	A circles on A Nobel media Eng. J Balance	
	Total. Add lines 1 through 5 Amounts included on lines 1. 2, and 3 received from disqualified persons.						
t)	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.			- 100 Long # 600000			
C	Add lines 7a and 7b				İ		
8	Public support, (Subtract line 7c from line 6.)					Committee of	
Sec	tion B. Total Support		And the second s	The control of the co		And the second s	A State of the Control of the Contro
	dar year (or fiscal year beginning in) 💌	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Amounts from line 6 Grass income from interest, dividentis, payments received on securities loans, rents, royalhes and recome from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.						
T1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			Martin and a common	eeu-placempe bedert a-value.		
12							on manual, i nejeritana paggipa, i ammana, aranje spatjan e <sub>j</sub> e.
\$ 2ª	Total support. (Add times 9, 10c, 11, and 12)	AMAZIII AAAAAAA AAAAAAAAAAAAAAAAAAAAAAAA	erow-uneronacemonorees comets america problem established	d : MP cramp) - m no obsolute ration and a state of the design of the de	955042	- PETER OFFICE AND AND AND AND AND AND AND AND AND AND	
14	First five years, if the Form 990 i organization, check this box and	s for the organiza ston here	tion's first, secon	i nd, third, fourth, c	ur fiffih lax year as a	section 501(c)(3)	70 C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Sec	tion C. Computation of Pub	manuscon manuscon programme and a second prog	ercentage			100 mark 100	E STATE OF THE STA
	Public support percentage for 20			ne 13, column (f);	<b>)</b>		······································
	Public support percentage from 2					16	
Sec	tion D. Computation of Inve	estment Incon	ne Percentage	**************************************	W2010000 W300000 (8000 V7000)	and the second s	The second secon
17	Investment income percentage for	n <b>2016</b> (line 10c.	column (f) divide	d by line 13, colu	ima (f))	17	****
18	Investment income percentage fr	om <b>2015</b> Schedul	e A. Pail III, line	17		18	
	33-1/3% support tests-2016. If this not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies a	as a publicly suppor	ted organization.	<b>▶</b> [ ]
b	33-1/3% support tests—2015. If the list is not more than 33-1/3%.						

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.)

Jec	ction A. All Supporting Organizations		Yes No
7	Are all of the organization's supported organizations listed by name in the organization's governing documents? If No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2	
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	
å:	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	Company and the Company and th
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) outposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с	0,000 market
48	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
ŧ:	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
C	: Did the organization support any foreign supported organization that does not have an IRS determination under sections S01(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the lax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (f) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	edde feeligelek <b>maan kanaaryaan (eg</b> e Aldologi
L	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	etingelgenings of <b>mines</b> a. J.G.
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	Commence of the Commence of th
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part Lof Schedule L. (Form 990 or 990-EZ)	7	COLLECTION OF CHIEFLE STATE OF COLUMN ASSESSMENT OF
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part Lot Schedule I. (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualithed persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI.	9a	And the control of th
Ü	Did one or more disqualitied persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	
c	Did a disqualified nerson (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b helow	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)	10b	

ra	R tv   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	p	100	1.0
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the government body of a supported organization?	   11a		and the second
	b A family member of a person described in (a) above?	116	·	
	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	·	<u> </u>
·	ction B. Type I Supporting Organizations	1	of beautiful and	odre comity sy campaign same
JU	Tion B. Type I Supporting Organizations		Yes	No
1	Oid 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.	The second secon		
	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 organizations.	2	100 mm 10	
Se	ction C. Type II Supporting Organizations		1-55	·
		£	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 from control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		- Alberton
Sec	tion D. All Type III Supporting Organizations		ş	·
		Prince of the section	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?	Figure (1949)	And the second s	
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	Nadabarum adalah Tifati cerakonsunan (* - 1,57/2)	(CONTRACTORISMENT)
Sec	tion E. Type III Functionally Integrated Supporting Organizations	YperManus and research	(Si Anno er rugt (1997) (1	alphonomerous v
	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions).			
-	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
		meterz	·fararec)	
	tel. The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	** * W ** * ** **	· Comments	
2	Activities Test Answer (a) and (b) below.	4	Yes	No
	End 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	have the equipment	
	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	College of the colleg	Marian de la companya
3	Parent of Supported Organizations. Answer (a) and (b) below.		**************************************	
	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		egistas egasas e
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its.  —supported prognizations? If 'Yes' describe in Part VI the role played by the organization in this regard.	3b	1	

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Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting  1   Check here if the organization satisfied the Integral Part Test as a qualifying		v. 20. 1970 (exolain ii	ı Pari VIII See
instructions. All other Type III non-functionally integrated supporting organ	uzations mus	t complete Sections A	through E.
Section A — Adjusted Net Income	( a)	(A) Prox Year	fB) Concet Year (optional)
1 Not short-team capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other grass income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	Control of the second of the s	
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		The second secon
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 tax year or assets held for part of year):	short	and the Charles of th	образования под под под под под под под под под под
a Average monthly value of securities	1a	er i mer mer i fremske er sen i mentel fan i fremske for er fan er for er fan er er fan er er fan er er fan er	The Bell-Marie California and California California California and American America California and America California and America California and America California and America California and America California and America
b Average monthly cash balances	7b		The second secon
c Fair market value of other non-exempt-use assets	1c	the second second second second second second second second second second second second second second second se	The second state of the second
d Total (add lines Ta, Tb, and Tc)	1d	The second secon	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		and the second second second second second second second second second second second second second second second	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	er yn symnesty en ei ei felyd ger yn yr yn yr y Bliffeling yn rei ar yr	A contract of the contract of
3 Subtract line 2 from line 1d	3		New York Control of the Control of t
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	and the second of the second o	A CONTRACTOR CONTRACTO
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	The second secon	
7 Recoveries of prior-year distributions	7		All Marketines (VI) of Species
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	(CD)		Curent Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	. 1995 (n. normang go San, <del>atmanda manda S</del> an, andra na El andriguey (Agentina Prant Part Vert Adres Herri	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	uttimet timetet (gemet et egg were gemente general) en et monere et troublement (et efferenssen synne	
4 Enter greater of line 2 or line 3.	4	1952/1965 to the 1970-1950/1950 of the communication announcement groups (productly with the plane)	
5 Income tax imposed in prior year	5	and the state of t	Transfer of the control of the contr
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	от 000 для необратов на почения в необратов на почения на почения на почения на почения на почения на почения	**************************************
7 Check here if the current year is the organization's first as a non-functionally (see assumptions)	y integrated T	ype III supporting org	anization

Schedule A (Form 990 or 990-EZ) 2016

77-1-4		Current Year
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uses. Of selective their explorer delay		
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	macronic manno m	en e que entre en nomen en communicación en en en especial en en en especial en en en en especial en en en esp
(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
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Part VI 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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, 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	201	6 2015	201	4 2013	3012
MISCELLANEOUS REVE	NUE \$ 5,	.151. \$ 5 .151. \$ 5	35. \$ 2,	093. \$	671. \$ 1,428.

#### SCHEDULE D (Form 990)

Name of the organization

## Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. 388 No. 1545 084.

Open to Public Inspection Employer identification number

PAWS WITH PURPOSE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Approjate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all denors 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? Yes No 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?... Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public uso (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete knes 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the tast day of the tax year Held at the End of the Tax Year a Total number of conservation easements..... 2a 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 8/17/05, and not on a historic structure listed in the National Register. 2 d Number of conservation easements modified, transferred, refeased, extinguished, or terminated by the organization during the tax vear \* Humber of states where property subject to conservation easement is located \* Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conscivation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and infloreing conservation easements during the year Amount of expenses around in mondoing, inspecting, handling of violations, and enforcing conservation easiments during the year \* \$ Does each conservation easement reported on time 2(d) above satisfy the requirements of section 170(h)(4)(8)(i) and section 170(h)(4)(B)(n)?. Yes No 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. Tailf the organization elected, as permitted under SEAS 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 bill the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical heasures, 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, Ime 1 **⊳** \$ (ii) Assets included in Form 990, Part X If the organization received or held works of act, 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, Ime 1 ▶\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2016 PAWS Part III   Organizations Mainta				channer or minima power anno balaba paga	Company of the second of the s
the second secon					The second of th
3 Using the organization's acquestion items (check all that apply):	i, accession, and oliver	records, check i	any of the following that i	are a significant use of its	s collection
a Public exhibition		d I lloan	or exchange programs		
b Scholarly research		e Othe			
c Preservation for future gener	ations				minimizers are seen as for affect for the Alleberg transcence No. 1000 ctors and 1000 ctors and 1000 ctors are seen as the see
4 Provide a description of the organiz		explain how the	y further the organization	i's exempt purpose in	
5 During the year, did the organiza	tion solicit or receive	donations of a	rt, historical treasures.	or other similar assets	
to be sold to raise funds rather the					Yes No
Part IV Escrow and Custodia line 9, or reported an	amount on Form	Complete it 990, Part X,	the organization ar line 21.	nswered 'Yes' on F	orm 990, Part iV,
1 a is the organization an agent, trus	itee, custodian or oth	er intermediary	for contributions or at	her assets not included	
on Form 990, Part X2. b If 'Yes,' explain the arrangement	in Part XIII and com-	olete the follow	ing table:		Yes   No
	The second second	12 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	seedly reserved.	Compared to the second of the	Amount
c Beginning balance				. 1c	Samuel Company of the
d Additions during the year.				1d	
e Distributions during the year				1e	enemony for the management of the form of the Washington Ship Ship Ship and the second
f Ending balance				11	ann namanna semil kapangapangapan memerikahan kelapatah semilan semilan sebagai
Za Did the organization include an a				3	Vec Ale
bil 'Yes,' explain the arrangement					Yes No
100 · · · · · · · · · · · · · · · · · ·			- Hartinger - Francis marking - Principal	white place is that there is the	
Part V Endowment Funds. C	omnlete if the an	ranization ar	schared 'Yes' on F	ores GGO Port IV/ II	ino 10
	(a) Current year	(b) Prior yea		The second secon	enning to European and the control to a comment of the present of the delication of the
Ta Beginning of year balance	(a) rest : 25st Asset	(13) 1 1140 3 540	) 1 30 3 500 5 1500 5	A (C) THE SE YEAR & DECK	(e) rost years back
<b>b</b> Contributions			COMPANY TO SECTION AND ADMINISTRATION OF THE SECTION  00 11 100 100 J	· · · · · · · · · · · · · · · · · · ·	
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c Net investment earnings, gains, and losses.					
d Grants or scholarships				and the state of t	enemakan remmakan menangan menangan managan managan eserti a
Other expenditures for facilities and programs	The state of the s				
f Administrative expenses		, and the first of the second	eter en en en en en en en en en en en en en	e e sperie e ritte i e e e e e e e e e e e e e e e e e	and make analogolar enclosive non one when the read of modern even
g End of year balance	ene, amerikan a mengantan paga da			1.1. (L. T. ) and the Mark Control of the Control o	
2 Provide the estimated percentage	and the company war o	· ad hat was fine	on the mark market of the other	The state of the s	and the second state of the second state of the second second second second second second second second second
a Board devionated or quasi-endowing		an cossess on E	ar 19. Cumum (a)) - ann	C2.	
b Permanent endowment *	· · · · · · · · · · · · · · · · · · ·				
c Temporarily restricted endowmen	A Marc				
The percentages on lines 2a, 2b, an	u al mari eque iun:	Na .			
3 a Are there endowment funds not in the organization by:	ne possession of the or	ganization that a	re held and administered	lie he	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> it 'Yes' on line 3a(ii), are the relat	led organizations liste	ed as required o	on Schedule R?	the second of the second	3b
4 Describe in Part XIII the intended	uses of the organiza	lion's endownie	ent funds.		to the second of
Part VI   Land, Buildings, and E		militar, som menementelle også 2500 i 17050531 der denskeritet med enderett menemenere me	M 1990; 2000; 1984; 19 144; 1944; 444; 1944; 424; 1970		
Complete if the organia	zation answered '	Yes' on Forr	m 990, Part IV, line	e 11a. See Form 99	0, Part X, line 10.
Description of property		or other basis estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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Total, Add lines 1a through Te. (Column (d) must equal Form 990, Part X, column (6), line 10c)
BAA

c Leasehold improvements

d Equipment

Schedule **D** (Form 990) 2016

and the second second	nts — Other Securities.		N/A		
the contract of the contract o	if the organization answered				
	or category (arctiding name of security)	(b) Book value	(c) Method of val	lunhan: Cost or end of-year marke	d value
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Column (b) must equal	ets. if the organization answered (a) Des S  equal Form 990, Part X, column (E polities. the organization answered 'Yes' on Forescription of liability	3) line 15) prm 990, Part IV, line 1			20, 297

Part XI   Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990.	•	er keturn. N/A	20 20 000000000000000000000000000000000
1 Total revenue, gains, and other support per audited financial statements	raitiv, mes ras.	11	
Amounts included on line 1 bid not on Form 990, Part VIII, line 12:		- 18-18-18-18-18-18-18-18-18-18-18-18-18-1	
a Not unrealized gams (losses) on investments	2 a		
b Donated services and use of facilities	2 b	11 1111 1111 1111 11 11 11 11 11 11 11	
c Recoveries of prior year grants	2 C	**************************************	
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d	40		
3 Subtract line 2e from line 1		2 e	
	· · · · · · · · · · · · · · · · · · ·	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 76	4 a	egy annua man sa	
b Other (Describe in Part XIII.).	4 b	- Maria (1977)	
c Add lines 4a and 4b.	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l La companya de la companya de	. 4c	in with the comment of the comment o
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.,	T		
Part XII Reconciliation of Expenses per Audited Financial Statemers Complete if the organization answered 'Yes' on Form 990,	•	per Return. N/A	
1 Total expenses and losses per audited financial statements		1 1	Market Colonial Colon
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second section of the second section $(x,y,y)$
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	anness and the first	
e Add lines 2a through 2d	Extra control of the	2 e	
3 Subtract line 2e from line 1		3	Control of the contro
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		Migra Sp. Workshall (page 1000) and a construction of the design of the special o	
a investment expenses not included on Form 990, Part Vilt, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b	eve mass margaret	
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	Print Contract on City A. C.

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines Ta and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, 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)

# 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.is.gov/form990.

2016

Open to Public Inspection

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PAWS WITH PURPOSE, INC.

Employer identification number

#### 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

Last Annual Report

11/26/2003

Dulmain at Office

5/9/2018 P.O. BOX 7834

**Principal Office** 

LOUISVILLE, KY 40257

**Registered Agent** 

FBT LLC

**SUITE 3200** 

400 WEST MARKET STREET LOUISVILLE, KY 40202-3363

#### **Current Officers**

President

Sheilah A Miles

Vice President

Susan Wettle

Vice President

Elaine Weisberg

**Secretary** 

**Dolores Biles** 

**Treasurer** 

Kevin Hisel

Director

Jerry Klopfenstein

Director

<u>Mark Stowers</u>

Director

Sandy Bowling

Director

Diane Quesada

Director

Burcum Keeton

Director

<u>Alex Michael Johnson</u>

## Individuals / Entities listed at time of formation

Director

SHARON S GRETSINGER

Director

JOHNA K ALBRITTON

Director

**CATHERINE R DAVIS** 

Director

THERESA M RIGGS

Director

CINDY M RAY

Director

ANN A EGAN

Director

**PATRICIA SEIBERT** 

Incorporator

SHARON S GRETSINGER

Incorporator

JOHNA K ALBRITTON

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>	
Annual Report	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>	
Statement of Change	5/4/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>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>	
Articles of Incorporation	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