

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

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

Executive Summary of Request

The funding is for the purchase of computers for the program.

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

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

26
District #


Primary Sponsor Signature

\$2015.96
Amount

08/06/2018
Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Paws with Purpose

Program Name and Request Amount Computer Purchase, \$2015.96

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes▼
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes▼
Is the proposed public purpose of the program viable and well-documented?	Yes▼
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes▼
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes▼
Has prior Metro Funds committed/granted been disclosed?	Yes▼
Is the application properly signed and dated by authorized signatory?	Yes▼
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes▼
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A▼
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	Yes▼
Is the current Fiscal Year Budget included?	Yes▼
Is the entity's board member list (with term length/term limits) included?	Yes▼
Is recommended funding less than 33% of total agency operating budget?	Yes▼
Does the application budget reflect only the revenue and expenses of the project/program?	Yes▼
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes▼
Is the most recent annual audit (if required by organization) included?	N/A▼
Is a copy of Signed Lease (if rent costs are requested) included?	N/A▼
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A▼
Are the Articles of Incorporation of the Agency included?	Yes▼
Is the IRS Form W-9 included?	Yes▼
Is the IRS Form 990 included?	Yes▼
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A▼
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A▼
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A▼

Prepared by: JEFF NOBLE

Date: 08/06/2018

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission Statement

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

Vision Statement

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

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

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

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

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

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

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

Describe the Board term limit policy:

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

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

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Our placement program is ongoing. We place service dogs at no cost to children with autism, veterans with combat PTS, and disabled children and adults. Our dogs are trained for two years before being placed with a client.

We have found that the placement process for autism spectrum applicants is an extremely time-consuming and highly individualized effort by our trainers. The needs and abilities of each applicant are unique and the process must include training not only the child, but appropriate family members, teachers and/or care givers. Generally we cannot work with these clients in group class settings as we do with adult clients. We must also devote extensive effort to identifying a dog whose temperament and skills will meet the needs of each individual child. The bonding process between dog and child is more time consuming for a child on the autism spectrum than when placing an assistance dog with someone with a mobility limitation. Training must be conducted in the home, school and every other venue that the child attends. The expansion of our services to applicants on the autism spectrum will require considerable additional time from our Training Coordinator and Training Assistants during the placement process.

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 the 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

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

n/a

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

Funds will not be spent before they are awarded

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

Other community partnerships are:

a. Outreach and Roll for Spina B
We also participate in meetings with the Foundation and the dog. We also part

b. Special School F projects, such as G

c. University of Lou puppies in training a

d. School and Commu community organizati

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

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

levels at elementary schools for special needs therapy Project.

: PWP has made our therapy dogs and

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies	2015.96	0	2015.96
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			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	100 %	0 %	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 **	0

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

***Must equal or exceed total in column 2.*

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Client Services Coordinator 10 hours a week	\$6500	\$13/hour x 10hours/week x 50 w
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: January

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

If YES, please explain:

*\$ 13 / hour
 10 / hours per week
 50 / hours per year*

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.

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

* Updated 1-4-18

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

REVENUES (continued)

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

EXPENSES

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

Paws With Purpose, Inc.
Revenues and Expenditures

* Updated 1-4-18

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

EXPENSES (continued)

Other Expenses:

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

Fund Raising Expenses:

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

Puppy Expenses:

Veterinary expenses:	
Placement-related medical	2,000
Breeding-related medical	2,000
Medications	3,000
Emergency room visits	1,000
Routine vet visits	4,000
Puppy supplies	2,000
Cloud Star treats	-
Puppy equipment	3,000
Whelping and other expenses for, Juno, Kansas, Mabel and possibly sophie	3,000
Puppy insurance	1,800
Breeding-related travel	1,000
Food	2,500
Treats	1,000
Total Puppy Expenses	26,300
Total Expenses	213,218
Net Income (Loss)	(2,518)

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

DEPARTMENT OF THE TREASURY

Date **OCT 17 2008**

Employer Identification Number:

DLN:

17053264743018

Contact Person:

JOHN JENNEWAIN

ID# 31307

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

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

PAWS WITH PURPOSE
PO BOX 7834
LOUISVILLE, KY 40257

Dear Applicant:

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

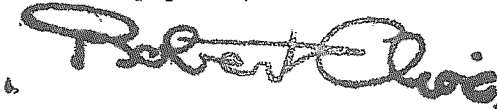
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

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

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Request for Taxpayer Identification Number and Certification

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

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

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

Part I Taxpayer Identification Number (TIN)

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

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

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

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

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

Purpose of Form

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

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

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

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

Paws With Purpose, Inc.
Profit and Loss Statement

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

MAILED
6-21-17

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return.

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

OMB No. 1545-0047

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

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

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

Enter filer's identifying number, see instructions

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

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

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

• The books are in the care of ▶ TONY HOWARD

Telephone No. ▶ (502) 896-9215

Fax No. ▶ (502) 893-8255

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

▶ calendar year 2016 or

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

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

Change in accounting period

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

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

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

Form 8868 (Rev. 1-2017)

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

B Check if applicable: [X] Address change, C PAWS WITH PURPOSE, INC., P.O. BOX 5458, LOUISVILLE, KY 40255, D Employer identification number, E Telephone number (502) 689-0804, G Gross receipts \$ 141,492., H(a) Is this a group return for subordinates? Yes [X] No, H(b) Are all subordinates included? Yes [X] No, I Tax-exempt status [X] 501(c)(3), J Website: PAWSWITHPURPOSE.ORG, K Form of organization: Corporation, L Year of formation, M State of legal domicile: KY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE HIGHLY SKILLED SERVICE DOGS AND CONTINUED SUPPORT TO PERSONS WITH DISABILITIES OTHER THAN BLINDNESS. 2-7a Activities & Governance, 7b Net unrelated business taxable income, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer TONY HOWARD, Date 6/21/17, Title TREASURER. Paid Preparer Use Only: Firm's name, address, EIN, phone no.

0573014.09

sbates
NAOI

John Y. Brown III
Secretary of State
Received and Filed
11/26/2003 2:14:00 PM
Fee Receipt: \$9.00

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

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

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

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

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

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

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

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

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

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

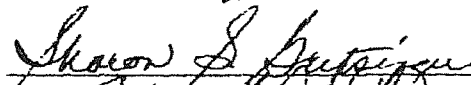
Paws With Purpose

3960 Gilman Avenue ~ Louisville, KY ~ 40207

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

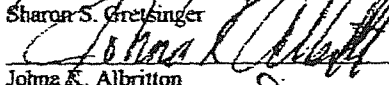
Article IX: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to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

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



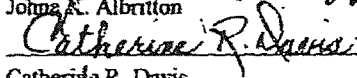
Sharon S. Gretsinger

11/20/03
Date



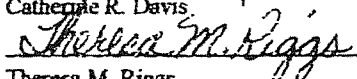
John K. Albritton

11/20/03
Date



Catherine R. Davis

11/20/03
Date



Theresa M. Riggs

11-20-03
Date

PAWS WITH PURPOSE, INC.

General Information

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

Current Officers

President	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
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.

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

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