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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



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			Check if:							
State Charity Registration Number	CTO 18	7539	Chang	e of a	address					
CDEDITION EDEEDON DING			Amen	ded re	eport					
OPERATION FREEDOM PAWS Name of Organization										
777 1ST STREET PMB #51	5		Corporate	or O	rganization	No. C3384746				
Address (Number and Street)			1		3					
GILROY, CA 95020			Federal E	mplo	yer I.D. No.	45-2566382				
City or Town	PATION P	State ZIP Code	l Codo Bo		actions 201	207 211 and 210\		-		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee	Gross Anna	ual Revenue	1	Fee		
Less than \$25,000	0	Between \$100,001 and \$250,000	5	50	Between \$1	,000,001 and \$10 millio	n !	\$150		
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million		75		0,000,001 and \$50 million		\$225		
					Greater tha	n \$50 million		\$300		
PART A - ACTIVITIES										
For your most recent full accour	nting perio	d (beginning 1/01/14	endin	g _	12/31/	14) list:				
Gross annual revenue \$		418,984. Total assets	\$		626,7	70.				
PART B - STATEMENTS REC	GARDIN	G ORGANIZATION DURIN	G THE P	ERI	OD OF TH	IIS REPORT	-			
		ions below, you must attach a se					or oach			
		nstructions for information requi		et pro		cpianation and details in	,	,		
1 During this reporting period, were	e there any	y contracts, loans, leases or othe	r financial	transa	actions betwe	een the	Yes	No		
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?							x			
2 During this reporting period, was property or funds?	there any	theft, embezzlement, diversion of	or misuse o	f the	organization	's charitable		x		
3 During this reporting period, did r	non-progra	am expenditures exceed 50% of g	ross reven	ues?				x		
4 During this reporting period, were Form 4720 with the Internal Reve	e any orga	nization funds used to pay any pe	enalty, fine	or ju	dgment? If y	ou filed a		x		
5 During this reporting period, were purposes used? If 'yes,' provide a	e the service	ces of a commercial fundraiser or	r fundraisin	g cou	insel for cha	ritable service	П	x		
provider.				10 1101						
6 During this reporting period, did to the name of the agency, mailing				so, p	rovide an att	achment listing		x		
7 During this reporting period, did t indicating the number of raffles a	he organiz	zation hold a raffle for charitable p		If 'yes	s,' provide ar	n attachment		x		
Does the organization conduct a the program is operated by the clocharitable purposes.	vehicle do	nation program? If 'yes,' provide	an attachm with a con	ent ir	ndicating who	ether er for		x		
Did your organization have prepa principles for this reporting period		dited financial statement in accord	dance with	gene	rally accepte	d accounting		x		
Organization's area code and telephon		408-847-8518 653	-9010			reading the account of the first three thr				
	Organization's e-mail address WWW.OPERATIONFREEDOMSPAWS.ORG I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. Micole MARTINET TRESSET 5-13-15									

Form 990

Department of the Treasury Internal Revenue Service 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. OMB No. 1545-0047

Open to Public Inspection

For the 2014 calendar year, or tax year beginning 2014, and ending В D Employer identification number Check if applicable: 45-2566382 Address change OPERATION FREEDOM PAWS 777 1ST STREET PMB #515 Telephone number Name change GILROY, CA 95020 Initial return 408-847-8518 Final return/terminated Amended return G Gross receipts \$ 450.759. F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes No H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE Yes No Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or Website: ► WWW.OPERATIONFREEDOMSPAWS.ORG H(c) Group exemption number ► Form of organization: X Corporation Trust Association L Year of formation: 2011 M State of legal domicile: CA Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS AND OTHERS WITH DISABILITIES TO LIVE A QUALITY LIFE BY HELPING THE Governance INDIVIDUALS LEARN THE NECESASRY SKILLS TO TRAIN THEIR DOGS AND THEN CERTIFY THE INDIVIDUAL AND THEIR DOG AS A SERVICE DOG TEAM. Check this box ▶ ☐ 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 6 ∞ Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a). 5 22 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12.... 7a 10,421 b Net unrelated business taxable income from Form 990-T, line 34. -2,249. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h)..... 311,062 370,454. Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 23 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)...... 48,507. 20,131 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 331,193 418,984. Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 81,682 181,959. 16 a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 95,542 130,383. 177,224 312,342. 19 106,642. 153,969. Beginning of Current Year End of Year Total assets (Part X, line 16)..... 20 520,051 626,770. 21 Total liabilities (Part X, line 26)..... 0 77. 22 Net assets or fund balances. Subtract line 21 from line 20..... 520,051 626,693. 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 or all information of which preparer has any knowledge. Sign Here Date Print/Type preparer's name P00389625 STEPHEN SABATH self-employed Paid STENNES & SABATH, Preparer INC firm's name Use Only 7877 WREN AVE., STE. Firm's EIN ► 77-0534895 Firm's address (408)842-9466 GILROY, CA 95020 X May the IRS discuss this return with the preparer shown above? (see instructions) . . . Yes

STENNES & SABATH, INC. CPAS 7877 WREN AVE., STE. B GILROY, CA 95020 (408) 842-9466

May 12, 2015

OPERATION FREEDOM PAWS 777 1ST STREET PMB Suite 515 GILROY, CA 95020

Dear Client:

Enclosed is your 2014 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2015 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2014 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2015 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2014 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by May 15, 2015. Mail the California return on or before May 15, 2015 and make the check payable to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501

Enclosed is your 2014 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before May 15, 2015 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2015. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2015 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

H. STEPHEN SABATH

Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

A	For t	he 2014 calend	lar year, or tax year begin	nina		2014	, and endin	a				
В		if applicable:	C	9		, 2014	, una cham	9	D Employ	ver identif	ication number	
_		ddress change	OPERATION FREEDO	M DAMC								
	\vdash	lame change	777 1ST STREET						E Telepho	25663		
	\vdash		GILROY, CA 95020									
	H	nitial return	011101, 011 0001						408	-847-	8518	
	\vdash	inal return/terminated							_			
	\vdash	mended return	_						G Gross r),759.
	A	pplication pending	F Name and address of princip	al officer:				H(a) Is this a			ш'°	- H
			SAME AS C ABOVE					H(b) Are all If 'No,'	subordinates attach a list.	s included (see inst	? Ye	s No
1	Tax-	-exempt status	X 501(c)(3) 501(c) () ▼ (ins	ert no.) 4	947(a)(1) or	527				,	
J	We	bsite: ► WW	W.OPERATIONFREED	OMSPAWS.O	RG			H(c) Group	exemption n	umber ►		
K	Forn	n of organization:	X Corporation Trust	Association	Other ►	L	Year of format	ion: 201:	1 M s	State of le	gal domicile: C	A
Pa	art I	Summar	V			•			•			
		Briefly describ	e the organization's miss	ion or most sig	nificant activi						ASSIST.	
d)			ANS AND OTHERS W									
ž			ALS LEARN THE NE				THEIR	DOGS 7	ND THE	EN CE	RTIFY TH	E
Ë			AL AND THEIR DOG									
Governance			x ► if the organization							et asset	S.	
			ting members of the gove							3		6
Activities &			lependent voting member							4		4
ı≝			of individuals employed in							5		22
ŧ			of volunteers (estimate if d business revenue from							6 7a	1 (121
A			business taxable income							7a 7b		0,421. 2,249.
	-	14Ct dill'Clated	basiliess taxable illeonic	1101111 01111 330	7-1, 11110 34				rior Year	'''	Current \	
	8	Contributions	and grants (Part VIII, line	1h)					311,0	62), 454.
ne	1		ce revenue (Part VIII, line						311,0	02.	370	7,434.
Revenue	ı	-	come (Part VIII, column (A									23.
Be	ı		(Part VIII, column (A), lir						20,1	31	48	3,507.
			- add lines 8 through 11						331,1			3,984.
			nilar amounts paid (Part I							-		7
	ı		to or for members (Part I)									
	ı		r compensation, employed						81,6	82	181	, 959.
ses	ı		undraising fees (Part IX, o						01,0	02.	101	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenses									1000			
х			ng expenses (Part IX, col									<u> </u>
_			es (Part IX, column (A), lir						95,5			383.
			s. Add lines 13-17 (must e						177,2			2,342.
	19	Revenue less	expenses. Subtract line 1	8 from line 12					153,9			642.
ts or								Beginnin	g of Current		End of Y	
Net Assets Fund Balanc	20		Part X, line 16)						520,0	51.	626	770.
et A	21	Total liabilities	(Part X, line 26)							0.		77.
ΖĽ	22	Net assets or	fund balances. Subtract li	ne 21 from line	20				520,0	51.	626	693.
Pa	rt II	Signature	Block									
Unde	r penalti	es of perjury, I decla	re that I have examined this return, i er (other than officer) is based on	ncluding accompany	ing schedules and	statements, a	nd to the best o	f my knowledg	ge and belief,	it is true, o	correct, and	
comp	olete. De	eclaration of prepar	er (other than officer) is based on	all information of v	which preparer ha	s any knowle	edge.					
												
Sig He	ın	Signature	e of officer					Date	e			
He	re											
		Type or	orint name and title.									
		Print/Type pr	eparer's name	Preparer's signat	ure		Date		Check	if P	ΓIN	
Pai	d	H. STE	PHEN SABATH	H. STEPH	EN SABAT	H			self-employe	d P	00389625	,
Pre	pare	Firm's name	► STENNES & SAI	BATH, INC	. CPAS							
Us	ė On	ly Firm's addres		377 WREN AVE., STE. B Firm's EIN ► 77-0534					0534895			
			GILROY, CA 95						Phone no.	(408)		66
May	the If	RS discuss this	return with the preparer		(see instructi	ons)					X Yes	No

Form 990 (2014) OPERATION FREEDOM PAWS Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 -	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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		X
	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			Х
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		Х
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		Х
9	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		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		X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
•	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		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		X
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 28 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part II. 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 29 If 'Yes', complete Schedule L, Part II. 20 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entit				Yes	No
22 X X 28 Did the organization areas "Vest De 14" (I). Section A, line 3" (I). Section Single of the properties of the section Single of the person of the organization surrent and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No, go to line 25a. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2022" If "Yes," answer lines 24b through 24d and complete Schedule K. If "No, go to line 25a. 24a Did the organization mirest any proceeds of tax-exempt bonds beyond a temporary period exception? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25c Schedule L. Part I. 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest comprehess described entity or family member of any of the organization or employee thered, a grant selection commente member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II. 27c X. 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV. 28d Vas the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV. 28d Vas the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV. 28d Vas the organization engline transhols, conditions, and exceptions): 29d Did the organization receive member, of director, furstee, or key employee? If "Ye	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No," go to line 25a. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d at 24b. 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 25 a Section 501(cX)3, 501(cX)4, and 501(cX)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(cX)3, 501(cX)4, and 501(cX)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b List the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b List the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the firansaction was to been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II. 25c Did the organization report any amount on Part X, line \$5, 6, or 22 for receivables from or gaygables to any current or former officers, directors, fusiless, key employees, highest compensated employees, or disqualified persons? 26c X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial confribution or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I. 39 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25c. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 22b 22c 24b 22b 22c 24b 22c 24b 22c 24b 22c 24b 22c 24b 22c 24c 24c 24c 24c 24c 24c 24c 24c 24c	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part II. 25b X 26 Did the organization are prior tany amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, which is the intervent of the organization provide a grant or other assistance to an officer, director, trustee, we employees, or disqualified persons? 27 Did the organization provide a grant or other assistance to an officer, director, trustee, we employee, substantial contributor or employee thereof, a grant selection committee employee, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation or other organization of the organization of section \$12(b)(1)(3) Pres, 'complete Schedule M. 31 Did the organization owar 100% of an entity disregarded as separa	24 8	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		Х
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b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. 33 A Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line I. 34 B If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 35 B Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI, line 2. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income t	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI, lines 11b and 19? Note. All Form 99	а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		
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organization? If 'Yes,' complete Schedule R, Part V, line 2	b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
Note. All Form 990 filers are required to complete Schedule O	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
		Note. All Form 990 filers are required to complete Schedule O			

BAA

Form 990 (2014) OPERATION FREEDOM PAWS Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V......

be Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 2 a Enfer the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? 2 b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 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 A tax 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)? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Dest the organization probability of the organization file Form 886-17. 5 a Does the organization are very annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5 a Cy organization shall may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section property for which it was required to file form 8865. 5 a Cy organization self, exchange, or otherwise dispose of tangible personal property for which it was r		a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
(gemoining) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Ye has it filed a form \$90 To this year? If "No to line 8b, provide an epleatation in Schedule 0. 3b If "Ye's has it filed a form \$90 To this year? If "No to line 8b, provide an epleatation in Schedule 0. 3a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) or other financial account). 4a 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). 5b If "Yes," enter the name of the foreign country. 5ce instructions for filing requirements for FinECN Form 114, Report of Foreign Bank and Financial accounts. (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 886617. 5c Constitution of the very and a shell of the organization and party to a prohibited tax shelter transaction? 5c Ab 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 chartable contributions? 5c Ab If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Ab If "Yes," did the organization receive a payment in excess of \$75 made party as a contributions or gifts were not tax deductible as chartable contributions? 5c Ab If "Yes," did the organi					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			2/15	1967	
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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
a Is the organization licensed to issue qualified health plans in more than one state?	b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
Note. See the instructions for additional information the organization must report on Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
			13 a		
		Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in	b	Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand. 13 c 14 a Did the organization receive any nayments for indeed tapping conjugation the tay year?					v
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 b If 'Yes' has it filed a Form 720 to report these payments? If 'Ne' provide an explanation in School 120			-	\dashv	Λ_
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			_	100 (2)	014

Form 990 (2014) OPERATION FREEDOM PAWS 45-2566382 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a 6 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE O 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?.... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a **b** Each committee with authority to act on behalf of the governing body?..... 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.... 12 c 13 X Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... Χ 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CASection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

GILROY CA 95020 408-847-8518

NICOLE MARTINEZ 777 1ST STREET PMB 515

Form 990 (2014) OPERATION FREEDOM	1 PAWS
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45-2566382

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

employees; and former such persons.										
Check this box if neither the organization nor any r	elated org	aniza	atior	n co	mpe	nsate	ed a	any current officer	, director, or trustee	.
				(C)					
Name and Title	(B) Average hours per	director/trustee)					1	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY CORTANI	65_									
PRESIDENT	0	Х		Х	_			65,000.	0.	0.
(2) JANET KING VICE PRESIDENT	<u>5_</u> 0	Х		Х				0.	0.	0.
(3) DIANE JIMENEZ SECRETARY	<u>5</u>	Х		Х				0.	0.	0.
	$-\frac{10}{0}$	Х		Х				0.	0.	0.
(5) CARROLL CONNELL DIRECTOR	2	Х						0.	0.	0.
(6) DENNIS MCLAUGHLIN DIRECTOR	2	Х						0.	0.	0.
(7)										· ·
(8)							1			
(9)			1			\forall	1			
(10)			1			\dashv	7			
(11)			1	+	\exists	\dashv	\dagger			
(12)			\dashv	\dashv	\dashv	+	+			
(13)		+	+	\dashv	+	\dashv	+			
(14)		\dashv	+	\dashv	+	+	+			
				\perp			\perp			

Form 990 (2014) OPERATION FREEDOM PAWS Part VII Section A. Officers, Directors, Tr	uctooc	Kov	, E.	nnl	0)//	200	20	d Highest Co	45-256638			age 8
Part VII Section A. Officers, Directors, Tr	(B)	Tey		<u> ()</u>		.es,	all	Tu nighest co	iipeiisateu Eiii	loye	CS (00	nunueu)
(A) Name and title	Average hours per week	offic	, unle	Pos check ess pe nd a	sition more erson direct	e than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	amo	(F) Estimated ount of o	ther
	(list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	01 a	from the rganization nd relate ganizatio	e on ed
	dotted line)	tee	ıstee			nsated						
(15)												
(16)		-										
(17)		-							-			
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							-	65,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	0. 65,000.	0.			0.
2 Total number of individuals (including but not limit from the organization ▶ 0							rece		100,000 of reportab	le com	pensat	ion
2 Did the appairable list on famous ffine disast					Jame		, bie	sheet components	d amplayes		Yes	No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such a such as a suc	individua	1								. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	than \$15	0,000	0? <i>I</i> 1	f 'Ye	es' c	ompl	ete	Schedule J for		. 4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens ' complete	ation e <i>Sch</i>	froi hedu	m aı ıle J	ny u <i>I for</i>	nrela <i>such</i>	ted per	organization or in	dividual	. 5		X
1 Complete this table for your five highest compens	ated inde	pende	ent o	cont	ract	ors th	nat	received more tha	in \$100,000 of	av vea	r	
compensation from the organization. Report compensation for the calendar year endir (A) Name and business address								(B) Description o			C)	n
							-					
							-					
2 Total number of independent contractors (includin	g but not	limite	ed to	the	se I	isted	abo	ove) who received	more than			
\$100,000 of compensation from the organization	0	TEE A O								Form	990 (2014)

		Check if Schedule O contains a response or note to a	any line in this Part V	III		г
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
Contributions, Gifts, Grants	ş	1 a Federated campaigns 1 a	Residental tools	Green was a second	The second of the second	312-314
rai	悥	b Membership dues				· 在 · · · · · · · · · · · · · · · · · ·
s, C	틝	c Fundraising events				
ij.	ā	d Related organizations 1 d				
s,	티	e Government grants (contributions) 1 e	建筑等基础			
tion	2	f All other contributions, gifts grants, and				
nqi	Ĕ	f All other contributions, gifts, grants, and similar amounts not included above 1f 370, 454				
Ħ.	3	g Noncash contributions included in lines 1a-1f: \$				
<u>ပိ</u>	<u>a</u>	h Total. Add lines 1a-1f	370,454.			
nue		Business Code				E DE L'ANGE COMME
eve		2a				
e B		b				
₹.		<u></u>				
လ္မ		a				
ran		f All other program service revenue				
Program Service Revenue		g Total. Add lines 2a-2f.				
	+					
	1	Investment income (including dividends, interest and other similar amounts).	23.			
	4	Income from investment of tax-exempt bond proceeds!	23.			23.
	5	Royalties				
		(i) Real (ii) Personal	STATES TO SERVER		Sign and participation of	EBRIDO HARRIST PARENTE
	16	Sa Gross rents				
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)	•			
	7	'a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
Эце	8	a Gross income from fundraising events (not including \$				
Vel		of contributions reported on line 1c).				
Other Reven		See Part IV, line 18 a 69, 861.				
ЭĒ		b Less: direct expenses b 31,775.				
₹		c Net income or (loss) from fundraising events	38,086.			
-		a Gross income from gaming activities	30,000.			38,086.
		See Part IV, line 19 a				
		b Less: direct expenses b		HO III		
	•	c Net income or (loss) from gaming activities ▶				
- 1	10	a Gross sales of inventory, less returns		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
- 1		and allowances a		SERVER CONTRACTOR		
		b Less: cost of goods sold b				
-	_	Net income or (loss) from sales of inventory				
-	11 -	Miscellaneous Revenue Business Code	366			
		DOG BOARDING & TRAINING 611600	10,421.		10,421.	
	,	[
	,	All other revenue				
		e Total. Add lines 11a-11d.	10 401			
1	2	Total revenue. See instructions.	10,421.			Market Control
			418,984.	0.1	10,421.	38.109

Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a re	esponse or note to any	line in this Part IX	(A)	
Do 6b	o 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 domestic organizations and domestic governments. See Part IV, line 21				
2	^ L				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	trustees, and key employees	65,000.	58,500.	6,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.		
7		105,058.	94,553.	10 505	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,030.	94,333.	10,505.	
9	Other employee benefits				
10		11,901.	10,711.	1,190.	
	Fees for services (non-employees):		,		
	a Management				
	b Legal	3,600.		3,600.	
	c Accounting	740.		740.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
Ć	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion.	7,780.	7,780.		
13	Office expenses	3,451.	3,106.	345.	
14	Information technology	5,102.	3,100.	343.	
15	Royalties				
16	Occupancy	8,005.	8,005.		
17	Travel	4,511.	4,511.		
18		2,022.	1,011.		
19 20	Conferences, conventions, and meetings Interest	780.	780.		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	9,200.	0 200		
23	Insurance	12,579.	9,200. 12,579.		
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.).	12,379.	12,379.		
а	PSYCHOTHERAPY SERVICES	16,500.	16,500.		
	CONTRACT_ LABOR	16,104.	16,104.		
	DOG CARE & TRAINING EXPENSES	15,036.	15,036.		
	UTILITIES	5,706.	5,706.		
е	All other expenses.	26,391.	14,919.	11,472.	
25	Total functional expenses. Add lines 1 through 24e	312,342.	277,990.	34,352.	0.
	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)				
BAA		TEEA0110L 05/28/	14		Form 990 (2014)

(A) Beginning of year (B) End of year			Check if Schedule O contains a response or note to	any line	in this Part X			
2 Savings and temporary cash investments. 2 3			·					
2 Savings and temporary cash investments. 2 3		1	Cash — non-interest-bearing			503,771.	1	430,895.
4 Accounts receivable, net 4		2	Savings and temporary cash investments				2	
4 Accounts receivable, net 4		3	Pledges and grants receivable, net				3	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(5) (2), and contributing employers and sponsoring organizations of section 50 (5) voluntary employees generally approach and sponsoring organizations of section 50 (5) voluntary employees generally approached to use a preparative for sale or use a prepa		4					4	
Secure Loans and other receivables from other disqualified persons (as defined under section 4980(1)), persons described in section 4980(2)(3), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L	officers, on the contract of t	directors, . Complete		5	
8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 10,216. 16,280. 10c 195,875. 11 Investments – publicly traded securities. 11 Investments – program-related. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 13 Investments – program-related. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 520,051. 16 626,770. 17 Accounts payable and accrued expenses. 17 Other assets. Add lines 1 through 15 (must equal line 34). 520,051. 16 626,770. 17 Accounts payable and accrued expenses. 18 Grants payable. 18 Investments – program-related third parties. 20 Investments – program-related third parties. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, keep employees, highest compensated employees, and disqualified persons. 22 Unsecured nortiques and loans payable to unrelated third parties. 22 Unsecured nortiques and loans payable to unrelated third parties. 23 Unsecured norted passes and notes payable to unrelated third parties. 24 Unsecured norted to the same to the related third parties. 23 Unsecured norted to the same to the related third parties. 24 Unsecured norted to the same to the related third parties. 25 Other liabilities not included on lines 17-29, Complete Part X of Schedule D. 25 77. Total liabilities and lones 17-29, Complete Part X of Schedule D. 25 77. Total liabilities and tolious SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and li		6					6	
10a L Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 10, 216. 16, 280. 10c 195, 875. 11 Investments – publicly traded securities. 11 10b 10, 216. 16, 280. 10c 195, 875. 11 Investments – publicly traded securities. 11 12 13 Investments – publicly traded securities. 12 Investments – publicly traded securities. 12 13 Investments – program-related. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 15 15 15 15 16 16	ts	7	Notes and loans receivable, net		[7	
10a L Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 10, 216. 16, 280. 10c 195, 875. 11 Investments – publicly traded securities. 11 10b 10, 216. 16, 280. 10c 195, 875. 11 Investments – publicly traded securities. 11 12 13 Investments – publicly traded securities. 12 Investments – publicly traded securities. 12 13 Investments – program-related. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 15 15 15 15 16 16	sse	8	Inventories for sale or use				8	
10a 206,091.	Āŝ	9	Prepaid expenses and deferred charges				9	
b Less: accumulated depreciation.			Complete Part VI of Schedule D	10 a	206,091.			
11 Investments — publicly traded securities. 11 12 Investments — other securities. See Part IV, line 11. 12 13 Investments — program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 520,051. 16 626,770. 17 Accounts payable and accrued expenses. 177 18 18 19 19 19 19 19 19		b	Less: accumulated depreciation	10 b	10,216.	16,280.	10 c	195,875.
13 Investments — program-related. See Part IV, line 11.							11	,
14 Intangible assets. 14 15 15 15 16 16 16 16 16		12	Investments - other securities. See Part IV, line 11				12	
15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 520,051. 33 626,693.		13	Investments – program-related. See Part IV, line 11.				13	
16 Total assets. Add lines 1 through 15 (must equal line 34). 520,051. 16 626,770. 17 Accounts payable and accrued expenses. 17 18 Grants payable 18 19 Deferred revenue. 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and tines 17 through 25. 25 26 Total liabilities. Add lines 17 through 25. 25 27 Total liabilities. Add lines 17 through 25. 25 27 Total liabilities and lines 33 and 34. 27 Unrestricted net assets. 29 28 Temporarily restricted net assets. 29 29 Permanently restricted net assets. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 520,051. 33 626,693.		14	Intangible assets				14	
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17 Accounts payable and accrued expenses. 17 18 19 19 19 19 19 19 19		16			520.051.	16	626.770.	
Deferred revenue	\neg	17	Accounts payable and accrued expenses			020/0021	17	020/1101
20 Tax-exempt bond liabilities. 20 21 22 23 22 24 23 24 25 24 25 25 26 26 27 26 27 27 28 29 29 29 29 29 29 29		18	Grants payable		18			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue				19	
23 Secured mortgages and notes payable to unrelated third parties. 24		20	Tax-exempt bond liabilities			20		
23 Secured mortgages and notes payable to unrelated third parties. 24	S	21	Escrow or custodial account liability. Complete Part IV	of Sche	dule D		21	
23 Secured mortgages and notes payable to unrelated third parties. 24	abilitie	22	key employees, highest compensated employees, and	disqualif	ied persons.		22	
24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▼ Danie and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 30 Total net assets or fund balances. 24 25 77. 26 77. 27 626, 693.		22	•					
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Unrestricted net assets	8		lines 27 through 29, and lines 33 and 34.	liere -	A and complete			
28 Temporarily restricted net assets	ĕ	27				520 051	27	626 693
Permanently restricted net assets	ala				_	320,031.		020,033.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances. Total liabilities and net assets/fund balances. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 520,051,34 626,770	B				<u></u>			
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30 Capital stock or trust principal, or current funds	프			check ne				
31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 520,051,34 526,770	Ö	30	•				30	
32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 520,051. 33 626,693.	e t							
33 Total net assets or fund balances. 520,051. 33 626,693.	158				-			
Ž 34 Total liabilities and net assets/fund balances 520,031. 34 626,770	et/				_	520 051		626 692
	ž							

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Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	18,9	984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	12,3	342.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	06,6	642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	20,0	051.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B)).	10	6	26,6	693.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
	b Were the organization's financial statements audited by an independent accountant?		. 2b		X
'	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		. 20	12.5	71
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?		. За		Х
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA			Form	990 ((2014)

TEEA0112L 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

OMB No. 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

000	DATE OF STATE OF STAT					A F O F C COO			
	OPERATION FREEDOM PAWS 45-2566382								
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section	on 170(b)(1)(A)(ii). (Atta	ach Schedule E.)						
3	A hospital or a cooperative I	hospital service organi	ization described in sec	tion 170	(b)(1)(A)	(iii).			
4	A medical research organiza	ation operated in conju	unction with a hospital d	escribed	in sect	i on 170(b)(1)(A)(iii) . En	ter the hospital's		
	name, city, and state:								
5	An organization operated for 170(b)(1)(A)(iv). (Complete	Part II.)					scribed in section		
6	A federal, state, or local gov								
7	An organization that normall in section 170(b)(1)(A)(vi).	Complete Part II.)			ernmen	tal unit or from the gen	eral public described		
8	A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II	.)					
9	An organization that normall from activities related to its investment income and unre June 30, 1975. See section	exempt functions — su lated business taxable 509(a)(2). (Complete F	ubject to certain exception to the income (less section to art III.)	ons, and 511 tax) f	(2) no from bu	more than 33-1/3% of it sinesses acquired by th	s support from gross		
10	An organization organized a		,	•		. , , ,			
11	An organization organized a or more publicly supported or lines 11a through 11d that do	organizations describe	d in section 509(a)(1) oi	section	509(a)(2). See section 509(a)(3	the purposes of one 3). Check the box in		
a	Type I. A supporting organiz organization(s) the power to complete Part IV, Sections A	regularly appoint or e	vised, or controlled by it lect a majority of the di	s suppor rectors o	rted org	anization(s), typically by es of the supporting org	y giving the supported ganization. You must		
b		zation supervised or cong organization vested	ontrolled in connection of the same persons t	with its s hat conti	upporte ol or m	d organization(s), by ha anage the supported or	aving control or ganization(s). You		
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organions). You must comp	nization operated in cor lete Part IV, Sections A	nection , D, and l	with, ar E.	nd functionally integrate	d with, its supported		
d	Type III non-functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribut	n connection requi	tion with rement	h its supported organiza and an attentiveness re	ation(s) that is not equirement (see		
е	Check this box if the organiz integrated, or Type III non-fu				at is a	Type I, Type II, Type III	functionally		
f	Enter the number of supported	organizations							
g	Provide the following informatio	n about the supported	organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizat in your g docum	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

Sec	ction A. Public Support						
Cald beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		15,564.	388,990.	309,607.	370,454.	1,084,615.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	15,564.	388,990.	309,607.	370,454.	1,084,615.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						1,084,615.
Sec	tion B. Total Support						
	endar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0.	15,564.	388,990.	309,607.	370,454.	1,084,615.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			17.			17.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			424.	7,704.	10,421.	18,549.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						1,103,181.
12	Gross receipts from related activi	ities, etc (see instr	uctions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						> X
	tion C. Computation of Pu						
	Public support percentage for 20						%
	Public support percentage from 2						%%
16 a	33-1/3% support test — 2014. If the and stop here. The organization of	he organization die qualifies as a publi	d not check the bo icly supported orga	ox on line 13, and anization	the line 14 is 33-1	/3% or more, che	eck this box
b	33-1/3% support test — 2013. If the and stop here. The organization	ne organization did qualifies as a publ	not check a box of icly supported org	on line 13 or 16a, anization	and line 15 is 33-	1/3% or more, che	eck this box ►
17 a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-an	id-circumstances'	test, check this bo	ox and stop here.	Explain in Part VI	how
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-an -circumstances' te	d-circumstances' st. The organizati	test, check this bo on qualifies as a p	ox and stop here. bublicly supported	Explain in Part VI organization	how the □
18	Private foundation. If the organization	ation did not check	k a box on line 13,	16a, 16b, 17a, or			
DAA					Cala	adula A (Farm 00)	000 E7\ 0014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
1					(2)	(0) = 0		(y rotal
2	Gross receipts from admis-			-				
2	sions, 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.							
4	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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
(Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Caler	idar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6							
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from							
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
13	Total support. (Add lines 9, 10c, 11 and 12.)						ı	
	Total support. (Add lines 9,	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 50	(c)(3)	▶ □
14	Total support. (Add lines 9, 10c, 11 and 12.)	stop here		, third, fourth, or	fifth tax year as a	section 50	(c)(3)	▶ □
14 Sec	Total support. (Add lines 9, 10c, 11 and 12.)	stop hereblic Support F	Percentage				(c)(3)	
14 Sec 15	Total support. (Add lines 9, 10c, 11 and 12.)	stop hereblic Support F 4 (line 8, column	Percentage (f) divided by line	13, column (f))			15	%
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column 013 Schedule A, F	Percentage (f) divided by line Part III, line 15	13, column (f))				
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column 013 Schedule A, F estment Incor	Percentage (f) divided by line Part III, line 15 ne Percentage	13, column (f))			15 16	96
14 Sec 15 16 Sec 17	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column 013 Schedule A, F estment Incor r 2014 (line 10c, c	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	13, column (f))	n (f))		15 16	90
14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column 013 Schedule A, F estment Incor r 2014 (line 10c, com 2013 Schedule the organization d	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided A, Part III, line 1 id not check the b	13, column (f))	n (f))	aan 33-1/3º	15 16 17 18 %, and lir	% % %
14 Sec 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column 013 Schedule A, F estment Incor r 2014 (line 10c, com 2013 Schedule the organization d this box and stop the organization di	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided A, Part III, line 1 id not check the b here. The organiz d not check a box	13, column (f)) by line 13, column 7 ox on line 14, and action qualifies as	n (f))d line 15 is more the a publicly supported 19a, and line 16 is	nan 33-1/39 ed organiz s more tha	15 16 17 18 %, and liration an 33-1/3'	% % % ne 17

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	1/an	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		1.855
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	300	
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) 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 person (as defined in line 9(a)) 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	9c		
0 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	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		

	art iv Supporting Organizations (continued)			_
1	1 Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) holow, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
_	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ection B. Type I Supporting Organizations			•
1	Did the directors trustees or membership of one or more supported organizations have the newer to regularly associate		Yes	No
	or elect at least a majority of the organization's directors or trustees at all times during the tay year? If the '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			
2		1		
-	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	EDDENT	
Se	ction C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		4.2	400.00
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	11124	
Sec	ction D. All Type III Supporting Organizations	1.1		
			Yes	No
1	Did the organization provide to each of its supported experientions, but the least the COL COL			
Ċ	organization's lax year. (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_		200		
2	organization(s) or (ii) serving on the governing body of a supported organization? If (No.) overlain in Part When			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3				
	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		
sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):		
i	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructioi	ns).	
2	Activities Test. Answer (a) and (b) below.	Г	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		162	NO
	supported organization(s) to which the organization was responsive? If 'Yes' then in Part VI identify those supported			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		42.65
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zation	S	
_1	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on Nov Section	vember 20, 1970. See i ns A through E.	nstructions. All
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2				
3				
4				
5		5		
6				
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	A Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year.	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integring (see instructions).	ated Ty	pe III supporting organ	nization
BAA			Schedule A (For	m 990 or 990-F7) 2014

Pa	urt V Type III Non-Functionally Integrated 500(c)(2) Supplemental FOO(c)(2) Supplemental FO	IMS	45-25	66382 Page
Sec	rt V Type III Non-Functionally Integrated 509(a)(3) Supportion D – Distributions	orting Organization	ons (continued)	
	Amounts paid to supported organizations to accomplish exempt purp	20505		Current Year
2	Amounts paid to perform activity that directly furthers exempt purpos in excess of income from activity.	ses of supported organ	pizations	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets.	ported organizations.		
5	Qualified set-aside amounts (prior IRS approval required).			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organi in Part VI). See instructions	zation is responsive (r	rovide details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			1 - 160 - 160 C
а	的是在1941年,1950年中的一种1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,1950年,19			
b	经济产品的国际企业的国际企业企业企业的企业			
С				Marine Amorale India
d			Later Constant Y	EEL CENTRALES
	From 2013			SPANIER NUMBER
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f		建筑大学是被创建	
	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		是一个人,但不是一个人的一个人,但是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	
	Breakdown of line 7:			
а				
b				Section 200 State
С				
	Excess from 2013			
е	Excess from 2014			
AA			Schedule A (Form	990 or 990-F7) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). Part VI

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number OPERATION FREEDOM PAWS 45-2566382 Organization type (check one): Filers of: Section: Form 990 or 990-EZ $\overline{|X|}$ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,

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

during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

age

of

2 of **Part 1**

Name of organization

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE ANNENBERG FOUNDATION 2000 AVENUE OF THE STARS #1000 LOS ANGELES, CA 90067	\$ 70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JANET KING 6620 DEVON PLACE GILROY, CA 95020	\$ <u>5,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MACQUARIE 125 WEST 55TH STREET NEW YORK, NY 10019	\$38,623.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(-)	(b)	(6)	(d)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4 FUSENOT, GEORGES & GERMAINE CHARITY 727 WILCOX AVE LOS ANGELES, CA 90038	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 FUSENOT, GEORGES & GERMAINE CHARITY 727 WILCOX AVE	contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 FUSENOT, GEORGES & GERMAINE CHARITY 727 WILCOX AVE LOS ANGELES, CA 90038	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	Name, address, and ZIP + 4 FUSENOT, GEORGES & GERMAINE CHARITY 727 WILCOX AVE LOS ANGELES, CA 90038 Name, address, and ZIP + 4 GAMBORD, JOEL & DENA FOUNDATION 2354 GARDEN ROAD	\$6,000. (c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

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2 of **Part 1**

Name of organization

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	APPLIED MEDICAL	-	Person X Payroll			
	22872_AVENIDA_EMPRESA	\$ <u>10,370.</u>	Noncash			
	RANCHO SANTA MARGARI, CA 92688	-	(Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	BARTS MARR FAMILY FOUNDATION	_	Person X			
	501 SILVERSIDE RD STE 123	\$5,000.	Payroll			
	WILMINGTON, DE 19809		(Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	FIDELITY CHARITABLE GIFT TRUST		Person X			
	P.O. BOX 770001	\$45,250.	Payroll			
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10_	SOVEREIGN ORDER - ST JOHN JERUSALEM		Person X Payroll			
	340 GRAND AVE BLVD #3	\$12,000.	Noncash			
	SAN MATEO, CA 94401		(Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11_	EVENTBRITE		Person X			
	651 BRANNAN STREET STE 110	\$7,440.	Payroll Noncash			
	SAN FRANCISCO, CA 94103		(Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12_	SAN FRANCISCO INTL AIRPORT CHARITY		Person X			
	P.O. BOX 250027	\$20,000.	Payroll Noncash			
	SAN FRANCISCO, CA 94125		(Complete Part II for noncash contributions.)			

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1 to

of Part II

Name of organization

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

Part II Nonca	ash Property (see instructions). Use duplicate copies of Part II if addition	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A_			
		 \$=	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
BAA		Schedule B (Form 990, 990-EZ	, or 990-PF) (2014)

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1 to

1 of Part III

Name of organization OPERATION FREEDOM PAWS

Employer identification number 45-2566382

	ON PREEDOM TAND							
Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
		(e) Transfer of gift						
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee				
	<u> </u>							
(3)	(b)	(c)		(d) Description of how gift is held				
(a) No. from Part I	Purpose of gift	(c) Use of gift		Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee				
	 							
(a)	(b)	(c) Use of gift		(d) Description of how gift is held				
(a) No. from Part I	Purpose of gift	Use of gift		Description of now grit is neid				
		(e) Transfer of gift	5.1	No. of the of the office of the order				
	Transferee's name, addres	s, and ZIP + 4	Rei	ationship of transferor to transferee				
	 							
(a) No. from	(b)	(c) Use of gift		(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift		Description of now gift is field				
	 			l				
		(-)						
		(e) Transfer of gift	ft					
	Transferee's name, addres	s, and ZIP + 4	Kel	ationship of transferor to transferee				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OPERATION FREEDOM PAWS		45-25	66382			
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and	other accounts			
1	Total number at end of year						
2	A						
3	Assessed value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donors are the organization's property, subject to the org	advisors in writing that the assets he	eld in donor advised funds	Yes No			
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or for a	ny other purpose conferring	Yes No			
Par	Conservation Easements.	and Weel to Form 000 Port	IV line 7				
	Complete if the organization answer						
1	Purpose(s) of conservation easements held by the		ervation of a historically importa	ant land area			
	Preservation of land for public use (e.g., recre		ervation of a certified historic st				
	Protection of natural habitat	Fresc	ervation of a certified historic st	ructure			
	Preservation of open space		tion in the form of a concerve	tion assement on the			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neid a qualified conservation contrib	ation in the form of a conserva	ion easement on the			
	last day of the tax your.		Held at the	End of the Tax Year			
2	Total number of conservation easements		2a				
	Total acreage restricted by conservation easemer						
	Number of conservation easements on a certified						
	Number of conservation easements included in (c						
	structure listed in the National Register		2a				
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or	terminated by the organization	during the			
4	Number of states where property subject to conse	rvation easement is located <a>					
5	Does the organization have a written policy regard	ding the periodic monitoring, inspec	ion, handling of violations,	¬v □ N			
	and enforcement of the conservation easements i	t holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, •						
7	Amount of expenses incurred in monitoring, insper ▶\$						
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its reve le organization's financial statemen	enue and expense statement, a s that describes the organization	nd balance sheet, and on's accounting for			
Par		ns of Art, Historical Treasures ered 'Yes' to Form 990, Part	, or Other Similar Assets IV, line 8.				
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education, o	or research in furtherance of pu	nce sheet works of blic service, provide,			
t	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items:	or public exhibition, education, or re	search in furtherance of public	service, provide trie			
	(i) Revenue included in Form 990, Part VIII, line	1	······································				
	(ii) Assets included in Form 990, Part X		▶	j			
	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistorical treasures, or other similar (ASC 958) relating to these items:	assets for financial gain, provid	le the following			
a	Revenue included in Form 990, Part VIII, line 1						
ŀ	Assets included in Form 990, Part X		······	>			

Part III Organizations Maintaining Collection	ctions of Art, Histori	cal Treasures, or Ot	her Similar Assets	(continued)	
3 Using the organization's acquisition, accessio items (check all that apply):	n, and other records, ch	eck any of the following	that are a significant us	e of its collecti	on
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's co- Part XIII.	llections and explain how	they further the organi	zation's exempt purpose	in :	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma				Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount o			nswered 'Yes' to Fo	orm 990, Pa	art IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an, or other intermediary	for contributions or other	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII a					_
				Amount	
c Beginning balance			1с		
d Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance					
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21, t	for escrow or custodial a	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	l in Part XIII	[
Part V Endowment Funds. Complete if t					
(a) Curren	t year (b) Prior year	r (c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance					
b Contributions.					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current	nt year end balance (line	e 1g, column (a)) held a	S:		
a Board designated or quasi-endowment	%				
b Permanent endowment ►	5				
c Temporarily restricted endowment	%				
The percentages in lines 2a, 2b, and 2c should	d equal 100%.				
3 a Are there endowment funds not in the possess organization by:	sion of the organization t	hat are held and admin	istered for the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations	listed as required on Sch	nedule R?		3b	
4 Describe in Part XIII the intended uses of the	organization's endowmer	nt funds.			
Part VI Land, Buildings, and Equipmer	ıt.				
Complete if the organization ans	wered 'Yes' to Form	990, Part IV, line	11a. See Form 990,	Part X, line	10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
1 a Land					
b Buildings					
c Leasehold improvements		144,370.	2,482.	141	,888.
d Equipment		3,200.	747.		453.
e Other		58,521.	6,987.		,534.
Total. Add lines 1a through 1e. (Column (d) must eq					,875.
BAA		(-),		ule D (Form 99	

(a) Description of security or category (including name of security)	'Yes' to Form 990 (b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
3) Other		
(A) (B)		
<u></u>		
<u>(C)</u> D)		
E)		
(<u>F)</u>		
(G) 		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NI / N
Part VIII Investments – Program Related.	'Yes' to Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(-,	,,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/	A
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered "Y (a) De	N/	A Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/ 'es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered "Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered "Yes" to Form	Yes' to Form 990, For scription i), line 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yea' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yea' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yea' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6) (7)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yea' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6) (7) (8)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yea' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, Form 990, Form 990, Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yea' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX PAYABLE (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, For Scription 2), line 15.)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value

Sabadula D	(Earm 990)	2014	OPERATION	FREEDOM	PAWS
Schedule D	(Form 990)	2014	OPERATION	LKEEDOM	FAWS

45-2566382

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Fart 1, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Statements With Expenses Part IV, line 12a 2 a 2 b 2 c	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b c Other losses. 2 c d Other (Describe in Part XIII.). 2 d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 a a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.). 4 b	per Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	per Return. N/A

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 **D** (Form 990) 2014

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer identific	ation number
OP:	ERATION FREEDOM PAWS					45-256638	32
Pa	rt I Fundraising Activities. Comp Form 990-EZ filers are not re				es' to Form 990, Part I	V, line 17.	
1	Indicate whether the organization is	raised funds thr	ough any	of the follo	owing activities. Check a	all that apply.	
	a Mail solicitations			е	Solicitation of non-	government grants	
1	b Internet and email solicitations	5		f	Solicitation of gove	ernment grants	
	c Phone solicitations			a	X Special fundraising	-	
	d In-person solicitations			9	· [1]	,	
		or oral agraca	ant with s	ny individ	lual (including officers	directors trustees or ke	
2	a Did the organization have a writter employees listed in Form 990, Par	t VII) or entity in	n connecti	on with pr	ofessional fundraising s	ervices?	Yes X No
1	b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ties (fund	raisers) pu	ursuant to agreements u	under which the fundrai	ser is to be
(i	Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
	or entity (fundraiser)		have custo of contr	dy or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
			Yes	No			
1					1		
'							
2							
3							
4							
5							
6							
7							
8							,
9							
10					2		
Fotal	List all states in which the organiza	tion is registere	d or licon	od to coli	oit contributions or has	haan natified it is aven	0.
3	or licensing.	tion is registere	u or licers	seu to son	cit contributions of rias	been notined it is exem	ipt from registration

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		0 1 0							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			WINERY DINNER	GOLF TOURNAMEN	1	(add column (a) through column (c))			
R			(event type)	(event type)	(total number)	tillough column (c)			
REVENUE									
E	1	Gross receipts	33,660.	29,550.	5,296.	68,506.			
ÿ	l i		33,000.	23,000.	0,2501	00,000			
_	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	33,660.	29,550.	5,296.	68,506.			
	4	Cash prizes							
	5	Noncash prizes							
DIRECT	6	Rent/facility costs	20,413.	4,013.		24,426.			
Ċ	7	Food and beverages							
E X P	8	Entertainment							
EXPEZSES	9	Other direct expenses	2,081.		4,408.	6,489.			
S		B: 4.1.	1.0: 1(1)						
		Direct expense summary. Add lines 4 thro				30,915.			
	11	Net income summary. Subtract line 10 from				37,591.			
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' to	Form 990, Part IV, I	ine 19, or reported r	nore than			
			(-) Di	(b) Dull toba/Instant	(-) OH	(d) Total gaming			
REVEZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))			
N U E	1	Gross revenue							
_	2	Cash prizes							
D-RECT S	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes%	Yes% No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)▶								
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?								
		e any of the organization's gaming licenses es,' explain:							

Schedule (G (Form 990 or 990-EZ) 2014 OPERATION FREEDOM PAWS	45-2566	382	Page 3
11 Does	the organization operate gaming activities with nonmembers?		Yes	No
12 le the	e organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity f nister charitable gaming?	ormed to	Yes	No
a The	ate the percentage of gaming activity conducted in: organization's facility utside facility	13 a		0/0
14 Ente	r the name and address of the person who prepares the organization's gaming/special events books a	nd records:		
Nam				
Addr	ess ►			
b If 'Ye of ga	s the organization have a contact with a third party from whom the organization receives gaming revenues, es, enter the amount of gaming revenue received by the organization aming revenue retained by the third party \$ es, enter name and address of the third party:	ue?d the amour	. Yes	No
Nam	e -			
Addr	ess ►			į
16 Gam	ing manager information:			
Nam	e -			
Gam	ing manager compensation ► \$			
Desc	cription of services provided			
	Director/officer Employee Independent contractor			
17 Man	datory distributions			
state	e organization required under state law to make charitable distributions from the gaming proceeds to regaming license?		Yes	No
	r the amount of distributions required under state law to be distributed to other exempt organizations on nization's own exempt activities during the tax year <	or spent in ti	ie	
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide	, columns any addi	(iii) and tional	(v),
	information (see instructions).			

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.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TWO OF THE OFFICERS ARE REGISTERED DOMESTIC PARTNERS

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

TAX RETURN WAS REVIEWED BY THE ORGANIZATIONS TREASURER

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

2014

FEDERAL WORKSHEETS

PAGE 1

OPERATION FREEDOM PAWS

45-2566382

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

PROGRAM	
SERVICES	

	SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	277,990.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	_	TOTAL	SERVICES	& GENERAL	FUNDRAISING
AUTO BANK CHARGES		3,060. 1,145.	2,754.	306. 1,145.	
DUES & SUBSCRIPTIONS EOUIPMENT RENTAL		2,422. 3,124.	2,422. 3,124.	_,	
MĒALS		504. 220.	220.	504.	
MEMBERSHIPS MISC LICENSES & TAXES		3,409.		3,409.	
MISCELLANEOUS PAYROLL PROCESSING FEES		1,146. 1,696.	1,032.	114. 1,696.	
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS		712. 2,458.	641. 2,213.	71. 245.	
STAFF DEVELOPMENT		3,703.		3,703.	
TELEPHONE	TOTAL 3	2,792. 3 26,391.	2,513. 3 14,919.	279. \$ 11,472.	\$ 0.
	=				

COMPUTATION OF 2014 NET OPERATING LOSS

1. TOTAL INCOME	
2. TOTAL DEDUCTIONS	12,670.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2)	-2,249.
4. CAPITAL LOSS DEDUCTION OF TRUSTS	0.
2014 NET OPERATING LOSS (LINE 3 MINUS LINE 4)	2,249.

12/31/14

2014 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION FREEDOM PAWS

NODESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFERATE_	CURRENT
ORM 990/990-PF														
AUTO / TRANSPORT EQUIPMENT														
5 1997 FORD VAN	11/09/13		3,200							3,200	107	S/L	5	
TOTAL AUTO / TRANSPORT EQUIP			3,200		0	0) 0	0	3,200	107			
FURNITURE AND FIXTURES														
1 TABLE AND CHAIRS	12/02/11		100)						100	30	S/L	7	
2 LAPTOP COMPUTER	12/15/11		560	1						560	238	S/L	5	
4 PROJECTOR AND SUPPORT	9/18/13		727							727	36	S/L	5	
TOTAL FURNITURE AND FIXTURE			1,387	,	0	0	(0	0	1,387	304			
IMPROVEMENTS														
6 FENCING	10/01/14		52,806	i						52,806		S/L	15	
7 ARTIFICIAL TURF	9/15/14		16,555	i						16,555		S/L	7	
8 NEW ROOF	12/15/14		14,735	i						14,735		S/L	20	
11 MISC LEASEHOLD IMPROVE	10/01/14		60,273							60,273		S/L	20	
TOTAL IMPROVEMENTS			144,369)	0	0	(0	0	144,369	0			
MACHINERY AND EQUIPMENT														
3 KENNEL	9/12/13		12,709)						12,709	605	S/L	7	
9 KENNELS	VARIOUS		21,761							21,761		S/L	7	
10 TRAINING AREA PANELS	9/01/14		4,491							4,491		S/L	7	
12 WASHING MACHINES	12/11/14		1,862	2						1,862		S/L	7	

12/31/14

2014 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

OPERATION FREEDOM PAWS

	NO	DESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR.
ı	13	DOG GROOMING EQUIP	3/10/14		5,000							5,000		S/L	5		833
ı	14	ABOVE GROUND POOL	11/06/14		600							600		S/L	5		20
ı	15	MISC USED EQUIPMENT	3/28/14		10,712							10,712		S/L	5		1,607
		TOTAL MACHINERY AND EQUIPME			57,135		0	0	(0 (0	57,135	605				5,807
		TOTAL DEPRECIATION			206,091		0	0	(0 (0	206,091	1,016				9,200
		GRAND TOTAL DEPRECIATION			206,091		0	0		0 (00	206,091	1,016				9,200

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

_, 2014, and ending For calendar year 2014 or other tax year beginning ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Open to Public Inspection for 501(c)(3) Organizations Only Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if name changed and see instructions. Check box if (Employees' trust, see instructions.) address changed OPERATION FREEDOM PAWS Print Exempt under section 777 1ST STREET PMB #515 45-2566382 or X 501(C)(3) E Unrelated business activity codes (See instructions.) GILROY, CA 95020 Type 408(e) 220(e) 408A 530(a) 611600 529(a) Group exemption number (See instructions.)▶ Book value of all assets at G Check organization type..... ▶ X 501(c) trust 401(a) trust Other trust 501(c) corporation 626,770 Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter the name and identifying number of the parent corporation . . . Telephone number ► 408-847-8518 The books are in care of ► NICOLE MARTINEZ Unrelated Trade or Business Income (B) Expenses (A) Income 1 a Gross receipts or sales. . . c Balance▶ 1 c b Less returns and allowances . . . 2 Cost of goods sold (Schedule A, line 7)..... 2 3 4 a Capital gain net income (attach Schedule D)..... 4 a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 c c Capital loss deduction for trusts..... Income (loss) from partnerships and S corporations 5 (attach statement)..... 6 Rent income (Schedule C)..... 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) 9 Exploited exempt activity income (Schedule I)..... Advertising income (Schedule J)..... 10,421. 10,421 SEE STATEMENT 1 10.421 13 10,421. 13 Total. Combine lines 3 through 12..... Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 3,250. 5,000. 15 Salaries and wages..... 15 16 17 17 18 18 19 650. 19 20 20 22 h 1,000. 23 23 24 24 25 25 Employee benefit programs..... 26 Excess exempt expenses (Schedule I)..... 26 Excess readership costs (Schedule J) 27 27 28 2,770. 12,670. Total deductions. Add lines 14 through 28..... 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 -2,249.31 Net operating loss deduction (limited to the amount on line 30)..... 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30..... -2.249.32 32 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)..... 33 -2,249. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

	Tax Computation					
	anizations Taxable as Corporations. S					
	trolled group members (sections 1561					
	er your share of the \$50,000, \$25,000,	1):	F. F.	
(1)		(3)			LAST P	
	er organization's share of: (1) Addition					
	Additional 3% tax (not more than \$100					
	me tax on the amount on line 34				35 c	
	sts Taxable at Trust Rates. See instruc			60	07.42.10	
	Programme Co.	or Schedule D (Form			36	0.
	ky tax. See instructions				37	
	rnative minimum tax				38	
	I. Add lines 37 and 38 to line 35c or 3	36, whichever applies			39	0.
	Tax and Payments					
40 a Fore	ign tax credit (corporations attach For	m 1118; trusts attach Form 11	116) 40 a			
	er credits (see instructions)					
c Gen	eral business credit. Attach Form 3800	0 (see instructions)		S. Carlotte		
d Cred	lit for prior year minimum tax (attach l	Form 8801 or 8827)	40 d	*3		
	Il credits. Add lines 40a through 40d.				40 e	0.
41 Subt	tract line 40e from line 39				41	0.
	er taxes. Check if from: 🗌 Form 4255			Г		
	Other (attach schedule)				42	
43 Tota	Itax. Add lines 41 and 42				43	0.
	ments: A 2013 overpayment credited to					
	estimated tax payments			100		
	deposited with Form 8868					
	ign organizations: Tax paid or withhel	,				
	kup withholding (see instructions)			9		
	lit for small employer health insurance) 44 f			
		orm 2439				
		Other To	otal • 44 g			
45 Tota	I payments. Add lines 44a through 44g]			45	0.
46 Estir	nated tax penalty (see instructions). C	Check if Form 2220 is attached		▶ 🔲 🗖	46	
46 Estir47 Tax	mated tax penalty (see instructions). C due. If line 45 is less than the total of	Check if Form 2220 is attached lines 43 and 46, enter amount	owed		46 47	
46 Estir47 Tax	nated tax penalty (see instructions). C	Check if Form 2220 is attached lines 43 and 46, enter amount	owed			
46 Estir47 Tax (48 Over49 Ente	mated tax penalty (see instructions). On the due. If line 45 is less than the total of rpayment. If line 45 is larger than the form the amount of line 48 you want: Crest.	Check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax	owedamount overpaid	> 2 > 2 > 2 > 2 > 2	47	
46 Estir47 Tax (48 Over49 Ente	mated tax penalty (see instructions). C due. If line 45 is less than the total of rpayment. If line 45 is larger than the t	Check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax	owedamount overpaid	> 2 > 2 > 2 > 2 > 2	47 48	
46 Estir 47 Tax 6 48 Over 49 Ente Part V	mated tax penalty (see instructions). On the due. If line 45 is less than the total of rpayment. If line 45 is larger than the form the amount of line 48 you want: Crest.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other	owedamount overpaid	Refunded 2	47 48 49	Yes No
46 Estir 47 Tax 6 48 Over 49 Ente Part V 1 At ar finan	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the tax representation of line 48 you want: Cree Statements Regarding Certains time during the 2014 calendar year initial account (bank, securities, or other) in a	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the	owedamount overpaid Information (see instinterest in or a signature organization may have to	Refunded > 2 tructions) or other authorion file FinCEN For	47 48 49 ity over a	
46 Estir 47 Tax 6 48 Over 49 Ente Part V 1 At ar finan	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the tax representation of line 48 you want: Cree Statements Regarding Certains time during the 2014 calendar year initial account (bank, securities, or other) in a	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the	owedamount overpaid Information (see instinterest in or a signature organization may have to	Refunded > 2 tructions) or other authorion file FinCEN For	47 48 49 ity over a	Yes No
46 Estir 47 Tax 4 48 Over 49 Ente Part V 1 At ar finan Repo	mated tax penalty (see instructions). Or due. If line 45 is less than the total of rpayment. If line 45 is larger than the tax the amount of line 48 you want: Creamy time during the 2014 calendar year incial account (bank, securities, or other) in a part of Foreign Bank and Financial Account	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the punts. If YES, enter the name	owed	Refunded \(\frac{1}{2} \) Tructions) or other authoric of file FinCEN For	47 48 49 ity over a rm 114,	Yes No
46 Estir 47 Tax 4 48 Over 49 Ente Part V 1 At ar finan Repo	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the tax the amount of line 48 you want: Creamy time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization results.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or v	owed	Refunded \(\frac{1}{2} \) Tructions) or other authoric of file FinCEN For re	47 48 49 ity over a rm 114,	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the first the amount of line 48 you want: Cree Statements Regarding Certary time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization rests, see instructions for other forms the	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the punts. If YES, enter the name eccive a distribution from, or very organization may have to file	owed	Refunded \(\) \(47 48 49 ity over a rm 114,	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repc 2 Durir If YE 3 Ente	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the first the amount of line 48 you want: Cree Statements Regarding Certary time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization restricts, see instructions for other forms the restricts amount of tax-exempt interest restricts.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eceive a distribution from, or very organization may have to file eceived or accrued during the	owed	Refunded \(\frac{1}{2} \) Tructions) or other authoric of file FinCEN For re	47 48 49 ity over a rm 114,	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul	rated tax penalty (see instructions). Odue. If line 45 is less than the total of rpayment. If line 45 is larger than the total of repayment. If line 45 is larger than the total of repayment. If line 45 is larger than the total of repayment. If line 48 you want: Cree Statements Regarding Certains time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization receives, see instructions for other forms the receive the amount of tax-exempt interest received.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or very organization may have to file eccived or accrued during the ter method of inventory valuated.	owed	Refunded \(\frac{1}{2} \) Refunded \(\frac{1}{2} \) To other authorises of the FinCEN Form re \(\frac{1}{2} \) ansferor to, a form 0.	ity over a rm 114, reign trust?	Yes No
46 Estir 47 Tax 4 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul 1 Inver	mated tax penalty (see instructions). Of due. If line 45 is less than the total of rpayment. If line 45 is larger than the trace the amount of line 48 you want: Creamy time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization refers, see instructions for other forms the rather amount of tax-exempt interest refer the amount of tax-exempt interest refer to year.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or very organization may have to file eccived or accrued during the ter method of inventory valuat	owed	Refunded \(\) \(47 48 49 ity over a rm 114,	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul 1 Inver 2 Purc	mated tax penalty (see instructions). Odue. If line 45 is less than the total of rpayment. If line 45 is larger than the tax representation of line 48 you want: Cree Statements Regarding Certains time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial According the tax year, did the organization rests, see instructions for other forms the rest the amount of tax-exempt interest restrictions at beginning of year.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or very corganization may have to file eccived or accrued during the eter method of inventory valuated.	owed	Refunded > 2 Refunded > 2 tructions) or other authoric of file FinCEN For re > ansferor to, a for year	ity over a rm 114, reign trust?	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul 1 Inver 2 Purc 3 Cost	mated tax penalty (see instructions). Odue. If line 45 is less than the total of rpayment. If line 45 is larger than the total of repayment. If line 45 is larger than the total of repayment. If line 45 is larger than the total of repayment. If line 48 you want: Cree Statements Regarding Certains time during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial According the tax year, did the organization rests, see instructions for other forms the rest remount of tax-exempt interest rester a mount of Goods Sold. Enterpretation of Jahann and Jahan	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or very organization may have to file eccived or accrued during the ter method of inventory valuat	owed	Refunded \(\) \(ity over a rm 114, reign trust?	Yes No
46 Estir 47 Tax 48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul 1 Inver 2 Purc 3 Cost	mated tax penalty (see instructions). Odue. If line 45 is less than the total of rpayment. If line 45 is larger than the total of the treatment of line 48 you want: Cree Statements Regarding Certains the during the 2014 calendar year incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization restricts, see instructions for other forms the restrict amount of tax-exempt interest restricts and the amount of tax-exempt interest restricts at beginning of year. The cost of Goods Sold. Enter the amount of tax-exempt interest restricts at beginning of year. The cost of Goods Sold. Enter the amount of tax-exempt interest restricts at beginning of year. The cost of Goods Sold. Enter the cost of labor. The cost of Goods Sold. Enter the cost of labor. The cost of Goods Sold. Enter the cost of labor. The cost of Goods Sold. Enter the cost of labor. The cost of Goods Sold. Enter the cost of labor. The cost of Goods Sold. Enter the cost of labor.	check if Form 2220 is attached lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2015 estimated tax in Activities and Other, did the organization have an a foreign country? If YES, the punts. If YES, enter the name eceive a distribution from, or very organization may have to fill eceived or accrued during the ter method of inventory valuated.	owed	Refunded \(\) \(ity over a rm 114, reign trust?	Yes No
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Schedule C — Rent Income	(From Real Prop	erty and Per	sonal Pro	operty Leased	d With	Real Proper	ty) (see	instructions)	
1 Description of property									
(1)						~			
(2)									
(3)									
(4)									
	2 Rent received	or accrued							
(a) From personal pro (if the percentage of rent for property is more than 10 more than 50%)	or personal % but not	(if the perc property ex	entage of ceeds 50	ersonal property rent for person % or if the rent or income)	3(a) Dedu the inco	ductions directly connected with ome in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total		otal				(h) Total dodust	ione Enton		
(c) Total income. Add totals of conhere and on page 1, Part I, line	6, column (A)	▶			- 1	(b) Total deduct here and on page I, line 6, column (1, Part		
Schedule E — Unrelated I	Debt-Financed	Income (see	e instructio	ons)					
1 Description of del	ot-financed proper	ty	or alloc	income from		debt	-finance	ected with or allocable to d property	
		financ	ed property		a) Straight line ciation (attach		(b) Other deductions (attach schedule)		
(1)					<u> </u>				
(2)					 				
(3)			<u> </u>		-				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to property (atta	debt-financed	6 Column 4 divided by rep column 5			Gross income rtable (column column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
TotalsTotal dividends-received deduct					Enter Part I	here and on p , line 7, colum	age 1, E n (A). I	Enter here and on page 1, Part I, line 7, column (B).	
Schedule F - Interest, Ar	nnuities, Roya	Ities, and Re	ents Fro	m Controlle	d Org	anizations	(see ins	structions)	
		Exempt Cont							
1 Name of controlled organization	2 Employer identification number	3 Net unr income ((see instru	(loss)	4 Total of spe payments n	ecified nade	5 Part of contract that is incompared the contract organization organi	luded in rolling ation's		
(1)						-			
(2)									
(3)						-			
(4) Nonexempt Controlled Organizati	iono								
		O Total of	anasifiad	10 Dort	6 001	O the at in		1 Deductions discult	
7 Taxable Income	8 Net unrelated income (loss) (see instructions	paymen	specified ts made	included	in the	nn 9 that is controlling oss income		Deductions directly innected with income in column 10	
(1)									
(2)									
(3)									
(4)				here and or	page '	nd 10. Enter 1, Part I, line		columns 6 and 11. Enter	
Totals				8, 0	column	(A).		8, column (B).	

Schedule G — Investment Income 1 Description of income	2 Amount of inc		3 dire	Deductions ctly connected ach schedule)	4 Set-aside (attach sched	S	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)			(att	acti scriedule)			Pi	us column 4)
(2)								
(3)								
(4)								
Totals	Enter here and on Part I, line 9, colu	page 1, mn (A).				the -	Enter he Part I, li	re and on page 1 ne 9, column (B).
Schedule I – Exploited Exemp	nt Activity Inco	me Ot	her Th	an Advertising	Income (see in	ctructi	one)	
Table 1 Exploited Exemp	2 Gross		ses directly	4 Net income (loss)	5 Gross income from		xpenses	7 Excess exempt
1 Description of exploited activity	unrelated business income from trade or business	connec prod of un	cted with uction irelated ss income	from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	activity that is not unrelated business income	attrib	outable to lumn 5	expenses (column 6 minus column 5, bu not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A).	on part I,	nere and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals					and the second		-14	
Schedule J – Advertising Inco								
Part I Income From Periodic	als Reported o							
1 Name of periodical	2 Gross advertising income	adve	irect rtising sts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)								
(3)								The Control of the State of the
(4)								College and settle
Totals (carry to Part II, line (5))		n a Se _l	parate	Basis (For each	periodical listed in	Part I	I, fill in col	umns 2 through
7 on a line-by-line basis.)								
1 Name of periodical	2 Gross advertising income	advei	rect rtising sts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)	-							
(4)								
	_						0	
(5) Totals from Part I								
Fotals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on pa Part I,	ere and age 1, line 11, nn (B).	10 10 10 10 10 10 10 10 10 10 10 10 10 1				Enter here and on page 1, Part II, line 27.
Schedule K - Compensation		ctors	and Tr	USTEES (SAA inst	ructions)	r superior	VICE STATE	L
1 Name	,	1010,		2 Title	3 Percent of time devoted to business	1		ation attributable ted business
		†			9	-		
		1				_		
		1			9			
					9			
Total Enter here and on page 1 Part I	L line 14					•		3 250

2014	FEDERAL STATEMENTS	PAGE
	OPERATION FREEDOM PAWS	45-256638
STATEMENT 1 FORM 990-T, PART I, OTHER INCOME DOG BOARDING & TR	LINE 12 AININGTOTAL	\$ 10,421. \$ 10,421.
STATEMENT 2 FORM 990-T, PART II OTHER DEDUCTIONS	LINE 28	
RENT	TOTAL	\$ 1,200. 1,000. 570. \$ 2,770.

FORM

2014 California Exempt Organization Annual Information Return

'	01	1111	
1	9	9	

Calendar Y	ear 201	14 or fiscal	year beginning	(mm/dd/yyyy)		, a	nd ending	g (mm/dd	/yyyy)			
Corporation/Or	ganization	n name								C	alifornia corporation n	umber
OPERAT	ION F	FREEDON	M PAWS								23384746	
Additional infor										F	EIN	
											15-2566382	
Street address 777 1S.			5 1 E								MB no.	
City	1 511	KEEI #5	713					State		Z	IP code	
GILROY								CA			95020	
Foreign country	y name							Foreign p	province/state/county	F	oreign postal code	
				Yes	X No	J If e	xemnt unde	r R&TC Sec	tion 23701d, has the			
						org	anization en	ngaged in po	olitical activities?			
B Amended	Return			• Yes	X No	See	instruction	IS			• Yes	x No
C IRC Section	on 4947(a		<u></u>		x No							П.,
D Final Info	rmation F	Return?	 Dissolved 	 Surrendered (V 	Vithdrawn)				under R&TC Section	23701	g? • Yes	X No
• Me	erged/Red	organized				nor	'es,' enter th member so	he gross rec urces	eipts from	\$		
En En	ter date ((mm/dd/yyyy	y) •			L If o	rganization	is exempt u	inder R&TC Section 2	23701d		
E Check acc			ial 3 Other						ception, check box.		• □	
F Federal re		2 Accru	al 3 Other			N0	filing fee is	requirea			• ∐	
_	sturri irrec ⊈ 990T		990-PF 3	Cch H (990)		M Ist	he organizat	tion a Limit	ed Liability Company	/?	• Yes	X No
			uctions		X No				orm 100 or Form 109			∏No
H Is this ord	nanization	n in a group e	exemption?	Yes	x No	O Is t	he organizat	tion under a	audit by the IRS or ha	as the IF	RS .	
		e parent's nan				aud	ited in a pri	ior year?			• Yes	x No
						D le s	n IRS Form	1023/1024	pending?		Yes	No
■ Did the o	rnanizatio	on have any c	hanges to its guidelir	29			e filed with		ponumg.			
not report	ted to the	FTB? See in	structions	• Yes	x No		o moa man				CACA1112L	12/08/14
Part I	Compl	lete Part I u	unless not requir	ed to file this form.	See Gene	eral Ins	tructions	B and C.	•			
	1 0	Gross sales	s or receipts fron	n other sources. Fro	om Side 2	, Part I	I, line 8		•	1	80	,305.
	2 0	Gross dues	and assessmen	ts from members a	ınd affiliate	es		<u></u>	• • •	2		
Receipts and	3 0	Gross conti	ributions, gifts, g	rants, and similar a	amounts re	eceived		SEE	SCH. B.	3	370	,454.
Revenues	4 T	Total gross	receipts for filing	g requirement test.	Add line	1 throu	gh line 3.					
			•	d. If the result is les				eral Instru	ıction B ●	4	450	,759.
				es expenses of ass						-		1241-66 S
				line 6						7	450	750
				ct line 7 from line 4						8 9		,759.
Expenses				ements. From Side						10		,117. ,642.
				enses and disburse General Instruction						11	100	10.
				eneral instruction						12		
Filing Fee	13 P	Penalties a	and Interest See	General Instruction						13		
				ction K						14	-	
	15 B	Ralance du	e. Add line 11 li	ne 13, and line 14. he result						15		10.
	Under per	enalties of perju	act file 12 from t	examined this return, inclurer (other than taxpayer)	uding accompa	anying sch	edules and s	statements, a		nowledge	e and belief, it is true,	
Sign Here	l .		. Declaration of prepa	rer (other than taxpayer)	is based on a Title	all inform	ation of whic	cn preparer	Date	10	Telephone	
	Signatur of office	re >									108-847-851	18
	Preparer	r's D					Date		Check if self-	1 I	PTIN	
Paid	signature	e H.	STEPHEN SA						employed		P00389625 FEIN	
Preparer's Use Only	Firm's name						—1`					
	(or yours, if self-employed) and address GILROY, CA 95020							_	77-0534895 Telephone			
	anu auul	11000	GILROY, C	A 95020						\dashv	(408) 842-9	9466
		the ETD I'm	nouse this actuary	with the propers -	hown sh-	vo2 Ca	e instruct	tions		Γ,	X Yes	No
	ı may ti	the FIR dis	scuss this return	with the preparer s	nown abo	ve: se	e ii isti uct	110115		•		

OPERATION FREEDOM PAWS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information

		regai	rdless of amount of gross recei						\neg		
		1	Gross sales or receipts from al						-	1	
		2	Interest						-	2	23.
		3	Dividends							3	
Rece		4	Gross rents							4	
from Other		5	Gross royalties							5	
Sour		6	Gross amount received from sa	ale of	assets (See instructio	ns)			•	6	
		7	Other income. Attach schedule				SEE ST	ATEMENT 1	•	7	80,282.
		8	Total gross sales or receipts from othe	r sourc	es. Add line 1 through line 7.	Enter	here and on Side 1, F	Part I, line 1		8	80,305.
		9	Contributions, gifts, grants, and similar	amou	nts paid. Attach schedule				• 🗆	9	
		10	Dishursements to or for memb	ers					• 1	0	
		11	Compensation of officers, direct	ctors.	and trustees. Attach s	ched	ule SEE ST	ATEMENT 2	• 1	1	65,000.
		12	Other salaries and wages						• 1	2	105,058.
Expe	nses	13	Interest							3	
and Disbu		14	Taxes							4	11,901.
ment		15	Rents							5	8,005.
		16	Depreciation and depletion (Se	e ins	tructions)				• 1	6	9,200.
		17	Other Expenses and Disburser	nents	Attach schedule		SEE ST	ATEMENT 3	• 1	7	144,953.
		18	Total expenses and disbursements. Ad	d line (through line 17. Enter here	and on	Side 1. Part I, line 9		. 1	8	344,117.
Cob	edule		Balance Sheets	4 11110	Beginning of ta			En	d of	axabl	e year
		<u> </u>	Balance Sheets	$\overline{}$	(a)		(b)	(c)			(d)
Asse							503,771.			•	430,895.
1 2			receivable	-	a service paragraphical					•	
3			eivable							•	
4										•	
5	Federal	and s	tate government obligations							•	
6			n other bonds							•	
7	Investm	ents i	n stock							•	
8	Mortga	ge loar	ns		特別學的學			《金融》		•	
9	Other in	vestm	nents. Attach schedule							•	
10 a	Depreci	able a	ssets	. [17,296.			206,0	091		《艾克·艾克》
b	Less ac	cumul	lated depreciation		1,016.		16,280.	10,2	216		195,875.
11	Land									•	
12	Other a	ssets.	Attach schedule		过度速度			表现在是数据		•	
13	Total a	ssets.					520,051.				626,770.
Liabi	lities a	nd n	et worth				· · · · · · · · · · · · · · · · · · ·	10000000000000000000000000000000000000			
14	Accoun	ts pay	able					10000000000000000000000000000000000000		•	
15	Contrib	utions	, gifts, or grants payable					全联		•	
16			otes payable	00000				· · · · · · · · · · · · · · · · · · ·		•	
17	Mortga	ges pa	yable							•	
18	Other li	abiliti	es. Attach schedule	4						_	77.
19	Capital	stock	or principal fund				520,051.	2次日本2年		•	626,693.
20			pital surplus. Attach reconciliation								
21			nings or income fund				520,051.				626,770.
22			ies and net worth		ASSESSMENT OF THE STREET, STRE		520,051.	地方和图图记录的证明			020,770.
Sch	edule	• M-	1 Reconciliation of income po	er bo	oks with income per re	turn	line 12 column	(d) is loss than 9	150 O	00	
			Do not complete this sched								
1			er books	•	106,642.	7	in this return. Attac	books this year not in	nciuue	•	
2			ne tax			8	Deductions in this r				
3			ecorded on books this year.			ľ	against book incom				
4			ule	•		1	Attach schedule				
5			orded on books this year not deducted	1000		9	Total. Add line 7 ar	nd line 8			
•			. Attach schedule	•		10	Net income per				
6			ne 1 through line 5		106,642.		Subtract line 9	from line 6			106,642.

Side 2 Form 199 C1 2014 059 3652144 CACA1112L 12/08/14

Schedule B (Form 990, 990-EZ, or 990-PF)

CALIFORNIA COPY

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization		Employer identification number				
OPERATION FREEDOM PAWS		45-2566382				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a privar	te foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	neral Rule or a Special Rule					
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.				
General Rule						
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions totaling te Parts I and II. See instructions for determining a contributo	ng \$5,000 or more (in money or r's total contributions.				
Special Rules						
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(v received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% suppor i), that checked Schedule A (Form 990 or 990-EZ), Part II, line year, total contributions of the greater of (1) \$5,000 or (2) 20-EZ, line 1. Complete Parts I and II.	t test of the regulations e 13, 16a, or 16b, and that % of the amount on (i)				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 990 filing requirements of Schedule B (Form 990, 990-EZ, or 990	dule B (Form 990, 990-EZ, or 0-EZ or on its Form 990-PF,				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 of

2 of **Part 1**

OPERATION FREEDOM PAWS

Employer identification number

	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ANNENBERG FOUNDATION	-	Person X Payroll
	2000 AVENUE OF THE STARS #1000	\$70,000.	Noncash
	LOS ANGELES, CA 90067	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JANET_KING		Person X
	6620 DEVON PLACE	\$5,050.	Payroll
	GILROY, CA 95020		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MACQUARIE		Person X Payroll
	125 WEST 55TH STREET	\$38,623.	Noncash
	NEW YORK, NY 10019		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
		contributions	
4	FUSENOT, GEORGES & GERMAINE CHARITY	contributions	Person X
4	FUSENOT, GEORGES & GERMAINE CHARITY 727 WILCOX AVE	\$6,000.	
4			Person X Payroll
4 ——— (a) Number	727 WILCOX AVE		Person X Payroll Noncash (Complete Part II for
	727 WILCOX AVE LOS ANGELES, CA 90038 (b)	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) Number	727 WILCOX AVE LOS ANGELES, CA 90038 (b) Name, address, and ZIP + 4	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) Number	727 WILCOX AVE LOS ANGELES, CA 90038 Name, address, and ZIP + 4 GAMBORD, JOEL & DENA FOUNDATION	\$6,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) Number	727 WILCOX AVE LOS ANGELES, CA 90038 Name, address, and ZIP + 4 GAMBORD, JOEL & DENA FOUNDATION 2354 GARDEN ROAD	\$6,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) Number 5 (a) Number	727 WILCOX AVE LOS ANGELES, CA 90038 Name, address, and ZIP + 4 GAMBORD, JOEL & DENA FOUNDATION 2354 GARDEN ROAD MONTEREY, CA 93940 (b)	\$6,000. (c) Total contributions \$30,000. (c) Total	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.)
(a) Number 5 (a) Number	727 WILCOX AVE LOS ANGELES, CA 90038 Name, address, and ZIP + 4 GAMBORD, JOEL & DENA FOUNDATION 2354 GARDEN ROAD MONTEREY, CA 93940 Name, address, and ZIP + 4	\$6,000. (c) Total contributions \$30,000. (c) Total	Person X Payroll

Page

2 of

2 of **Part 1**

Name of organization
OPERATION FREEDOM PAWS

Employer identification number

Part I Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
---------------------	---

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	APPLIED MEDICAL 22872 AVENIDA EMPRESA	\$ <u>10,370.</u>	Person X Payroll Noncash (Complete Part II for
	RANCHO SANTA MARGARI, CA 92688		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BARTS MARR FAMILY FOUNDATION 501 SILVERSIDE RD STE 123 WILMINGTON, DE 19809	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FIDELITY CHARITABLE GIFT TRUST P.O. BOX 770001 CINCINNATI, OH 45277	\$45,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	SOVEREIGN ORDER - ST JOHN JERUSALEM 340 GRAND AVE BLVD #3 SAN MATEO, CA 94401	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	EVENTBRITE 651 BRANNAN STREET STE 110 SAN FRANCISCO, CA 94103	\$7,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	SAN FRANCISCO INTL AIRPORT CHARITY P.O. BOX 250027 SAN FRANCISCO, CA 94125	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

1 to

of Part II

Name of organization
OPERATION FREEDOM PAWS

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$	
(a) No	(b)	(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>	٩	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		,	
		\$	
(a) No	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	L	^{\$}	
BAA	Sched	dule B (Form 990, 990-EZ	, or 990-PF) (2014)

1 to

of Part III

Name of organizatior	1	
OPERATION	FREEDOM	PAWS

Employer identification number 45-2566382

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

CALIFORNIA FORM

Depreciation and Amortization

3885F

Attach to Form 541, Form 109, or Form 199. FC	ORM 199				
Name of estate or trust					FEIN
OPERATION FREEDOM PAWS					45-2566382
Depreciation Assets placed in service during	the current taxable	year:			
1 (a)	(b)	(c)	(d)	(e)	(f)
Description	Date placed in	Cost or	Method of	Life or	Depreciation for
of property	service (mm/dd/yyyy)	other basis	figuring depreciation	rate	this year
FENCING	10/01/2014	52,806.	S/L	15	880.
ARTIFICIAL TURF	9/15/2014	16,555.	S/L	7	788.
NEW ROOF	12/15/2014	14,735.	S/L	20	61.
KENNELS	VARIOUS	21,761.	S/L	7	1,295.
TRAINING AREA PANELS	9/01/2014	4,491.	S/L	7	214.
MISC LEASEHOLD IMPROVE	10/01/2014	60,273.	S/L	20	753.
WASHING MACHINES	12/11/2014	1,862.	S/L	7	22.
DOG GROOMING EQUIP	3/10/2014	5,000.	S/L	5	833.
ABOVE GROUND POOL	11/06/2014	600.	S/L	5	20.
MISC USED EQUIPMENT	3/28/2014	10,712.	S/L	5	1,607.
MISC USED EQUIPMENT	3/20/2014	10,712.	5/ц	3	1,007.
Add line 1 column (f) amounts. See instructions.				1(f)	6,473.
Amortization Intangibles placed in service du	ring the current taxa	hlo year:			
			(a)	(h)	(i)
1 (a) Description	(b) Date placed in	(c) Cost or	(g) Code	Period or	Amortization
of property	service	other basis	section	percentage	for this year
	(mm/dd/yyyy)				
Add line 1 column (i) amounts. See instructions				1(i)	
Depreciation					
-	antina haginning hat	iora tha 2014 tayahla ya	or	2	2,727.
2 California depreciation for assets placed in s		ore the 2014 taxable ye	al	-	2,121.
Be sure to make adjustments for any basis of				2	0 200
3 Total California depreciation. Add line 1(f) an	na line 2			3	9,200.
Amortization					
4 California amortization for intangibles placed		petore the 2014 taxabl	e year	4	
Be sure to make adjustments for any basis of				_	
5 Total California amortization. Add line 1(i) ar	nd line 4			5	
6 Total depreciation and amortization. Add line	e 3 and line 5. See in	nstructions		6	9,200.
					· · · · · · · · · · · · · · · · · · ·

2014	CA	LIFORNIA STATEI	MEN	NTS		PAGE
		OPERATION FREEDOM F	PAWS	5		45-25663
STATEMENT 1 FORM 199, PART II, LIN OTHER INCOME DOG BOARDING & TRAI INCOME FROM SPECIAL	INING				\$ TOTAL <u>\$</u>	10,421. 69,861. 80,282.
STATEMENT 2 FORM 199, PART II, LIN COMPENSATION OF OFI CURRENT OFFICERS:	IE 11 FICERS, DIREC	TORS, TRUSTEES AND KE	YEM	PLOYEES		
NAME AND A	DDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			CONTRI- BUTION TO EBP & DC	ACCOUNT/
MARY CORTANI 777 1ST STREET PMB GILROY, CA 95020		PRESIDENT 65.00	\$			
JANET KING 777 1ST STREET PMB GILROY, CA 95020	515	VICE PRESIDENT 5.00		0.	0.	C
DIANE JIMENEZ 777 1ST STREET PMB GILROY, CA 95020	515	SECRETARY 5.00		0.	0.	C
NICOLE MARTINEZ 777 1ST STREET PMB GILROY, CA 95020	515	TREASURER 10.00		0.	0.	C
CARROLL CONNELL 777 1ST STREET PMB GILROY, CA 95020	515	DIRECTOR 2.00		0.	0.	C
DENNIS MCLAUGHLIN 777 1ST STREET PMB GILROY, CA 95020	515	DIRECTOR 2.00		0.	0.	0
		TOTAL	\$	65,000.	\$ 0.	\$ 0
ADVERTISING AND PRO AUTO BANK CHARGES CONFERENCES, CONVEN CONTRACT LABOR DOG CARE & TRAINING	MOTION	MEETINGS				740. 7,780. 3,060. 1,145. 780. 16,104. 15,036. 2,422.

2	^	1	
Z	u	ш	4

CALIFORNIA STATEMENTS

PAGE 2

OPERATION FREEDOM PAWS

45-2566382

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

EQUIPMENT RENTAL INSURANCE	\$	3,124. 12,579.
LEGAL FEES		3,600.
MEALSMEMBERSHIPS		504.
MISC LICENSES & TAXES		220. 3,409.
MISCELLANEOUS		1,146.
OFFICE EXPENSES		3,451.
PAYROLL PROCESSING FEES		1,696.
POSTAGE AND SHIPPING		712.
PRINTING AND PUBLICATIONS PSYCHOTHERAPY SERVICES		2,458. 16,500.
SPECIAL EVENT EXPENSES		31,775.
STAFF DEVELOPMENT		3,703.
TELEPHONE		2,792.
TRAVELUTILITIES		4,511.
TOTAL	\$	5,706. 144,953.
1011111	~	144, 555.

STATEMENT 4 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

PAYROLL TAX PAYABLE $\frac{77}{5}$

12/31/14

2014 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION FREEDOM PAWS

VO	DESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
ORM 19	9														
AUT0	/ TRANSPORT EQUIPMENT														
5 199	97 FORD VAN	11/09/13		3,200							3,200	107	S/L	5	
ТО	TAL AUTO / TRANSPORT EQUIP			3,200		0	0	() 0	0	3,200	107			
FURNIT	TURE AND FIXTURES														
1 TA	BLE AND CHAIRS	12/02/11		100)						100	30	S/L	7	
2 LA	PTOP COMPUTER	12/15/11		560)						560	238	S/L	5	
4 PR	OJECTOR AND SUPPORT	9/18/13		727							727	36	S/L	5	
TO	TAL FURNITURE AND FIXTURE			1,387	,	0	0	(0	0	1,387	304			
IMPRO	VEMENTS														
6 FE	NCING	10/01/14		52,806	S						52,806		S/L	15	
7 AR	TIFICIAL TURF	9/15/14		16,555	5						16,555		S/L	7	
8 NE	W ROOF	12/15/14		14,735	5						14,735		S/L	20	
11 MI	SC LEASEHOLD IMPROVE	10/01/14		60,273	3						60,273		S/L	20	
TO	TAL IMPROVEMENTS			144,369)	0	0		0 0	0	144,369	0			
MACH	NERY AND EQUIPMENT														
3 KE	NNEL	9/12/13		12,709	9						12,709	605	S/L	7	,
9 KE	NNELS	VARIOUS		21,761	I						21,761		S/L	7	
10 TR	AINING AREA PANELS	9/01/14		4,491	l						4,491		S/L	7	
12 W	ASHING MACHINES	12/11/14		1,862	2						1,862		S/L	7	

12/31/14

2014 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

OPERATION FREEDOM PAWS

_NO	DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	_RATE_	CURRENT DEPR.
13	DOG GROOMING EQUIP	3/10/14		5,000							5,000		S/L	5		833
14	ABOVE GROUND POOL	11/06/14		600							600		S/L	5		20
15	MISC USED EQUIPMENT	3/28/14		10,712							10,712		S/L	5		1,607
	TOTAL MACHINERY AND EQUIPME			57,135		0	0	() (0	57,135	605				5,807
	TOTAL DEPRECIATION			206,091		0	0	() (0	206,091	1,016				9,200
	GRAND TOTAL DEPRECIATION			206,091	ı	0	0	() (0 0	206,091	1,016				9,200

2014 California Exempt Organization Business Income Tax Return

109

Calendar Yea	ar 2014 or fiscal year beginning (mm/dd/yyyy), and e	ending (m	nm/dd/yyyy)		
Corporation/Orga	nization name			California	corporation number
	N FREEDOM PAWS			C338	4746
Additional Inform	stion. See instructions.			FEIN	
Street address (s	uite/room no.)			PMB no.	566382
777 1ST	STREET #515				
City (If the corpora	ion has a foreign address, see instructions.)	tate	ZIP code		
GILROY		'A	95020		
Foreign country na	me Foreign province/state/county		Foreign postal code		
A First Date	rn Filed?Yes XNo H Is the org	animation o	non-exempt charitable tru		
	rn Filed?	in IRC Sec	tion 4947(a)(1)?	(Yes X No
B Is this an meaning	of DUTC Section 227122		claiming any former; Enter		
	anization under audit by the IRS Zone (EZ)), Los Ange	les Revitalization Zone (LA	RZ),	
D Final Ret		ency Militar Tax Area (y Base Recovery Area (LAI FTA), or Manufacturing	VIBRA),	
	solved Surrendered (Withdrawn)	nent Area (TTA), or Manufacturing MEA) tax benefits?	•	Yes X No
		ganization a	qualified pension, profit- described in IRC Section 4	sharing, or	
	Peturn Voc VI No				Yes X No
	Method Used: (1) X Cash (2) Accrual (3) Other	Business A	Activity (UBA) Code	•	611600
	L Is this a H				Yes X No
G Nature of	trade or business If "Yes," at	ttach IRS S	chedule H (Form 990)		
Taxable	1 Unrelated business taxable income from Side 2, Part II, line 30			1	
Corporation	2 Multiply line 1 by the average apportionment percentage		% from the		
	Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See ins			2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated busine				
Taxable.	California and Schedule R was not completed, enter the amount from	m line 1.	• • • • • • • • • • • • • • • • • • • •	3	
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30			4	-2,249.
Tax	5 Unrelated business taxable income from line 3 or line 4		•	5	
Compu- tation	6 Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduc			6	
	7 Net Operating Loss deduction. See General Information N			7	
	8 Add line 6 and line 7.			8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5		-	9	0.
	10 Tax % x line 9. See General Information J			10 11b	
	11 a New employment credit, amount generated • a) c Tax credits from Schedule B. See instructions	. I I D) Amol	unt claimed	11c	
	d Total Credits. Add line 11b and 11c			11d	
Total	12 Balance. Subtract line 11d from line 10. If line 11d is greater than lin			12	0.
Tax	13 Alternative minimum tax. See General Information O			13	
	14 Total tax. Add line 12 and line 13			14	
Payments	15 Overpayment from a prior year allowed as a credit ● 1	15		37.55	
		16			
		17			
		18			
	19 Total payments and credits. Add line 15 through line 18			19	
Refund	 Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions. Overpayment. Subtract line 14 from line 19. See instructions. 			20	
(Direct Deposit of	21 Overpayment. Subtract line 14 from line 19. See instructions22 Enter amount of line 21 to be applied to 2014 estimated tax			21	
Refund) or	23 Use tax. See instructions			23	
Amount Due	24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from			24	
	a Fill in the account information to have the refund directly deposited.				
	b Type: Checking ● Savings ● C Account Number				
	25 Penalties and interest. See General Information M			25	
	26 • Check if estimate penalty computed using Exception B or C and attach form F	TB 5806.		104.10	
	27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from	the result .		27	
			041/400401 04/05/	1.5	

Unrelated Business Taxable Income

Par	tΙ	Unrelated Trade or Business Income		
1	Gro	ss receipts or gross sales	1 c	
2	Со	ost of goods sold and/or operations (Schedule A, line 7)	2	
3	Gr	oss profit. Subtract line 2 from line 1c	3	
4 a	C a	pital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4 a	
Ł	Ne	et gain (loss) from Part II, Schedule D-1	4 b	
		pital loss deduction for trusts	4 c	
5	Inc	come (or loss) from partnerships, limited liability companies, or S corporations. See specific line structions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule.		
6		ntal income (Schedule C)	5	
7	l In	related debt-financed income (Schedule D)	6	
8			7	
9	Inte	restment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	
10	Evi	erest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	
		ploited exempt activity income (Schedule G)	10	
11	Au	vertising income (Schedule H, Part III, Column A)	11	
12		ner income. Attach schedule. SEE STATEMENT 1	12	10,421.
		tal unrelated trade or business income. Add line 3 through line 12	13	10,421.
Pan 14		Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business		
14		mpensation of officers, directors, and trustees from Schedule I	14	3,250.
15		laries and wages	15	5,000.
16		pairs	16	
17		d debts	17	
		erest. Attach schedule	18	
		ces. Attach schedule SEE STATEMENT 2 •	19	650.
		ntributions. See instructions and attach schedule	20	
		reciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) • 21 a 1,000.		
		s: depreciation claimed on Schedule A. See instructions	21	1,000.
22	Det	oletion. Attach schedule	22	
23 a	C01	ntributions to deferred compensation plans	23 a	
D 04	C#h	ployee benefit programs. See instructions.	23 b	
		er deductions. Attach schedule	24	2,770.
		al deductions. Add line 14 through line 24	25	12,670.
	line	elated business taxable income before allowable excess advertising costs. Subtract line 25 from 13	26	-2,249.
27	Exc	ess advertising costs (Schedule H, Part III, Column B)	27	,
28	Unr	elated business taxable income before specific deduction. Subtract line 27 from line 26	28	-2,249.
29	Spe	ecific deduction. See instructions	29	
		elated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-2,249.
lan		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledges and statements.	dge and belie	ef, it is true,
Sign Here		correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
		- greature or	Telephone	
		officer	408-8	47-8518
			PTIN	
aid		Signature Clieck II Sell-	P0038	9625
re-	_ [Firm's name (or yours, if self-employed) and address	FEIN	
arer' Ise	۰	STENNES & SABATH, INC. CPAS	77-05	34895
		7877 WREN AVE., STE. B	Γelephone	
nly		GILROY, CA 95020	(408)	842-9466

Side 2 Form 109 C1 2014

059 3642144

CAVA9812L 01/05/15

OPERATION FREEDOM PAWS Schedule A Cost of Goods Sold and/or Operations.

Meth	od of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor			3
4:	a Additional IRC Section 263A costs. Attach schedule			4a
-	b Other costs. Attach schedule			4 b
	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7				7
,	Do the rules of IRC Section 263A (with respect to property			
Cak	nedule B Tax Credits. Do not claim the New Employme		resale) apply to this organiz	ation: Tes A NO
			1	
1	Enter credit namecode no.	· — · · ·	2	
2	Enter credit namecode no.	·		
3 4	Enter credit name code no. Total. Add line 1 through line 3. If claiming more than 3 credits, enter the New Employment Credit, on line 4. Enter here and on Side 1, line 11c	e total of all claimed credits, exce	3 ept	4
Sch	nedule K Add-On Taxes or Recapture of Tax. See instr			4
				1
1	Interest computation under the look-back method for completed long-term			1
2	Interest on tax attributable to installment: a Sales of cert			2 a
			gations	2 b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on t	the disposition of intangible	es	3
4	Credit recapture. Credit name		·	4
_	Total. Combine the amounts on line 1 through line 4. See			5
	nedule R Apportionment Formula Worksheet. Use only			
Part	A. Standard Method $-$ Single-Sales Factor Formula. Com	plete this part only if the o	corporation uses the single-sa	les factor formula.
		(a)	(b)	(c)
		Total within and	Total within	Percent within
		outside California	California	California [(b) ÷ (a)] x 100
	2.5% (自己的)。	Catorac Camerina		E(/ (/)
1	Total Sales	•	•	
1 2	Apportionment percentage. Divide total sales column (b) by total sales		•	
	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on	•	•	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			
	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three	-factor formula.	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three-	-factor formula.	(c)
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three	-factor formula.	(c) Percent within
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c)
2 Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2 B. Three Factor Formula. Complete this part only if the complete this part only	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	orporation uses the three- (a) Total within and	-factor formula. (b) Total within	(c) Percent within
1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three- (a) Total within and outside California	-factor formula. (b) Total within California	(c) Percent within
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California	-factor formula. (b) Total within California Real Property	(c) Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California	-factor formula. (b) Total within California • • • • • 23701n organizations. See instruct	(c) Percent within California [(b) + (a)] x 100 onumber of exceptions. 3 Percentage of rent attribut-
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California	-factor formula. (b) Total within California Real Property n 23701n organizations. See instruct	(c) Percent within California [(b) + (a)] x 100 one for exceptions. Percentage of rent attributable to personal property
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California	-factor formula. (b) Total within California • • • • • 23701n organizations. See instruct	Percent within California [(b) ÷ (a)] x 100 olions for exceptions. Percentage of rent attributable to personal property %
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California	-factor formula. (b) Total within California • • • • • 23701n organizations. See instruct	(c) Percent within California [(b) ÷ (a)] x 100 ions for exceptions. 3 Percentage of rent attributable to personal property %
1 2 3 4 5 Sch For ret	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete this part onl	orporation uses the three (a) Total within and outside California al Property Leased with F	-factor formula. (b) Total within California Real Property n 23701n organizations. See instruct 2 Rent received or accrued	(c) Percent within California [(b) ÷ (a)] x 100 ions for exceptions. 3 Percentage of rent attributable to personal property % %
1 2 3 4 5 Sch For rei	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete the complete this part only if the complete	orporation uses the three (a) Total within and outside California al Property Leased with Fi701g, Section 23701i, and Section Complete if any item in column	reactor formula. (b) Total within California Real Property In 23701n organizations. See instruct Rent received or accrued In 3 is more than 10%, but not more	(c) Percent within California [(b) ÷ (a)] x 100 ions for exceptions. 3 Percentage of rent attributable to personal property % % % than 50%
1 2 3 4 5 Sch 1 4 (a) C	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the company of the part on the part on the part of the p	orporation uses the three- (a) Total within and outside California al Property Leased with F 701g, Section 23701i, and Section Complete if any item in column (a) Gross income reportable,	real Property n 23701n organizations. See instruct Real Property n 3 is more than 10%, but not more (b) Deductions directly connected	percent within California [(b) ÷ (a)] x 100 ions for exceptions. Percentage of rent attributable to personal property % % than 50%
1 2 3 4 5 Sch 1 4 (a) C	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the complete the complete this part only if the complete	orporation uses the three (a) Total within and outside California al Property Leased with Fi701g, Section 23701i, and Section Complete if any item in column	reactor formula. (b) Total within California Real Property In 23701n organizations. See instruct Rent received Or accrued In 3 is more than 10%, but not more	(c) Percent within California [(b) ÷ (a)] x 100 ions for exceptions. 3 Percentage of rent attributable to personal property % % % than 50%
1 2 3 4 5 Sch 1 4 (a) C	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the company of the part on the part on the part of the p	orporation uses the three- (a) Total within and outside California al Property Leased with F 701g, Section 23701i, and Section Complete if any item in column (a) Gross income reportable,	real Property n 23701n organizations. See instruct Real Property n 3 is more than 10%, but not more (b) Deductions directly connected	percent within California [(b) ÷ (a)] x 100 ions for exceptions. Percentage of rent attributable to personal property % % than 50%
1 2 3 4 5 Sch 1 4 (a) C	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the company of the part on the part on the part of the p	orporation uses the three- (a) Total within and outside California al Property Leased with F 701g, Section 23701i, and Section Complete if any item in column (a) Gross income reportable,	real Property n 23701n organizations. See instruct Real Property n 3 is more than 10%, but not more (b) Deductions directly connected	percent within California [(b) ÷ (a)] x 100 ions for exceptions. Percentage of rent attributable to personal property % % than 50%
2 Part 1 2 3 4 5 Sch For rei 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the company of the part of the company	orporation uses the three (a) Total within and outside California al Property Leased with Fi701g, Section 23701i, and Section Complete if any item in column (a) Gross income reportable, column 2 x column 3	Real Property In 23701n organizations. See instruct Real Property In 23701n organizations. See instruct Real Property In 23701n organizations. See instruct Rent received In 3 is more than 10%, but not more In 3 is more than 10%, but not more In 5 is more than 10%, but not more In 6 is more than 10%, but not more In 7 is more than 10%, but not more	percent within California [(b) ÷ (a)] x 100 ions for exceptions. Percentage of rent attributable to personal property % % than 50%
2 Part 1 2 3 4 5 Sch For rei 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the company of the part on the part on the part of the p	orporation uses the three (a) Total within and outside California al Property Leased with Fi701g, Section 23701i, and Section Complete if any item in column (a) Gross income reportable, column 2 x column 3	Real Property In 23701n organizations. See instruct Real Property In 23701n organizations. See instruct Real Property In 23701n organizations. See instruct Rent received In 3 is more than 10%, but not more In 3 is more than 10%, but not more In 5 is more than 10%, but not more In 6 is more than 10%, but not more In 7 is more than 10%, but not more	percent within California [(b) ÷ (a)] x 100 ions for exceptions. Percentage of rent attributable to personal property % % than 50%

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Form 109 C1 2014 Side 3

Schedule D	Unrelated	Debt-Financed	Income

Schedule D Unrelated I	Debt-Financed Incom	e			
1 Description of debt-financed pro	perty	Thereal shaked likely	2 Gross income from or allocable to debt-	3 Deductions directly conne debt-financed property	ected with or allocable to
			financed property	(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		7 1001 00 100	Type T		100000000000000000000000000000000000000
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted bas of or allocable to debt financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		8			
		8			
Total. Enter here and on Sid	e 2, Part I, line 7				
Schedule E Investment	Income of an R&TC	Section 23701g, 23701i, or	23701n Organization		
1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Sid					
Enter gross income from me					
Schedule F Interest, An	nuities, Royalties an	d Rents from Controlled C	Organizations		
文学 教育,并通常是《共和国》		Exempt Controlled Org	anizations		
1 Name of controlled organizations	2 Employer Identification Numb	a Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3	AND STORY	10.7389			
Nonexempt Controlled Organ	nizations	就和海峡,也是他还是他的		RELEASE PROPERTY OF THE	
7 Taxable Income	nzationo	8 Net unrelated	9 Total of specified	10 Part of column (9) that	11 Deductions directly
,		income (loss)	payments made	is included in the controlling organization's gross income	connected with income in column (10)
1					
2					
3					
5 Add columns 6 and 11.					The state of the s
		n Side 2, Part 1, line 9			
Schedule G Exploited E					
					amat O Nat income
activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated connect product income from unrelated		from activity that at	penses tributable to flumn 5 7 Excess ex expense, c 6 less colu but not mo column 4	includible, column imn 5 4 less column 7
Total Fotos beautiful Cit	0 D-41 1 10				
Total. Enter here and on Side	e 2, Part I, line 10				

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Side 4 Form 109 C1 2014

CAVA9834L 01/05/15

2014

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Individuals, Estates, and Trusts

3805V

	ch to your California tax return.				
Name	s as shown on return	SN or I	TIN		
	F	EIN			
OP				382	
Par	t Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current y	ear NO	OL, go	o to Pa	art II.
Sec	ion A – California Residents Only (Nonresidents go to Section B.)				
1	Adjusted gross income from 2014 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin	on			
	line 3		1		
2	Itemized deductions or standard deduction from 2014 Form 540, line 18		2		
3	a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years				2,249.)
	2014 designated disaster loss included in line 3a. Enter as a positive number				
•	Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete III and Part III as instructed	ete			2,249.)
Ente	r amounts on line 4 through line 24 as if they were all positive numbers. See instructions.		00		2,213.7
	Nonbusiness capital losses				
5	Nonbusiness capital gains. See instructions	0			
6	If line 4 is more than line 5, enter the difference; otherwise, enter -0:	.			
7	If line 4 is less than line 5, enter the difference; otherwise, enter -0	<u> </u>			
8 9	Nonbusiness deductions				
10	Nonbusiness income other than capital gains 9 Add line 7 and line 9				
11	If line 8 is more than line 10, enter the difference; otherwise, enter -0-		11		0.
					<u> </u>
12	If line 8 is less than line 10, enter the difference; otherwise, enter -0				
13	Business capital losses				
14	Business capital gains 14				
15	Business capital gains 14 Add line 12 and line 14 15				
16	If line 13 is more than line 15, enter the difference; otherwise, enter -0 16	0.			
17	Add line 6 and line 16				
18	Enter the loss, if any, from line 8 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 9, column (c), of Schedule D (541). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount				
	from line 17				
19	Enter the loss, if any, from line 9 of Schedule D (540). Estates and Trusts, enter the loss, if any, from line 10 of Schedule D (541). Enter as a positive number 19				
	If line 18 is more than line 19, enter the difference; otherwise, enter -0 20				
	If line 19 is more than line 18, enter the difference; otherwise, enter -0		21		0.
22	Subtract line 20 from line 17. If zero or less, enter -0-		22		0.
23	NOL and disaster loss carryovers from prior years. See instructions				
24	Add lines 11, 21, 22, and 23		24		
	Current Year NOL. Combine line 3c and line 24. See instructions. If more than zero, enter -0 You do not have a current year NOL to carryback or carryover.		25	(2,249.)
2012	Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable income for taxable and/or 2013, complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-28 lines 26 and 27 as positive numbers.				
26	2014 NOL carryback used to offset 2012 taxable income. Enter the amount from Part IV, line 3, col. (f)	@	26		0.
27	2014 NOL carryback used to offset 2013 taxable income. Enter the amount from Part IV, line 3, col. (h)	_	27		0.
28	2014 NOL carryover to 2015. Combine line 25, line 26, and line 27. See instructions.				
	If more than zero, enter -0 You do not have a current year NOL to carryover	•	28	(2,249.)
				(CAIZ8012L 01/02/15

Sec	tion B — Nonresidents and Pa	rt-Yea	r Residents Only –		nt Year California NO)L	
	Chack this Sould the Indian Streeting 1707ge In My pool of the opposite the action of the sould report 1791		A Enter total amounts as if you were a CA resident for entire year.	B Enter amounts earned or received from CA sources if you were a nonresident for the entire year.	Enter amounts earned or received during the portion of the year you were a CA resident.	Enter amounts earned or received from CA sources during the portion of the year you were a nonresident.	E Total Combine columns C and D
	Adjusted gross income. See instructions If negative, use brackets. Itemized deductions or standard deduction. See instructions. Combine line 1 and line 2. See instructions. b 2014 designated disaster loss	2 _					2,317
	included in line 3a. Enter as a positive number	3 b _	- 1886 (
	negative, use brackets and continue to line 4	3 c	as if they were all m				
_	er amounts on line 4 through li						1
4	Nonbusiness capital losses						
5	Nonbusiness capital gains	۰ –					
6	If line 4 is more than line 5, enter the difference; otherwise, enter -0-	6 _					
7	If line 4 is less than line 5, enter the difference; otherwise, enter -0-	7				1	
8	Nonbusiness deductions	8 _					
9	Nonbusiness income other than capital gains	9 _	(16-drs: 1-845		Amunt mass		
10	Add line 7 and line 9	10 _		2 200			
11		11 _					
12	If line 8 is less than line 10, enter the difference; otherwise, enter -0-	12		lies nati	12		(iii)
13	Business capital losses						
14	Business capital gains	14 _	100		lin .		
15	Add line 12 and line 14	15 _					
16	If line 13 is more than line 15, enter the difference; otherwise, enter -0	16					
17	Add line 6 and line 16	17 _		(0)	(0)		
18	Enter the loss, if any, from line 4 of Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions	18					cal full cell (b) See history return
19	Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a	19 _					
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0	20 _					
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0	21 _					
22	Subtract line 20 from line 17. If zero or less, enter -0	22 _					
23		23 _					
		24 _					
25		25	erpquatiji en enjuma.	MENTAL ENERGE OF THE		(8)3 .	
	e Individual, Estate, or Trust is olete Part IV, NOL Carryback,						
26 27	2014 NOL carryback used to offset 2012 taxable income. Enter the amount from Part IV, In. 3, col. (f) 2014 NOL carryback used to offset 2013 taxable income. Enter the	26 _					
	2013 taxable income. Enter the amount from Part IV, In. 3, col. (h)	27		1			
28	2014 NOL carryover to 2015. Combine line 25, line 26, and line 27. See instructions. If more than zero, . enter -0.	28 _					

Part IV NOL Carryback. See instructions.

1 2012 Taxable Income — Enter the amount from 2012 Form 540, line 19; Form 540NR, line 35; or Form 541, line 20a. .

2 2013 Taxable Income — Enter the amount from 2013 Form 540, line 19: Form 540NR, line 35: or Form 541, line 20a

(a) Year of loss	(b) Code - See	(c) Type of NOL —	(d) Initial loss	(e) Carryback limitations 75% of col. (d)	2012		201	(j) Carryover to 2015 col. (d)	
1035	instructions	See below*			(f) Carryback used — See instructions	(g) After carryback col. (e) minus col. (f)	(h) Carryback used — See instructions	(i) After carryback col. (g) minus col. (h)	minus [col. (f) plus col. (h)]
3 2014	VERRING C								
2014									
2014									
2014									
2014	ra ika Maji kao Massida		E 20			;			

^{*}Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number CTO 187539		Check if:										
State Charty Registration Number CTO 187539		Change of										
OPERATION FREEDOM PAWS		Amended	report									
Name of Organization												
777 1ST STREET PMB #515 Address (Number and Street)		Corporate or Organization No. <u>C3384746</u>										
GILROY, CA 95020	-	Federal Employer I.D. No. 45-2566382										
City or Town State ZIF												
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts												
Gross Annual Revenue Fee Gross Annua	al Revenue	Fee	Gross Annual Revenue	F	Fee							
	0,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million		150							
Between \$25,000 and \$100,000 \$25 Between \$25	0,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million		3225 300							
PART A – ACTIVITIES			Total of the state									
For your most recent full accounting period (beginning	1/01/14	ending	12/31/14) list:									
Gross annual revenue \$ 418,984	. Total assets	\$	626,770.									
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT												
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each												
'yes' response. Please review RRF-1 instructions for	r information require	ed.		Yes	No							
During this reporting period, were there any contracts, lo organization and any officer, director or trustee thereof e director or trustee had any financial interest?	ans, leases or other ither directly or with	r financial trans an entity in wh	actions between the nich any such officer,		x							
2 During this reporting period, was there any theft, embezz property or funds?	rlement, diversion o	r misuse of the	organization's charitable		x							
During this reporting period, did non-program expenditure	es exceed 50% of g	ross revenues?	,		x							
During this reporting period, were any organization funds Form 4720 with the Internal Revenue Service, attach a co		enalty, fine or ju	udgment? If you filed a		х							
5 During this reporting period, were the services of a comm purposes used? If 'yes,' provide an attachment listing the provider.	nercial fundraiser or e name, address, an	fundraising conditional telephone nu	unsel for charitable umber of the service		x							
6 During this reporting period, did the organization receive the name of the agency, mailing address, contact person			provide an attachment listing		x							
7 During this reporting period, did the organization hold a reindicating the number of raffles and the date(s) they occur		ourposes? If 'ye	es,' provide an attachment		x							
8 Does the organization conduct a vehicle donation program the program is operated by the charity or whether the organizable purposes.	m? If 'yes,' provide a ganization contracts	an attachment with a comme	indicating whether reial fundraiser for		x							
9 Did your organization have prepared an audited financial principles for this reporting period?	statement in accord	dance with gen	erally accepted accounting		x							
Organization's area code and telephone number 408-847	-8518											
Organization's e-mail address <u>www.operationfree</u>	DOMSPAWS.ORG											
I declare under penalty of perjury that I have examined this repand belief, it is true, correct and complete.	port, including acco	mpanying doc	uments, and to the best of my knowle	edge								
Signature of authorized officer Printed Name	T	Title	Date									