Form **990**

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 2015, and ending For the 2015 calendar year, or tax year beginning D Employer identification number Check if applicable: 45-2566382 OPERATION FREEDOM PAWS Address change Telephone number 777 1ST STREET PMB #515 Name change GILROY, CA 95020 408-847-8518 Initial return Final return/terminated G Gross receipts \$ 555,589. Amended return H(a) Is this a group return for subordinates? XINo F Name and address of principal officer: Yes Application pending **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) No SAME AS C ABOVE 4947(a)(1) or 527) ◀ (insert no.) 501(c) (Tax-exempt status X 501(c)(3) H(c) Group exemption number ▶ WWW.OPERATIONFREEDOMSPAWS.ORG Website: ► M State of legal domicile: CA L Year of formation: 2011 Form of organization: X Corporation Trust Part I Summary 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 Activities & 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. 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 4 5 37 Total number of volunteers (estimate if necessary)..... 6 0 55,730. 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 -3,270. **b** Net unrelated business taxable income from Form 990-T, line 34..... **Current Year Prior Year** 450,890. Contributions and grants (Part VIII, line 1h)..... 370,454 Revenue Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 23 10 94,052. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 48,507. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 418,984 544,942. 12 13 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)..... 181,959 383,905. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,782. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 130,383. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)..... 312,342 606,687. -61,745. Revenue less expenses. Subtract line 18 from line 12..... 106,642. End of Year **Beginning of Current Year** 564,948 626,770 20 Total assets (Part X, line 16)..... 77. 21 0. 626,693. Net assets or fund balances. Subtract line 21 from line 20..... 564,948. 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign PRESIDENT Here MARY CORTANI Type or print name and title. PTIN Preparer's signature Date Print/Type preparer's name Check P00389625 self-employed H. STEPHEN SABATH H. STEPHEN SABATH Paid Preparer STENNES & SABATH, INC. CPAS Firm's name Firm's EIN ► 77-0534895 Use Only 7877 WREN AVE., STE. B Firm's address (408) 842-9466 GILROY, CA 95020

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

No

X Yes

4 e	e Total program service expenses ► 515,654.	Form 990 (2015)
	(Expenses \$ including grants of \$) (Revenue \$)
4 d	Other program services. (Describe in Schedule O.)	\
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	DOGS AND THEN CERTIFY THE INDIVIDUAL AND THEIR DOG AS A SERVICE DOG TEAM.	
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4 a	a (Code:) (Expenses \$515,654. including grants of \$) (Revenue \$)
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	total expeliaca,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	If 'Yes,' describe these changes on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	Form 990 or 990-EZ?	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	DOGS AND THEN CERTIFY THE INDIVIDUAL AND THEIR DOG AS A SERVICE DOG TEAM.	
	A QUALITY LIFE BY HELPING THE INDIVIDUALS LEARN THE NECESARY SKILLS TO TRA	AIN THEIR
1	Briefly describe the organization's mission: THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS AND OTHERS WITH DISABILIT.	TES TO LIVE
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Form 990 (2015) OPERATION FREEDOM PAWS

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Form 990 (2015) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	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	
1	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		X
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part 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		X
1	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
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	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		Х
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
16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

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Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H..... 20a 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 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.......... X 21 Χ 22 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* X 23 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 and complete Schedule K. If 'No, 'go to line 25a..... Χ 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25 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...... Χ 25a **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 I Χ 25b 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? If 'Yes', complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a Χ **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*..... X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Χ 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. Χ 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..... X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a **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 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 Χ 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............. Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O..... X

1 a Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable. 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0 c of the tongaraziation contribution backs of without the contributions and reportable gaming (gambling) winnings to prize winners?. 1 c of the tongarization contribution because winners?. 2 c of the tongarization contribution to prize winners?. 2 c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State—and the contribution of contribution of qualified intellectual property. 3 do not not contribute the contribution of qualified intellectual property. 3 do not contribution of qualified intellectual property for which it was or is a party to a prohibited tax shelter transaction at any time during the capacitation have made to the contributions or gifts were not tax deductible as charitable contributions? 5 do No. 1 do not contributions that were not tax deductible as charitable contributions? 5 do No. 1 do not contribution that were not tax deductible as charitable contributions? 5 do No. 1 do not contribution that were not tax deductible as charitable contributions? 6 do No. 1 do not contributions that were not tax deductible as charitable contributions? 7 do not contribution or gifts were not tax deductible? 1 do not contributions under section 170(c). 2 do the organization necessive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 1 do payor? 1 do not contribution of qualified intellectual property for which it was required to file form 839? 1 do not contribution of qualified intellectual property, did the organization file a form 839? 1 do		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter 4- if not applicable. 1b 0 0 0 0 0 0 0 0 0					
b) bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10. 2 a Enter the number of emolyces reported on Form W-3. Transmittal of Wage and Tax State— ments, flied for the calendary year emitting with within the year covered by this return. 2 b) If at least on his reported on line 2a, did the organization file all required federal employment tax returns? 2 b) X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b) bit the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 3 b) If Yes has if filed a Form \$90. Text the year? If No line 3b, provide an explanation is Solvable 0. 3 b) If Yes is a did the did not provide the control of the year of the organization flower an interest, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) or organization and the provided 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 Was the organization and the organization life form 886-72. 6 a Does the organization the organization life form 886-72. 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not to account this each solicity and contributions that may receive deductible exhibitions under section 170c). 6 a Does the organization receive payment in excess of \$75 made partly as a contribution and partly for goods and year of the organization network the donor of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170c). 8 b) If Yes, if did the organization in excess of \$75 made partly as a contribution and partly for goods and year of the organization receive any payment in					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13b c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b			12a	in the second	
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. 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. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b					
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 which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	22/2/8/20	
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. 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b	ć		134) JASA	64
c Enter the amount of reserves on hand		Note. See the instructions for additional information the organization must report on Schedule O.			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b 14b	١	which the organization is licensed to issue qualified health plans			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		Enter the amount of reserves on hand	142	5-75-24-27	X
	148	I Did the organization receive any payments for indoor talking services during the tax year			
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Pai	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bet a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions.	jes ii	1	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
		Minus ex Com	Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year			
- 1	b Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O	2	X	1182
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	,	Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?	7 a		Х
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	X	ļ
. 1	b Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		.,,
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
- 1	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
-	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		Х
	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		Х
13	Did the organization have a written whistleblower policy?	13		X
14		14		X
	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	15a	X	
-	b Other officers or key employees of the organization	15 b	X	wit, 000 ii.
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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?	16 a		Х
1	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		
500	organization's exempt status with respect to such arrangements:			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	avail	able
	Own website Another's website X Upon request Other (explain in Schedule O)			
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:			
2 0	NICOLE MARTINEZ 777 1ST STREET PMB 515 GILROY CA 95020 408-847-8518 (83-	90	(0	(0015)

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

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed any	cui	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MARY CORTANI PRESIDENT	$-\frac{65}{0}$	X		Х				71,250.	0.	0.
(2) JANET KING	5_		-	71	-		\neg	71,200.		
VICE PRESIDENT	0	Х		Х				0.	0.	0.
(3) DIANE JIMENEZ SECRETARY	5	Х		Х				0.	0.	0.
(4) NICOLE MARTINEZ DIRECTOR	$-\frac{10}{0}$	X						15,000.	0.	0.
(5) DENNIS MCLAUGHLIN TREASURER	50	Х		Х				0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, T	rustees,	Key	En	ıplo	oye	es,	and	Highest Com	pensated Emp	oyees	(continued)
American Company of the Company of t	(B)			((-						
(A) Name and title	Average hours per	box	, unle	ess pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Es amou	(F) timated nt of other
	(list any hours	or o	Inst	웈	Se Se	emp	Fon	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fre	pensation om the anization
	for related	or director	itutio	Officer	Key employee	nest o	mer			and	related nizations
	organiza - tions	al tru	nal t		oloye	e					
	below dotted line)	stee	nstitutional trustee		6	Highest compensated employee					
						ä					
(15)											
(16)											
(17)											
(18)											
(19)											
(20)		-									
(21)		-		-	-	-			,		
(22)		-		-	_	-					
(23)	-	-	_		_						
		1_		_		_					
(24)											
(25)											
1 b Sub-total							•	86,250.	0.		0.
c Total from continuation sheets to Part VII, Sec							>	0.	0.		0.
d Total (add lines 1b and 1c)	d to those	listed	aho		who	recei		86,250.		ensation	
from the organization • 0	id to those i	113100	abo	•0)	,,,,	10001	,,,		,		
											Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for so	ector, or tru	ustee	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee	3	X
4 For any individual listed on line 1a, is the sum the organization and related organizations greasuch individual.	iter than \$	150,0	00?	IT '	res'	com	piet	e Scheaule J for		. 4	Х
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If 'Y	rue comper es,' comple	nsatio	on fr	rom dule	any J fo	unre	elate ch p	ed organization or person	individual	. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compe	nastad ind	lonon	don	+ 00	ntra	ctors	tha	at received more t	han \$100 000 of		
complete this table for your five highest compe- compensation from the organization. Report compe	ensation for	the c	aler	ndar	year	endi	ng v	with or within the or	ganization's tax year		
(A) Name and business ac	dress							Description (of services	Compe	nsation
Total number of independent contractors (including	hut not lim	ited t	o th	056	liste	d abo	ve)	who received more	than		
2 Total number of independent contractors (including \$100,000 of compensation from the organization		iiiou t	J (1)	-			,				
,,										Form	990 (2015)

	Check if Schedule O contains a response	o, note to any			(C)	(D)
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts	1 a Federated campaigns 1 a					
ran	b Membership dues					
, E	c Fundraising events	42,308.				
ar A	d Related organizations 1 d					
s, G mil	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f	408,582.				
on of	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f		450.000			
	n Iotal. Add lines Ta-Ti	iness Code	450,890.			
Ж	22					Management Schools as as as a
3ev	b					
Se F	c					
Program Service Revenue	d					
пŠ	e					
graı	f All other program service revenue					
Pro	g Total. Add lines 2a-2f			生物 医异种腺管医病性		
	3 Investment income (including dividends, inte	rest and				
	other similar amounts)					
	4 Income from investment of tax-exempt bond					
	5 Royalties	ii) Personal				
	6a Gross rents	ii) Fersonai				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	>		H/92344 E/R/9203-1983-14 (H-23878-1490		
	(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory					de to Seguina
	b Less: cost or other basis and sales expenses					
	d Net gain or (loss)					Bactory 4000 that year of Oracle account of Communication
	8 a Gross income from fundraising events					
Other Revenue	(not including\$ 42,308. of contributions reported on line 1c).					
æ	See Part IV, line 18 a	48,969.				
her	b Less: direct expenses b	10,647.				
₹	c Net income or (loss) from fundraising events.		38,322.			38,322
	9 a Gross income from gaming activities. See Part IV, line 19 a			MACO TO STATE OF		
	b Less: direct expenses b					1. 游戏者。27·2
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory.					
		iness Code	FF 730		55,730.	
	11a DOG BOARDING & TRAINING 6116	000	55,730.		55,730.	,
	d All other revenue					
	e Total. Add lines 11a-11d	>	55,730.			
	12 Total revenue. See instructions		544,942.	0.	55,730.	38,322.

campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720).....

Check here ►

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) (C) Do not include amounts reported on lines Management and Fundraising Total expenses Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 0. 77,625. 8,625 trustees, and key employees 86,250 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages 256,635 196,635. 60,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 9,600 41,020 31,420 11 Fees for services (non-employees): 750 750 c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). 12,681 Advertising and promotion..... 12,681 13 Information technology..... 14 Royalties.... 15 16 Occupancy..... 17 Travel...... Payments of travel or entertainment expenses for any federal, state, or local public officials..... 471. 471. 19 Conferences, conventions, and meetings.... 1,431 1,431. 67. 20 67. Payments to affiliates..... 21 22 Depreciation, depletion, and amortization. . . . 22,020. 22,020. 14,033. 14,033 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.)..... 27,667 27,667 a EQUIPMENT RENTAL 20,255. b PSYCHOTHERAPY SERVICES 20,255. c DOG AND KENNEL SUPPLIES 18,695 18,695. 17,505 17,505 d VETERAN PROGRAM COSTS e All other expenses. SEE SCH. O..... 12,058 87,207. 75,149. 0. 515,654. 91,033. 25 Total functional expenses. Add lines 1 through 24e. . . . 606,687. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year **(B)** End of year 1 243,493. 430,895 Cash — non-interest-bearing..... 2 100,000. Savings and temporary cash investments..... 3 Pledges and grants receivable, net..... 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net..... Assets Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 10 a 253,691. 10 b 32,236. 10 c 221,455. **b** Less: accumulated depreciation..... 195,875 Investments – publicly traded securities..... 11 11 Investments – other securities. See Part IV, line 11..... 12 12 13 Investments – program-related. See Part IV, line 11..... 13 Intangible assets..... 14 14 15 Other assets. See Part IV, line 11..... 15 16 564,948 16 Total assets. Add lines 1 through 15 (must equal line 34).... 626,770. 17 17 Accounts payable and accrued expenses..... 18 18 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 24 24 Unsecured notes and loans payable to unrelated third parties..... 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 77. 25 77. 26 0. Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 564,948. 626,693 27 Unrestricted net assets..... 28 28 Temporarily restricted net assets..... Permanently restricted net assets..... 29 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..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32

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33

34

564,948. Form 990 (2015)

564,948.

626,693.

626,770.

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances.....

Dar	rt XI Reconciliation of Net Assets				
rai	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)				942.
2	Total expenses (must equal Part IX, column (A), line 25)				587.
3	Revenue less expenses. Subtract line 2 from line 1				745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		62	26,6	593.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				0.
10	Continue 2 through 0 (much arrigh Part V line 22		56	54,9	948.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Chock in Constants of Contains a respective of the Lay			Yes	
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 a	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 or separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	n a			
H	b Were the organization's financial statements audited by an independent accountant?		2 b		X
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
		150	******		
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
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TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Total

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

OMB No. 1545-0047 2015

Schedule A (Form 990 or 990-EZ) 2015

Open to Public

Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Employer identification number Name of the organization 45-2566382 OPERATION FREEDOM PAWS 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iv) Is the organization listed (iii) Type of organization support (see instructions) support (see instructions) (described on lines 1-9 above (see instructions)) your governing document? Yes No (A) (B) (C) (D) (E)

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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	15,564.	388,990.	309,607.	370,454.	450,890.	1,535,505.
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.
	Total. Add lines 1 through 3 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)	15,564.	388,990.	388,990. 309,607. 37		450,890.	1,535,505.
6	Public support. Subtract line 5 from line 4						1,535,505.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	15,564.	388,990.	309,607.	370,454.	450,890.	1,535,505.
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.	50,210.	68,759.
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						1,604,281.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here			ax year as a section		▶ □
Sec	tion C. Computation of Pul	olic Support Po	ercentage				
	Public support percentage for 20						95.71%
15	Public support percentage from 2	2014 Schedule A,	Part II, line 14				0.00%
16 a	33-1/3% support test $-$ 2015. If and stop here. The organization	the organization d qualifies as a pub	lid not check the b licly supported org	ox on line 13, ar ganization	nd line 14 is 33-1/	3% or more, chec	k this box
b	33-1/3% support test — 2014. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box olicly supported org	on line 13 or 16 ganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this	box and stop here	e. Explain in Part	VI now
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances' est. The organizat	test, check this ion qualifies as a	box and stop her a publicly supporte	et explain in Part ed organization	VI now the ▶
18	Private foundation. If the organiz	zation did not ched	ck a box on line 13	3, 16a, 16b, 17a,			tructions \

45-2566382

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.)

Sec	tion A. Public Support					4) 0015	(D. Tatal
Calend	ar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						40 T. I. I
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	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.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organization stop here	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3) ▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				0
15	Public support percentage for 20	15 (line 8, colum	n (f) divided by li	ne 13, column (f))	15	%
16	Public support percentage from	2014 Schedule A,	Part III, line 15.			16	96
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е			
17	Investment income percentage f	or 2015 (line 10c,	column (f) divide	ed by line 13, col	umn (f))		%
18	Investment income percentage f	rom 2014 Schedu	le A, Part III, line	. 17		18	90
19 a	33-1/3% support tests — 2015. It	f the organization this box and sto	did not check the	e box on line 14, nization qualifies	and line 15 is mor as a publicly supp	e than 33-1/3%, a orted organization	
	33-1/3% support tests – 2014. If line 18 is not more than 33-1/3% Private foundation. If the organi	f the organization	did not check a band stop here. Th	oox on line 14 or ne organization q	line 19a, and line ualifies as a public	16 is more than a ly supported orga	anization ►
			al a bay on line	1/1 19a or 19h	check this hox and	t see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Se	ction A. All Supporting Organizations			N.
		31400	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		
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		
	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	3с		
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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b 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		

Pa	art IV	Supporting Organizations (continued)			
	111	it a superior constant a gift or contribution from any of the following persons?		Yes	No
11		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	335		
	gover	rning body of a supported organization?	11a	,	
		nily member of a person described in (a) above?	11b		-
	c A 359	% 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	ction I	B. Type I Supporting Organizations			
			200000000000000000000000000000000000000	Yes	No
1	or ele Part If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did that of the benefit	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Se	ction (C. Type II Supporting Organizations			
				Yes	No
1	of ear	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction I	D. All Type III Supporting Organizations			
				Yes	No
1	organ vear	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Se	ction E	E. Type III Functionally-Integrated Supporting Organizations			
1	а 🔲 Т b 🔲 Т	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): the organization satisfied the Activities Test. Complete line 2 below. the organization is the parent of each of its supported organizations. Complete line 3 below. the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	s).		
2	Activi	ties Test. Answer (a) and (b) below.	[Yes	No
	organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the sization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
	a Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a	1 2 4 3 2 5	
	b Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3b		

Sch	edule A (Form 990 or 990-EZ) 2015 OPERATION FREEDOM PAWS		45-256	56382	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vembe	r 20, 1970. See instruction	ns. All	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6			
7	Other expenses (see instructions).	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Y (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			
ŀ	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
•	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			
ес	tion C — Distributable Amount			Current Yea	ar
	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			

Section C — Distributable Amount					
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			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990 or 990-EZ) 2015

	rt V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	ations (continued)	Current Year			
Section D - Distributions							
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.						
3	Administrative expenses paid to accomplish exempt purposes of s						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions						
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b	b						
	C C C C C C C C C C C C C C C C C C C						
d	From 2013						
е	From 2014						
1	Total of lines 3a through a						
g	Applied to underdistributions of prior years			以及其他的			
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)			是可能計劃的			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2015 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3j and 4c						
8	Breakdown of line 7:		A STATE OF THE STA				
а							
b							
С	Excess from 2013.			公共党 "一个"			
d	Excess from 2014		150 6 6 2 25 25	THE REAL PROPERTY.			
е	Excess from 2015						

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Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► 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.

OMB No. 1545-0047

2015

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 Genera	al Rule or a Special Rule.
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 990-E	Z, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Comple	ete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that
under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that 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 99	he year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 0-EZ, line 1. Complete Parts I and II.
Towns are a reconstruction described in section 50	01/c2/72 (0) or (10) filter form 000 or 000 F7 that received from one contributor
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of cruelty to	o children or animals. Complete Parts I, II, and III.
	O1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
	or religious, charitable, etc., purposes, but no such contributions totaled more than ne 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, charita	ble, 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. lir	the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or ne 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 th	e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

1 of

2 of Part I

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			
1	MACQUARIE 125 WEST 55TH STREET NEW YORK, NY 10019	\$ <u>18,525</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			
2	SOVEREIGN ORDER - ST JOHN JERUSALEM 340 GRAND AVE BLVD #3 SAN MATEO, CA 94401	\$40,000.	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			
3	100 WOMEN CHARITABLE FOUNDATION P.O. BOX 3418 LOS ALTOS, CA 94024	\$47,500.	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			
4	JEWISH COMMUNAL FUND 121 STUART STREET SAN FRANCISCO, CA 94105	\$9,254.	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			
5	THE FOOTHILLS FOUNDATION P.O. BOX 193809 SAN FRANCISCO, CA 94119	\$45,000.	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			
6	WELLS_FARGO_ADVISORS_LLC ONE_NORTH_JEFFERSON ST_LOUIS, MO_63103	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2 of Employer identification number

2 of Part I

Name of organization OPERATION FREEDOM PAWS

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	BSB FOUNDATION P.O. BOX 193809 SAN FRANCISCO, CA 94119	\$15,000.	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
8	GENERAL ELECTRIC CO P.O. BOX 823250 DALLAS, TX 75382	\$25,000.	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
	JELLY BELLY CHARITIES INC ONE JELLY BELLY LANE FAIRFIELD, CA 94533	\$20,000.	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
		contributions	
	DAVID MAHLER 10401 MAGDALENA RD LOS ALTOS, CA 94024	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	10401 MAGDALENA RD		Payroll
(a) Number	10401 MAGDALENA RD LOS ALTOS, CA 94024 (b)	\$10,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	10401 MAGDALENA RD LOS ALTOS, CA 94024 Name, address, and ZIP + 4 MCAFEE INC 5000 HEADQUATERS DRIVE	\$10,000. (c) Total contributions	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) (2015)

1 of Part II

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		(0)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
		is	
		5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
			4.5
(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	Sche	 edule B (Form 990, 990-E	Z, or 990-PF) (2015)

1 to

1 of Part III

Name of organization
OPERATION FREEDOM PAWS

Part III Exclusively religious, charitable, etc.

Employer identification number 45-2566382

Part III	Fraturitational aleman about able of	to contributions to organization	ns described in section 501(c)(7), (8),			
Part III	Exclusively religious, charitable, e	ha waar from any ana contributor 🚓	malete solumns (a) through (a) and			
	or (10) that total more than \$1,000 for the following line entry. For organizations of	ne year from any one contributor. Co	mplete columns (a) through (e) and			
	contributions of \$1,000 or less for the year.	Ompleting Part III, enter the total of excit	ctions.)			
	Use duplicate copies of Part III if additional	space is needed	Clions.)			
			(4)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	r dipose of gift	300 or g				
	N/A					
	N/A					
		L				
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
	Transferee's flame, addres	55, allu Zir + 4	Treatment of transfer to transfer to			
	L					
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(a) No. from	Purpose of gift	Use of gift	Description of now gift is neig			
Part I						
	L					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a)	(b)	(c)	(d) Description of how gift is held			
(a) No. from	(b) Purpose of gift	(c) Use of gift	Description of how gift is held			
Part I						
	L					
		(e) Transfer of gift				
			- 1 d - 11 - 11 - 11 - 1 - 1 - 1 - 1 - 1			
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee			
(2)	(b)	(c)	(d)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e)				
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
	L					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OPERATION FREEDOM PAWS 45-2566382 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year). Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a 2 b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1.....

► S

Part III Organizations Maintaining Co	ollections	of Art, Histo	rical Treasures, or	Other	Similar Ass	ets (C	ontinu	<u>iea)</u>
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition		d Loan o	r exchange programs					
b Scholarly research		e Other						
c Preservation for future generations								
4 Provide a description of the organization's col Part XIII.								
5 During the year, did the organization solici to be sold to raise funds rather than to be	t or receive of maintained a	donations of art as part of the or	, historical treasures, o ganization's collection?	r other si	milar assets	Yes		No
Part IV Escrow and Custodial Arrang	jements. 0 on Form 9	Complete if th 190, Part X, I	ne organization ans ine 21.	swered	'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trustee, custo	odian or othe	r intermediary f	or contributions or other	er assets	not included	Yes	· · ·	No
on Form 990, Part X? b If 'Yes,' explain the arrangement in Part X						165	L	
bil les, explain the arrangement in latt X	ili ana comp	icte the followin	ig table.			Amoun	t	
c Beginning balance				1c				
d Additions during the year								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an amount on					liability?	Yes		No
b If 'Yes,' explain the arrangement in Part X								┪
bit 100, explain the arrangement in that 1	0.1.001. 1.10	. o ii tiro onpremi					_	_
Part V Endowment Funds. Complete	if the org	anization ans	swered 'Yes' on Fo	rm 990	. Part IV. lin	ne 10.		
	rent year	(b) Prior year	(c) Two years back		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 cu	urrent year e	nd balance (line	g 1g, column (a)) held a	as:				
a Board designated or quasi-endowment		%						
b Permanent endowment ▶	%							
c Temporarily restricted endowment	_	%						
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%	,						
32 Are there and summent funds not in the passess	sion of the ere	anization that ar	o hold and administered	for the				
3 a Are there endowment funds not in the possess organization by:	sion of the org	janization that ar	e nelu anu auministereu	ioi trie			Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' on line 3a(ii), are the related organ	izations liste	d as required or	n Schedule R?			3b		
4 Describe in Part XIII the intended uses of t								
Part VI Land, Buildings, and Equipme	ent.							
Complete if the organization a	nswered '	Yes' on Form	n 990, Part IV, line	11a. S	ee Form 990), Par	t X, Iir	ne 10.
Description of property		or other basis	(b) Cost or other		cumulated		Book va	
bescription of property	(inve	estment)	basis (other)	depr	eciation	(4)	30011 10	
1 a Land								
b Buildings			20,275.		253.		20,	,022.
c Leasehold improvements			160,435.		12,707.			,728.
d Equipment			14,460.		12,018.			,442.
e Other			58,521.		7,258.			,263.
Total. Add lines 1a through 1e. (Column (d) mus		990, Part X, co						455.

BAA Schedule **D** (Form 990) 2015

Part VII		 Other Securities. organization answered 	l 'Yes' on Form 99	N/A 0, Part IV, line 11b. See Forn	n 990 Part X line 13
(a) Des		egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	
(1) Financ	cial derivatives				
. ,		sts			
(3) Other	,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
	mn (h) must squal Form (990, Part X, column (B) line 12.) ▶		KIND OF THE PROPERTY OF THE PR	
				N/A	
rart VIII	Complete if the	e organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of	finvestment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 9	90, Part X, column (B) line 13.) ►			
Part IX	Other Assets.		N/A		
	Complete if the), Part IV, line 11d. See Form	
(1)		(a) Des	cription		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	lumn (b) must equa	ıl Form 990, Part X, column (B	?) line 15.)		>
Part X	Other Liabilitie	es.			
				le or 11f. See Form 990, Part X, line 2	25
(1) Fada		tion of liability	(b) Book value		
(1) Fede (2)	ral income taxes				
(3)					
(4)		***************************************			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colum	nn (b) must equal Form 95	90, Part X, column (B) line 25.)	>		
				nancial statements that reports the organization	's liability for uncertain
ax positions u	under FIN 48 (ASC 740). (Check here if the text of the footnote ha	as been provided in Part XIII		

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

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) 2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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

Open to Public Inspection

Employer identification number

OPERATION FREEDOM PAWS 45-2566382 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (ii) Activity (iii) Did fundraiser (or retained by) fundraiser listed in (or retained by) or entity (fundraiser) have custody or control of contributions? from activity organization column (i) Yes No 2 3 4 5 6 7 8 9 10 0. Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pai	Fundraising Events. Complete if the organization answered 'Yes' on 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.							
R E			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 PAWS FOR HONOR (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
REVENUE	1	Gross receipts	48,321.	32,506.		80,827.		
E	2	Less: Contributions		32,506.		32,506.		
	3	Gross income (line 1 minus line 2)	48,321.			48,321.		
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs	5,347.			5,347.		
Č	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses						
Š	10	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr	rough 9 in column (d)			5,347. 42,974.		
Pai	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than		
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
	1	Gross revenue						
E		Cash prizes						
I P R E E N	3	Noncash prizes						
D I P E N S E S	4	Rent/facility costs						
	5	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	Yes%	No No	No No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	n (d)				
	a Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	g activities in each of th			Yes No		
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

Sche	edule G (Form 990 or 990-EZ) 2015 OPERATION FREEDOM PAWS	15-2566382	Page :
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility.		8
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:	
	Name •		
	Address •		
t	a Does the organization have a contract with a third party from whom the organization receives gaming revenus If 'Yes,' enter the amount of gaming revenue received by the organization solution solution		No
	Name •		
	Address •		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
Dar	organization's own exempt activities during the tax year ► \$ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	Jumns (iii) and (//)·
rai	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information (see instructions).	ny additional	• / /

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.

Open to Public Inspection

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OPERATION FREEDOM PAWS

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 OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES	1,868.		1,868.	
CONTRACT LABOR	2,344.	2,344.		
DOG CARE & TRAINING EXPENSES	13,168.	13,168.		
DUES & SUBSCRIPTIONS	424.	424.		
EOUIPMENT REPAIRS	1,347.	1,347.		
MEMBERSHIPS	570.	570.		
MISC LICENSES & TAXES	1,668.		1,668.	
MISCELLANEOUS	1,079.	971.	108.	
PAYROLL PROCESSING FEES	2,479.	2,231.	248.	
POSTAGE AND SHIPPING	798.	798.		
PRINTING AND PUBLICATIONS	13,492.	13,492.		
STAFF DEVELOPMENT	3,682.	,	3,682.	
SUPPLIES	16,387.	16,387.		
TELEPHONE	4,628.	4,165.	463.	
UTILITIES	17,062.	13,662.	3,400.	
WORKMANS COMP INS	6,211.	5,590.	621.	
TOTAL	\$ 87,207.	75,149.	\$ 12,058.	\$ 0.

	_	-	_
- ,,			_

FEDERAL WORKSHEETS

PAGE 1

OPERATION FREEDOM PAWS

45-2566382

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

,	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	515,654.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

COMPUTATION OF 2015 NET OPERATING LOSS

1. TOTAL INCOME	55,730.
2. TOTAL DEDUCTIONS	59,000.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2)	-3,270.
4. CAPITAL LOSS DEDUCTION OF TRUSTS	. 0.
2015 NET OPERATING LOSS (LINE 3 MINUS LINE 4)	3,270.

12/31/15

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION FREEDOM PAWS

45-2566382

O. DESCRIPTION	DATE _ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. _ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BA DEPR.	AL /BAS	SIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIEE J	RATE	CURRENT DEPR.
DRM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
5 1997 FORD VAN	11/09/13		3,200)							3,200	747	S/L	5		
TOTAL AUTO / TRANSPORT EQUIP			3,200)	0	0)	0	0	0	3,200	747				
BUILDINGS																
1 BUILDING-LEASEHOLD IMPROV	9/23/15		20,275	;							20,275		S/L	20		
TOTAL BUILDINGS			20,275	5	0	0)	0	0	0	20,275	0				
FURNITURE AND FIXTURES																
1 TABLE AND CHAIRS	12/02/11		100	J							100	44	S/L	7		
2 LAPTOP COMPUTER	12/15/11		560)							560	350	S/L	5		
4 PROJECTOR AND SUPPORT	9/18/13		727	<i>!</i>							727	181	S/L	5	,	
TOTAL FURNITURE AND FIXTURE			1,387	7	0	0)	0	0	0	1,387	575				
IMPROVEMENTS																
6 FENCING	10/01/14		52,806	6							52,806	880	S/L	15		
7 ARTIFICIAL TURF	9/15/14		16,555	5							16,555	788	S/L	. 7		
8 NEW ROOF	12/15/14		14,735	5							14,735	61	S/L	20		
11 MISC LEASEHOLD IMPROVE	10/01/14		60,273	3							60,273	753	S/L	. 20		
17 ROOF	1/31/15		16,065	5 -							16,065		S/L	. 25		
TOTAL IMPROVEMENTS			160,434	4	0	j f	0	0	0	0	160,434	2,482				

12/31/15

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

OPERATION FREEDOM PAWS

45-2566382

_NO MA	DESCRIPTIONCHINERY AND EQUIPMENT	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.
3	KENNEL	9/12/13		12,709)						12,709	2,421	S/L	7		1,816
9	KENNELS	VARIOUS		21,76	١						21,761	1,295	S/L	7		3,109
10	TRAINING AREA PANELS	9/01/14		4,49	l						4,491	214	S/L	7		642
12	WASHING MACHINES	12/11/14		1,86	2						1,862	22	S/L	7		266
13	DOG GROOMING EQUIP	3/10/14		5,00	0						5,000	833	S/L	5		1,000
14	ABOVE GROUND POOL	11/06/14		60	0						600	20	S/L	5		120
15	MISC USED EQUIPMENT	3/28/14		10,71	2						10,712	1,607	S/L	5		2,142
16	OFFICE EQUIPMENT	1/31/15		2,48	3						2,483		S/L	5		455
18	STORAGE CONTAINER	5/31/15		2,81	3						2,813		S/L	. 7		234
19	OFFICE EQUIP	6/30/15		95	3						953		S/L	. 5		95
20	GARDEN EQUIPMENT	4/14/15		5,01	1						5,011		S/L	. 5		752
	TOTAL MACHINERY AND EQUIPME			68,39	5	0	()	0	0 0	68,395	6,412				10,631
	TOTAL DEPRECIATION			253,69	- 11	0)(0	0	0 0	253,691	10,216				22,020
	GRAND TOTAL DEPRECIATION			253,69	91)(0	0	0 0	253,691	10,216				22,020

Form **990-T**

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

For calendar year 2015 or other tax year beginning ____ _____, 2015, and ending OMB No. 1545-0687

Department of the Treasury Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

men	al Revenue Service	DOTION	Officer Continuation of the continuation				- Frank	identification number
Α	Check box if address changed				nanged and see instructions.		(Emple	yer identification number oyees' trust, see
В	Exempt under section	Print	OPERATION FREEDOM F					ctions.)
_	X 501(C)(3)	or	777 1ST STREET PMB	#515)			-2566382
	408(e) 220(e)	Type	GILROY, CA 95020				E Unrela	ated business activity s (See instructions.)
	408A 530(a)						C11	1.600
	529(a)						61.	1600
С	Book value of all assets at end of year		exemption number (See instruct					. Пон
	564,948.			501(c)	corporation X 501(c) trust40)1(a) trus	st Other trust
H	Describe the organization	n's primar	y unrelated business activity.					
	During the toy year was	the corne	oration a subsidiary in an affilia	ted ara	oun or a parent-subsidia	ry controlled aro	up?	Yes XNo
I	Juring the tax year, was	tne corpo	ifying number of the parent corp	noratio	n •	ry controlled gro	ар	
	The books are in care of			poratio	Te	lephone number	► 408-	-847-8518
			Business Income		(A) Income	(B) Expense		(C) Net
Pa	Gross receipts or sales		damess income		(ty interine			
	Less returns and allowances.		c Balance ►	1 c				
			line 7)	2				
3			n line 1c	3			14 A / A / A	
_			Schedule D)	4 a				
			7) (attach Form 4797)	4 b				
				4 c				
5	Income (loss) from par	tnerships	and S corporations	_				
							912111	
6			(Cabadula E)	7				
7			(Schedule E)	8				
8			om controlled organizations (Schedule F).	-				
9			(9), or (17) organization (Sch G)	10				
10		-	e (Scriedule 1)	11				
11			attach schedule)					
12	Other income (See ins	tructions,	SEE STATEMENT 1	12	55,730.			55,730.
12	Total Combine lines 3	through 1	12	13	55,730.		0.	55,730.
	+ II Deductions N	Int Take	en Flsewhere (See instru	ctions	for limitations on	deductions.) (Except	for
I a	contributions.	. deduct	ions must be directly con	necte	ed with the unrelate	d business in	come.)	
14	Compensation of office	ers, direct	ors, and trustees (Schedule K).				14	
15	Salaries and wages						15	51,500.
16							16	
17	Bad debts						17	
18	Interest (attach schedu	ıle)					18	
19							19 20	
20			structions for limitation rules)				20	
21	Depreciation (attach Fo	orm 4562)			220		22 b	
22	Less depreciation clain	ned on So	chedule A and elsewhere on ret	urn	ZZa		23	
23	Depletion		ensation plans				24	
24	Contributions to deterr	ea compe	ensation plans				25	
25	Employee benefit prog	rams	dule I)				26	
26 27	Excess readership cos	te (Sched	ule I)				27	
28	Other deductions (attach	ch schedu	ıle)		SEE.S	TATEMENT 2	28	7,500.
29	Total deductions, Add	lines 14 t	through 28				29	59,000.
30	Unrelated business tax	able inco	me before net operating loss de	eductio	on. Subtract line 29 from	n line 13	30	-3,270.
31	Net operating loss ded	uction (lir	mited to the amount on line 30)		4 line 21 from line 20		31	-3,270.
32	Unrelated business tax	able inco	me before specific deduction. S	ouptrac	aventions)		33	-3,210.
33	Specific deduction (Ge	nerally \$	1,000, but see line 33 instruction abtract line 33 from line 32. If line 33 is	arester	than line 32 enter the smaller	of zero or line 32	34	-3,270.
34			Actice see instructions	yı calcı	TEEA0205L 10/12	/15		Form 990-T (2015)

ı aı	I III I I I I I I	omputation		1 - 1'	(3)	2000			
35	Organization	s Taxable as Corporations. S	ee instructions for tax compu	tation.					
	Controlled gro	oup members (sections 1561 a	and 1563) check here 🕨 🗌 🤄	See instructions and:	A .				
а	Enter your sh	are of the \$50,000, \$25,000,	and \$9,925,000 taxable incom	ne brackets (in that orde	7):				
	(1) \$	(2) \$	(3) \$						
b	Enter organiz	ation's share of: (1) Additiona	I 5% tax (not more than \$11,	750)					
	(2) Additional	3% tax (not more than \$100,	000)						
c	Income tax or	the amount on line 34				35 c			
36	Trusts Taxab	le at Trust Rates. See instruc	tions for tax computation. Inc	ome tax on the amount					
•	on line 34 fro	m: X Tax rate schedule of	or Schedule D (Form 1	041)		36			0.
27	Provi tay S	ee instructions				37			
38	Alternative m	inimum tax				38			
30	Total Add in	os 37 and 38 to line 35c or 3	86, whichever applies			39			0.
			oo, whichever applice						
Par	t IV Tax a	nd Payments	1110: trusta attach Form 11	116) 40 a		0.015			
40 a	Foreign tax c	redit (corporations attach For	m 1118; trusts attach Form 11	40 b					
b	Other credits	(see instructions)		40 b					
C	General busing	ness credit. Attach Form 3800	(see instructions)	40 0					
C	Credit for prid	or year minimum tax (attach F	Form 8801 or 8827)	40 d		40 e			0
е	Total credits.	Add lines 40a through 40d.			·····				<u>0.</u>
41	Subtract line	40e from line 39		Π=		41			0.
42	Other taxes.	Check if from: Form 4255	Form 8611 Form 8697	Form 8866		40			
	Other (at	tach schedule)				42			
43	Total tax. Ad	d lines 41 and 42				43			0.
44 a	Payments: A	2014 overpayment credited to	2015	44a					
b	2015 estimate	ed tax payments		44 b					
c	Tax deposite	d with Form 8868		44 c					
c	Foreign organ	nizations: Tax paid or withhele	d at source (see instructions)	44 d					
e	Backup withh	olding (see instructions)		44 e	3				
f	Credit for sm	all employer health insurance	premiums (Attach Form 894)	1)					
		and payments:	orm 2439						
-	Form 413		ther To	otal ▶ 44 g					
45			g			45			0.
	Total paymen	, nanalty (see instructions)	Check if Form 2220 is attached	1	▶ □ □	46			
46	Estimateu ta								
	T 14 15	AF is less than the total of	lines 13 and 16 enter amoun	at owed	▶	47			
47	Tax due. If lin	ne 45 is less than the total of	lines 43 and 46, enter amoun	nt owed	· · · · · · · · · · · · · · · · · · ·				
47 48	Tax due. If lin	ne 45 is less than the total of the time 45 is larger than the	lines 43 and 46, enter amount total of lines 43 and 46, enter	nt owed		48			
48 49	Tax due. If lin Overpaymen Enter the am	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre	lines 43 and 46, enter amountotal of lines 43 and 46, enter dited to 2016 estimated tax ▶	at owed	Refunded ►				
48 49	Tax due. If lin Overpaymen Enter the am t V State	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certa	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other	at owed	Refunded Pructions)	48 49		l V	No
48 49	Tax due. If lin Overpaymen Enter the am t V State	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, di	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other different total the organization have an inter-	r amount overpaid Information (see instreet in or a signature or other	Refunded Puctions) ner authority ove	48 49 er a	114	Yes	No
48 49 Par	Tax due. If lin Overpaymen Enter the am t V State At any time du financial accur	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, dispoint (bank, securities, or other) in a	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interdation for the different foreign country? If YES, the	Information (see instrest in or a signature or other organization may have	Refunded ructions) ner authority over to file FinCEN	48 49 er a Form	114,	Yes	
48 49 Par 1	Overpaymen Enter the am t V State At any time di financial acco	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certauring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial According	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to organization have an inter a foreign country? If YES, the punts. If YES, enter the name	Information (see instruction or a signature or other organization may have the of the foreign country have	Refunded Puctions) ner authority over to file FinCEN lere Publications	48 49 er a Form		Yes	X
48 49 Par 1	Overpaymen Enter the am t V State At any time di financial acco	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certauring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial According	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to organization have an inter a foreign country? If YES, the punts. If YES, enter the name	Information (see instruction or a signature or other organization may have the of the foreign country have	Refunded Puctions) ner authority over to file FinCEN lere Publications	48 49 er a Form		Yes	
48 49 Par 1	Tax due. If ling Overpayment Enter the ammediate V State At any time diffinancial according Report of Formatter than the second of the second	ne 45 is less than the total of the Irine 45 is larger than the count of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, discount (bank, securities, or other) in a reign Bank and Financial Accordance are year, did the organization reconstructions.	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interal foreign country? If YES, the bounts. If YES, enter the name eceive a distribution from, or the state of	Information (see instruction of a signature or other organization may have the foreign country has it the grantor of, or	Refunded Puctions) ner authority over to file FinCEN lere Publications	48 49 er a Form		Yes	X
48 49 Par 1	Tax due. If ling Overpaymen Enter the amount V State At any time diffinancial according to Formatting the tall of YES, see in the overpayment of the state of th	ne 45 is less than the total of the If line 45 is larger than the count of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, discount (bank, securities, or other) in a reign Bank and Financial According to the count of the count of the count (bank) securities, or other) in a reign Bank and Financial According to the country of the country o	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to organization have an interpretation of the counts. If YES, enter the name deceive a distribution from, or the organization may have to fill	Information (see instruction of a signature or other organization may have the of the foreign country has it the grantor of, or le.	Refunded Pructions) ner authority over to file FinCEN pere Processor to, a	48 49 er a Form		Yes	X
48 49 Par 1	Tax due. If lir Overpaymen Enter the am **T V State* At any time du financial accor Report of For During the ta If YES, see i Enter the amo	ne 45 is less than the total of the If line 45 is larger than the count of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, discount (bank, securities, or other) in a reign Bank and Financial According to the count of the organization reports of the count of tax-exempt interest received.	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to organization have an interded foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill yed or accrued during the tax yet.	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or le.	Refunded Puctions) ner authority over to file FinCEN lere Publications	48 49 er a Form		Yes .	X
48 49 Par 1 2 3 Sch	Tax due. If ling Overpaymen Enter the amount to State At any time diffinancial according to Pouring the tall If YES, see in Enter the amount to Endure A — In the Amount to It is a second to	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certauring the 2015 calendar year, dipunt (bank, securities, or other) in a reign Bank and Financial According to the constructions for other forms the ount of tax-exempt interest received.	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enter a foreign country? If YES, the bunts. If YES, enter the name eceive a distribution from, or e organization may have to fill ved or accrued during the tax year method of inventory valuation	Information (see instruction of a signature or othe organization may have to of the foreign country haves it the grantor of, or the sear \$ \$ \$	Refunded Pructions) her authority over to file FinCEN lere Process transferor to, a	48 49 er a Form		Yes	X
48 49 Par 1	Tax due. If ling Overpaymen Enter the amount to State At any time diffinancial according to Pouring the tall If YES, see in Enter the amount to Edule A — Inventory at	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certa uring the 2015 calendar year, dipunt (bank, securities, or other) in a reign Bank and Financial According to the organization reports that the organization reports that the count of tax-exempt interest received to tax	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enganization have an interdefer a foreign country? If YES, the bounts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation	Information (see instruction of a signature or othe organization may have to of the foreign country haves it the grantor of, or the sear \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Refunded Pructions) her authority over to file FinCEN letere Pructions are transferor to, a	48 49 er a Form		Yes	X
48 49 Par 1 2 3 Sch	Tax due. If ling Overpaymen Enter the amount to State At any time diffinancial according to Pouring the tall f YES, see in Enter the amount to Edule A — Inventory at Purchases	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, dipoint (bank, securities, or other) in a reign Bank and Financial According to the organization restructions for other forms the ount of tax-exempt interest received to the control of the	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enganization have an interest foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or ever organization may have to fill eved or accrued during the tax year method of inventory valuation 1	Information (see instruction of a signature or other organization may have the of the foreign country have it the grantor of, or letter the control of the foreign country have it the grantor of, or letter the control of the control	Refunded Pructions) her authority over to file FinCEN tere Process transferor to, a 0. year	48 49 er a Form		Yes	X
48 49 Par 1 2 3 Sch	Tax due. If ling Overpaymen Enter the amount to State At any time diffinancial according to Pouring the tall f YES, see in Enter the amount to Edule A — Inventory at Purchases	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certa uring the 2015 calendar year, dipunt (bank, securities, or other) in a reign Bank and Financial According to the organization reports that the organization reports that the count of tax-exempt interest received to tax	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enganization have an interdefer a foreign country? If YES, the bounts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation	Information (see instruction of a signature or other organization may have the of the foreign country have it the grantor of, or letter the country have the office of the foreign country have it the grantor of, or letter the country have the foreign country have it the grantor of, or letter the country have the	Refunded Pructions) ner authority over to file FinCEN tere Process transferor to, a 0. 1. Subtract Enter here	48 49 er a Form		Yes	X
48 49 Par 1 2 3 Sch 1 2 3	Tax due. If lir Overpaymen Enter the am **Y State* At any time du financial accor Report of For During the ta If YES, see i Enter the am redule A — Inventory at Purchases Cost of labor.	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, dipoint (bank, securities, or other) in a reign Bank and Financial According to the organization restructions for other forms the ount of tax-exempt interest received to the company of the	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enganization have an interest foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or ever organization may have to fill eved or accrued during the tax year method of inventory valuation 1	Information (see instruction of a signature or other organization may have the of the foreign country have it the grantor of, or letter the control of the foreign country have it the grantor of, or letter the control of the control	Refunded Pructions) ner authority over to file FinCEN tere Process transferor to, a 0. 1. Subtract Enter here	48 49 er a Form forei		Yes	X
48 49 Par 1 2 3 Sch 1 2 3	Tax due. If lir Overpaymen Enter the am **Y State* At any time du financial accor Report of For During the ta If YES, see i Enter the am redule A — Inventory at Purchases Cost of labor.	ne 45 is less than the total of the If line 45 is larger than the count of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, discount (bank, securities, or other) in a reign Bank and Financial According to the count of the organization restructions for other forms the count of tax-exempt interest receivant of Goods Sold. Ento peginning of year.	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to enganization have an interest foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or ever organization may have to fill eved or accrued during the tax year method of inventory valuation 1	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Refunded Pructions) ner authority over to file FinCEN lere Pructions at a constant of the cons	48 49 er a Form foreign	gn trust?.		X X
48 49 Par 1 2 3 Sch 1 2 3 48	Tax due. If ling Overpaymen Enter the arm to V State At any time diffinancial according to Part of Ford During the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the amount of the tall f YES, see in Enter the tall f YES, see in En	ne 45 is less than the total of the If line 45 is larger than the count of line 48 you want: Crements Regarding Certal aring the 2015 calendar year, discount (bank, securities, or other) in a reign Bank and Financial According to the count of the organization restructions for other forms the count of tax-exempt interest receivant of Goods Sold. Ento peginning of year.	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to a country? If YES, the counts. If YES, enter the name eceive a distribution from, or e organization may have to fill ved or accrued during the tax year method of inventory valuation 1	Information (see instruction of a signature or other organization may have the of the foreign country have it the grantor of, or the sear \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Refunded Pructions) ner authority over to file FinCEN lere Pructions transferor to, a 0. Syear I. Subtract Enter here 2	48 49 er a Form foreid	gn trust?.		X X
48 49 Par 1 2 3 Sch 1 2 3 4	Tax due. If ling Overpaymen Enter the amount to State At any time difficulty and the financial according to the tall fyES, see in Enter the amount to the financial according to the tall fyES, see in Enter the amount to the financial according to the financial according to the financial financial according to the financial according to the financial finan	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, di ount (bank, securities, or other) in a reign Bank and Financial Acco x year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent organization of year	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interdation for a foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or a organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 a	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Refunded Pructions) ner authority over to file FinCEN lere Pructions transferor to, a 0. 4. Subtract Enter here 2	48 49 49 Form a Form 66 7	gn trust?.		X X
48 49 Par 1 2 3 Sch 1 2 3 48	Tax due. If ling Overpaymen Enter the amount of the Atlany time during the tall of the Atlany time during the Atlany time d	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor ix year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent beginning of year 1 263A costs (attach schedule)	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interdation for a foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 4 5 5	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ 6 Inventory at end of \$ 7 Cost of goods sold line 6 from line 5 and in Part I, line 2 8 Do the rules of sear property produced to the organization	Refunded Pructions) her authority over to file FinCEN here Pructions transferor to, a 0. Syear Subtract Enter here 2. Stion 263A (with or acquired for ?	48 49 49 Form foreign foreign responses to the second seco	gn trust?.		XXX
48 49 Pair 1 2 3 Sch 1 2 3 43	Tax due. If ling Overpaymen Enter the amount of the Atlany time do financial according to the Atlany time do financial according time do financial accordina	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor ix year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent beginning of year 1 263A costs (attach schedule)	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to organization have an interded the organization have an interded the organization have an interded the organization have an interded to organization have an interded to organization have the ounts. If YES, enter the name deceive a distribution from, or organization may have to fill ved or accrued during the tax year method of inventory valuation and the control of the control	Information (see instruction of whice of the foreign country has it the grantor of, or le. Bear \$ 6 Inventory at end of the form of the form of the form of the grantor o	Refunded Puctions) her authority over to file FinCEN libere Puctransferor to, a 0. 4. Subtract Enter here 2. Stion 263A (without acquired for preparer has any libered purposes of a preparer has any libered puctions.	48 49 49 Form foreight	gn trust?.	Yes	X X
48 49 Par 1 2 3 Sch 1 2 3 4 4 5 Sigg	Tax due. If ling Overpaymen Enter the amount to State At any time difficulty and the financial according to the tall fyES, see in the enter the amount to the financial according to the tall fyES, see in the enter the amount to the financial according to the financ	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor ix year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent beginning of year 1 263A costs (attach schedule)	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interdation for a foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 4 5 5	Information (see instruction of the organization may have the of the foreign country have it the grantor of, or the line of from line 5. 8 Do the rules of see property produced to the organization may have the organization may have the organization of which the oreal organization of which the organization of which the organizat	Refunded Pructions) her authority over to file FinCEN here Pructions transferor to, a 0. Syear d. Subtract Enter here 2 etion 263A (with or acquired for acquired	48 49 49 Form foreighter 6 7 my knowlec May be press	gn trust?.	Yes	X X
48 49 Pair 1 2 3 Sch 1 2 3 43	Tax due. If ling Overpaymen Enter the amount to State At any time difficulty and the financial according to the tall fyES, see in Enter the amount to the financial according to the tall fyES, see in Enter the amount to the financial according to the tall fyES, see in Enter the amount to the financial fina	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor ix year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent beginning of year 1 263A costs (attach schedule)	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dithe organization have an interdation for a foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 4 5 5	Information (see instruction of whice of the foreign country has it the grantor of, or le. Bear \$ 6 Inventory at end of the form of the form of the form of the grantor o	Refunded Pructions) her authority over to file FinCEN here Pructions transferor to, a 0. Syear d. Subtract Enter here 2 etion 263A (with or acquired for acquired	48 49 49 49 foreigned fore	gn trust?.	Yes	X X
48 49 Par 1 2 3 Sch 1 2 3 4 4 5 Sigg	Tax due. If ling Overpaymen Enter the amount of the Atlany time during the tall of the Atlany time during the Atlany time d	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor in year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent organization of year 1 263A costs (attach schedule) 1 263A costs (attach schedule) 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax In Activities and Other do the organization have an interfactorial foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Information (see instruction of the organization may have the of the foreign country have it the grantor of, or the line of from line 5. 8 Do the rules of see property produced to the organization may have the organization may have the organization of which the oreal organization of which the organization of which the organizat	Refunded Pructions) her authority over to file FinCEN libere Pructions of transferor to, and the series of transferor to, and the series of th	48 49 49 Form foreighter 6 7 Tresp r resa	gn trust?.	Yes	X X X
48 49 Par 1 2 3 Sch 1 2 3 4 4 5 Sigg	Tax due. If lin Overpaymen Enter the am t V State At any time difinancial according to the tam If YES, see in Enter the amount of the tam Inventory at Purchases Cost of labora Additional section Other costs (attach sch) Total. Add lin Dother costs (attach sch) Total. Add lin Print/Type Delief it in the cost of the co	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Acco x year, did the organization re instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent Deginning of year n 263A costs (attach schedule) nes 1 through 4b chalities of perjury, 1 declare that 1 have is true, correct, and complete. Declarat ature of officer	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other deformed the organization have an interded the organization have an interded the organization have an interded the organization have the name eceive a distribution from, or deformed the organization may have to fill the organization	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ 6 Inventory at end of \$ Cost of goods sold line 6 from line 5 and in Part I, line \$ \$ Do the rules of see property produced to the organization parying schedules and statement based on all information of whice \$ PRESIDENT Title	Refunded Pructions) ner authority over to file FinCEN lere Pructions transferor to, a 0. Syear d. Subtract Enter here 2 ction 263A (with or acquired for acquired for acquired for acquired for preparer has any left or acquired for acquire	48 49 Form foreighter 6 7 my knowled May the prejinstruct	gn trust?.	Yes this return elow (see	X X X
48 49 Par 1 2 3 Sch 1 2 3 43 5 Sig Her	Tax due. If ling Overpaymen Enter the amount to State At any time difficulty and the state of t	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial Accor ix year, did the organization re- instructions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent Deginning of year In 263A costs (attach schedule)	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other dited to regard to the organization have an interdation for a foreign country? If YES, the counts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 5 5 6 6 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ 6 Inventory at end of \$ Cost of goods sold line 6 from line 5 and in Part I, line \$ \$ Do the rules of see property produced to the organization parying schedules and statement based on all information of whice \$ PRESIDENT Title	Refunded Pructions) ner authority over to file FinCEN lere Paramsferor to, a 0. fyear I. Subtract Enter here 2. Stion 263A (without acquired for acquired for acquired for preparer has any left self-employed.	48 49 49 Form foreight 6 7 my knowlec myknowlec myknowl	gn trust?. ect to le) apply owledge and lige. FIRS discussioner shown brons)? X	Yes this return elow (see	X X X
48 49 Pair 1 2 3 Sch 1 2 3 Sch 1 Pair Pre par	Tax due. If ling Overpaymen Enter the amount to State At any time difficulty and the state of t	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial According to the organization re- mentructions for other forms the ount of tax-exempt interest receivant of tax-exe	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other deformed the organization have an interdence of the organization have an interdence of the organization have an interdence of the organization of the organization may have to fill the organization m	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ 6 Inventory at end of \$ Cost of goods sold line 6 from line 5 and in Part I, line \$ \$ Do the rules of see property produced to the organization parying schedules and statement based on all information of whice \$ PRESIDENT Title	Refunded Pructions) ner authority over to file FinCEN lere Paramsferor to, a 0. fyear I. Subtract Enter here 2. Stion 263A (without acquired for acquired for acquired for preparer has any left self-employed.	48 49 49 Form foreight 6 7 my knowlec myknowlec myknowl	gn trust?.	Yes this return elow (see	X X X
48 49 Par 1 2 3 Sch 1 2 3 Sch Frepar Use	Tax due. If ling Overpaymen Enter the amount of the Atlany time difficulty and time di	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, di- ount (bank, securities, or other) in a reign Bank and Financial Accor in structions for other forms the ount of tax-exempt interest recei Cost of Goods Sold. Ent or peginning of year n 263A costs (attach schedule) realties of perjury, I declare that I have is true, correct, and complete. Declarat on the preparer's name TEPHEN SABATH ame TEPHEN SABATH ame TEPHEN SABATH	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other do the organization have an interdefer a foreign country? If YES, the bounts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 4 5 5 6 6 6 7 6 7 6 7 6 7 7 7 7 7 7 7 7 7	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or the sear \$ \$ 6 Inventory at end of \$ Cost of goods sold line 6 from line 5 and in Part I, line \$ \$ Do the rules of see property produced to the organization parying schedules and statement based on all information of whice \$ PRESIDENT Title	Refunded Pructions) her authority over to file FinCEN let	48 49 49 er a Form forein forein my knowleck have presa	gn trust?. pect to le) apply weldige and ligge. IRS discuss parer shown boons)? X Y TIN 0038967	Yes Yes this returnelow (see [25])	X X X
48 49 Pair 1 2 3 Sch 1 2 3 Sch 1 Pair Pre par	Tax due. If ling Overpaymen Enter the amount of the Atlany time difficulty and time di	ne 45 is less than the total of t. If line 45 is larger than the ount of line 48 you want: Cre ments Regarding Certa uring the 2015 calendar year, die ount (bank, securities, or other) in a reign Bank and Financial According to the organization re- mentructions for other forms the ount of tax-exempt interest receivant of tax-exe	lines 43 and 46, enter amount total of lines 43 and 46, enter dited to 2016 estimated tax in Activities and Other do the organization have an interdefer a foreign country? If YES, the bounts. If YES, enter the name eceive a distribution from, or the organization may have to fill ved or accrued during the tax year method of inventory valuation 1 2 3 4 4 4 4 5 5 6 6 6 7 6 7 6 7 6 7 7 7 7 7 7 7 7 7	Information (see instruction of a signature or othe organization may have to of the foreign country have it the grantor of, or decear \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Refunded Pructions) ner authority over to file FinCEN lere Paramsferor to, a 0. fyear I. Subtract Enter here 2. Stion 263A (without acquired for acquired for acquired for preparer has any left self-employed.	48 49 49 er a Form forein forein my knowleck have presa	gn trust?. pect to lee) apply welding and light and li	Yes Yes this returnelow (see [25])	No X X

Schedule C – Rent Inco	me (From Real	Property an	d Perso	nal Property	/ Leas	ed With Re	al Prop	perty) (see instructions)
1 Description of property		-						
(1)								
(2)								
(3)								
(4)								
	2 Rent received					3(a) Dedu	ictions di	irectly connected with
(a) From personal p (if the percentage of rent property is more than 1 more than 50%	for personal 0% but not	(if the perc	entage of ceeds 50	ersonal propert rent for person % or if the rent t or income)	al	the inco	me in co	olumns 2(a) and 2(b) schedule)
(1)								
(2)								
(3)								
(4) Total	т,	otal						
(c) Total income. Add totals of here and on page 1, Part I, line	columns 2(a) and 2	2(b). Enter				(b) Total deduct here and on page I, line 6, column (1 Part	
Schedule E - Unrelated			instructio	ons)		, ,		
	lebt-financed proper		2 Gross	income from	3 De			ected with or allocable to d property
, seeding tien of a				ced property	depre	(a) Straight line eciation (attach	e n sch)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)					-			
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	di	Column 4 vided by olumn 5		7 Gross income ortable (column column 6)	12 x	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals	uctions included in c	column 8			Part I	, line 7, colum	n (A). P	nter here and on page 1, Part I, line 7, column (B).
Schedule F - Interest, A	nnuities, Royalt	ties, and Re	nts Fron	m Controlled	Orga	nizations (see instr	uctions)
		Exempt Cont	trolled Org	ganizations				
1 Name of controlled organization	2 Employer identification number	3 Net unre income ((see instru	(loss)	4 Total of spe payments m	ecified nade	5 Part of c that is inc the cont organiza gross in	luded in rolling ation's	6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)	-1							
Nonexempt Controlled Organiza		O Total of	ansaifiad	10 Dort o	f aglum	nn 9 that is	11	Deductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of payment		included	in the	controlling ross income		Deductions directly nected with income in column 10
(1)								
(2)		_						
(3)								
(4)				here and on		nd 10. Enter 1, Part I, line (A).		olumns 6 and 11. Enter nd on page 1, Part I, line 8, column (B).

Schedule G - Investment Inco	me of a Section	n 501(c			nization (see ins	structio	ns)	
1 Description of income	1 Description of income 2 Amount of income		dire	Deductions ctly connected ach schedule)	4 Set-aside (attach sched		set-a	I deductions and sides (column 3 us column 4)
(1)								
(2)								
(3)							-	
(4)							E	
	Enter here and on p Part I, line 9, colur	page 1, mn (A).					Part I, li	re and on page 1 ne 9, column (B)
Totals							<u> </u>	
Schedule I – Exploited Exemp	t Activity Incon	ne, Oth	er Tha	n Advertising I	ncome (see ins			1
1 Description of exploited activity	2 Gross unrelated business income from trade or business	connec produ of un	es directly ted with uction related s income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, column (A).	on pa	ere and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals.					A 40 10 10 10 10 10 10 10 10 10 10 10 10 10			
Schedule J – Advertising Inco								
Part I Income From Periodic	als Reported or	n a Cor	ısolida	ted Basis				
1 Name of periodical	2 Gross advertising income		rect rtising sts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5)) Part II Income From Periodic 7 on a line-by-line basis.)	als Reported or	n a Sep	arate I	Basis (For each p	periodical listed in	Part II	, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	adver	rect tising 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 col 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I ►								
	Enter here and on page 1, Part I, line 11, column (A)	on pa	nere and age 1, line 11, nn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)Schedule K — Compensation of	of Officers Dire	ctors	and Tr	ustees (see instr	uctions)			
1 Name	or Officers, Dire			2 Title	3 Percent of time devote to busines	ed		ation attributable ated business
		-				%		
						%		
						8		
						8		
Total. Enter here and on page 1, Part	II, line 14							

2015	FEDERAL STATEMENTS	PAGE 1
	OPERATION FREEDOM PAWS	45-2566382
STATEMENT 1 FORM 990-T, PART I, LINE OTHER INCOME DOG BOARDING & TRAININ	12 NGTOTAL	\$ 55,730. \$ 55,730.
STATEMENT 2 FORM 990-T, PART II, LINE OTHER DEDUCTIONS	28	
PAYROLL TAXESUTILITIES	TOTAL	\$ 4,100. 3,400. \$ 7,500.

FORM

2015 California Exempt Organization Annual Information Return

	Oi	VIVI
1	9	9

	(ear 2015 or fiscal year beginning (mm/dd/yyyy) , and ending (m	m/dd/yyyy)	
Corporation/O	organization name		California corporation number
OPERAT	ION FREEDOM PAWS		3384746
Additional info	ormation. See instructions.		FEIN
Ctroot address	s (suite or room)		45-2566382 PMB no.
	T STREET #515		PIND 110.
City		tate	ZIP code
GILROY		CA	95020
Foreign count	ry name Fo	oreign province/state/county	Foreign postal code
	V VIN- I If everyt under De	TC Section 23701d, has the	
	organization engage	ed in political activities?	
	= See Instructions		• Yes X No
	ion 4947(a)(1) trust		
	ormation Return? K Is the organization	exempt under R&TC Section 23	3701g? ● Yes X No
	Dissolved Surrendered (Withdrawn) Merged/Reorganized If 'Yes,' enter the grand recommendate source and the source of the source	ross receipts from s	S
		xempt under R&TC Section 237	
	Cash 2 Accrual 3 Other and meets the filing	fee exception, check box.	
	return filed? 1 ● 🗓 990T 2 ● 🗍 990-PF 3 ● 🗍 Sch H (990) No filing fee is requ	uired	
		a Limited Liability Company?	• Yes X No
G Is this a		n file Form 100 or Form 109 to	
H Is this or		under audit by the IRS or has t	he IRS
	what is the parent's name? audited in a prior ye	ear?	Yes X No
	P Is federal Form 102	23/1024 pending?	Yes No
Did the o	organization have any changes to its guidelines Date filed with IRS		
	ted to the FTB? See instructions		CACA1112L 12/31/15
Part I	Complete Part I unless not required to file this form. See General Instructions B		
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		104,699.
Receipts	2 Gross dues and assessments from members and affiliates		450,890.
and	3 Gross contributions, gifts, grants, and similar amounts received	450,890.	
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see Genera	I Instruction B	555,589.
	5 Cost of goods sold	ii iiisti detioii Li	333,369.
	6 Cost or other basis, and sales expenses of assets sold 6		
	7 Total costs. Add line 5 and line 6.	7	7
	8 Total gross income. Subtract line 7 from line 4		555,589.
_	9 Total expenses and disbursements. From Side 2, Part II, line 18		617,334.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from		
	11 Total payments	11	
	12 Use tax. See General Instruction K	12	2
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line	11	3
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	2	1
Fee	15 Filing fee \$10 or \$25. See General Instruction F	15	10.
	16 Penalties and Interest. See General Instruction J.	16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep		
Sign Here	I Title	Date	• Telephone 683-9016
	Signature ► Mayullus PRESIDENT	4/16/16	408-847-851-8
	Preparer's Date	Check if self-	PTIN
Paid	signature H. STEPHEN SABATH	employed	P00389625
Preparer's Use Only	Firm's name STENNES & SABATH, INC. CPAS		
	(or yours, if self-employed) and address CTI POV CD 95020		77-0534895 • Telephone
	GILROY, CA 95020		(408) 842-9466
	May the FTB discuss this return with the preparer shown above? See instruction	S	• X Yes No
	may the 7 1D disease this retain with the property shown above: occ instruction	• • • • • • • • • • • • • • • • • • • •	<u> </u>

45-2566382 OPERATION FREEDOM PAWS Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. 1 2 Interest 2 3 Receipts Gross rents. 4 4 from 5 Other Gross royalties. 5 Sources Gross amount received from sale of assets (See instructions)..... 6 6 Other income. Attach schedule. SEE STATEMENT 1 7 104,699. 7 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1...... 8 104,699. 8 9 9 10 Disbursements to or for members..... 10 11 86,250. 11 Other salaries and wages. 12 256,635. **Expenses** 13 Interest 13 67. Disburse-14 14 41,020. ments Rents 15 15 Depreciation and depletion (See instructions)..... 22,020. 16 211,342. 17 17 18 Total expenses and disbursements, Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 617,334. Schedule L End of taxable year **Balance Sheet** Beginning of taxable year (a) (b) (c) (d) Assets 430,895. 343,493. 1 Cash. Net accounts receivable..... 2 4 5 6 7 8 9 10 a Depreciable assets..... 206,091. 253,691. b Less accumulated depreciation...... 10,216. 195,875. 32,236. 221,455. 11 Land..... 12 626,770. 564,948 Liabilities and net worth 15 16 Bonds and notes payable..... 17 77. 18 626,693 564,948. 19 Paid-in or capital surplus. Attach reconciliation. 626,770. 564,948. Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L. line 13, column (d), is less than \$50,000.

			,	, , , , , , , , , , , , , , , , , , , ,	
1	Net income per books	−61,745.	7	Income recorded on books this year not included	
2	Federal income tax	•		in this return. Attach schedule	•
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged	
4	Income not recorded on books this year.			against book income this year.	
	Attach schedule	•		Attach schedule	•
5	Expenses recorded on books this year not deducted		9	Total. Add line 7 and line 8	

10 Net income per return.

Subtract line 9 from line 6...

-61,745.

Side 2 Form 199 C1 2015 059 3652154 CACA1112L 12/31/15

-61,745.

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

Department of the Treasury Internal Revenue Service Name of the organization

CALIFORNIA COPY

Schedule of Contributors

► 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. Employer identification number

OMB No. 1545-0047

2015

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 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 Gener	Rule or a Special Rule.	
	anization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
Ty For an organization filing Form 990, 990-F	7, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or	
property) from any one contributor. Comp	te Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
1 1 de a catalana E00(a)(1) and 170(b)(1)(0)(u)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that	
received from any one contributor during	Te vear, total contributions of the dreater of (1) \$5,000 or (2) 270 or the amount on (7)	
Form 990, Part VIII, line 1h, or (ii) Form 9	U-EZ, line 1. Complete Parts I and II.	
For an organization described in section 5	1(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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational ochildren or animals. Complete Parts I, II, and III.	
purposes, or for the prevention of cruenty	Cilidren of animals. Complete Farts 1, 11, and 111.	
Ear an arganization described in section 5	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,	
during the year, contributions exclusively	r religious, charitable, etc., purposes, but no such contributions totaled more than	
\$1,000. If this box is checked, enter here	ne 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 ole, etc., contributions totaling \$5,000 or more during the year	
it received nonexclusively religious, charte	ne, etc., contributions totaling \$5,000 or more during the year	
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 PE) but it must answer 'No' on Part IV I	the 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Page

1 of

3 of Part I

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
1	MACQUARIE 125 WEST 55TH STREET NEW YORK, NY 10019	\$18,525.	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	GILROY FOUNDATION P.O. BOX 774 GILROY, CA 95020	\$6,560.	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	SOVEREIGN_ORDER - ST_JOHN_JERUSALEM 340 GRAND_AVE_BLVD_#3 SAN_MATEO, CA_94401	\$40,000.	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
4	EVENTBRITE 651 BRANNAN STREET STE 110 SAN FRANCISCO, CA 94103	\$7,001.	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
5	100 WOMEN CHARITABLE FOUNDATION P.O. BOX 3418 LOS ALTOS, CA 94024	\$47,500.	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
6	JEWISH COMMUNAL FUND 121 STUART STREET SAN FRANCISCO, CA 94105	\$9,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

2 of

3 of Part I

OPERATION FREEDOM PAWS

Employer identification number

	4	5	-2	5	6	6	3	8	2
--	---	---	----	---	---	---	---	---	---

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE FOOTHILLS FOUNDATION		Person X Payroll
	P.O. BOX 193809	\$45,000.	Noncash
	SAN FRANCISCO, CA 94119		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WELLS FARGO ADVISORS LLC		Person X Payroll
	ONE NORTH JEFFERSON	\$11,000.	Noncash
	ST_LOUIS, MO_63103		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BSB FOUNDATION		Person X Payroll
	P.O. BOX 193809	\$15,000.	Noncash
	SAN FRANCISCO, CA 94119		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person X
Number	Name, address, and ZIP + 4 PHYLISS PIERCE	(c) Total contributions	Type of contribution
Number	Name, address, and ZIP + 4 PHYLISS PIERCE	\$5,579.	Person X Payroll
Number	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 (b)	\$5,579.	Person X Payroll Noncash (Complete Part II for
10	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 (b)	\$ 5,579.	Type of contribution Person X Payroll
10 _	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4	\$ 5,579.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
10 _	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4 GENERAL ELECTRIC CO	\$ 5,579.	Type of contribution Person X Payroll
10 _	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4 GENERAL ELECTRIC CO P.O. BOX 823250	\$ 5,579.	Person X Payroll
10 _ Number 11 _	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4 GENERAL ELECTRIC CO P.O. BOX 823250 DALLAS, TX 75382 (b)	\$ 5,579. (c) Total contributions \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution Person X Payroll Noncash (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) Number 11 (a) Number	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4 GENERAL ELECTRIC CO P.O. BOX 823250 DALLAS, TX 75382 Name, address, and ZIP + 4	\$ 5,579. (c) Total contributions \$ 25,000.	Person X Payroll
(a) Number 11 (a) Number	Name, address, and ZIP + 4 PHYLISS PIERCE 1348 COLEMAN AVE SANTA CLARA, CA 95050 Name, address, and ZIP + 4 GENERAL ELECTRIC CO P.O. BOX 823250 DALLAS, TX 75382 (b) Name, address, and ZIP + 4 JELLY BELLY CHARITIES INC	\$5,579. (c) Total contributions \$25,000. (c) Total contributions \$25,000.	Person X Payroll

Page

3 of

3 of Part I

Name of organization

Employer identification number OPERATION FREEDOM PAWS 45-2566382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (c) Total contributions (d) (a) Number Type of contribution Person X 13 GLENN AND ARMINITA JENSEN **Payroll** 431 VIA VAQUERO SUR 8,600. Noncash (Complete Part II for noncash contributions.) SAN JUAN BAUTISTA, CA 95045 (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person X 14 DAVID MAHLER **Payroll** 10401 MAGDALENA RD 10,000. Noncash (Complete Part II for LOS ALTOS, CA 94024 noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person 15 MCAFEE INC **Payroll** 5000 HEADQUATERS DRIVE 16,000. Noncash (Complete Part II for noncash contributions.) PLANO, TX 75024 (a) Number (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) Number (b) (c) Total Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) Total (a) Number (b) (d) Name, address, and ZIP + 4 Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

Name of organization OPERATION FREEDOM PAWS 1 to 1 of Part II
Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace 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	(b)	(c)	(d)
(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
		Ś	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E2	Z. or 990-PF) (2015

of Part III

Name of organization
OPERATION FREEDOM PAWS
Part III Exclusively religious

Employer identification number

Dark III	5 / i de l'ille de la citable de	to contributions to organization	ns described in section 501(c)(7), (8),		
Part III	Exclusively religious, charitable, et	c., contributions to organization	one lete selection (a) through (a) and		
	or (10) that total more than \$1,000 for the	ne year from any one contributor. Of	omplete columns (a) through (e) and		
	the following line entry. For organizations of	ompleting Part III, enter the total of exc	susively religious, charitable, etc.,		
	contributions of \$1,000 or less for the year.	(Enter this information once. See instru	uctions.) * \$N/A		
	Use duplicate copies of Part III if additional				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
No. from	Purpose of gift	Use of gift	Description of now gift is field		
Part I					
	N/A				
		(a)			
		(e) Transfer of gift			
	Transferee's name, addres		Relationship of transferor to transferee		
	Transfer of manney and				
(a)	(b)	(c)	(d) Description of how gift is held		
(a) No. from	(b) Purpose of gift	(c) Use of gift	Description of how gift is held		
Part I	, -				
			+		
		(-)			
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(2)	(b)	(c)	(d)		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
			+		
		(e) Transfer of gift			
	Turneferred a warran address		Relationship of transferor to transferee		
	Transferee's name, addres	ss, and zir + 4	Relationship of transferor to transferor		
(a)	(b)	(c)	(d)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	l mpoor or give	3			
			+		
		(e) Transfer of gift			
			Delationship of transferor to transferor		
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee		
	L	+			

CALIFORNIA FORM

2015

Depreciation and Amortization

"	0	**	**/	•	•	٠.	_
_	_			-	_	-	
	25	8	Z١	•	L		
•		"	٦,	,			

Attach to Form 541, Form 109, or Form 199. FORM 199				
	FEIN			
Name of estate or trust				
	45 2566302			
OPERATION FREEDOM PAWS	45-2566382			
OFERMITON INDEPON 11100				

Depreciation Assets placed in service during 1 (a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year
OFFICE EQUIPMENT	1/31/2015	2,483.	S/L	5	455
ROOF	1/31/2015	16,065.	S/L	25	589
STORAGE CONTAINER	5/31/2015	2,813.	S/L	7	234
OFFICE EQUIP	6/30/2015	953.	S/L	5	95
GARDEN EQUIPMENT	4/14/2015	5,011.	S/L	5	752
BUILDING-LEASEHOLD IMPROV	9/23/2015	20,275.	S/L	20	253
Add line 1 column (f) amounts. See instruction	IS			1(f)	2,378

1	tion Intangibles placed in serv (a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(g) Code section	(h) Period or percentage	(i) Amortization for this year
l line 1 d	column (i) amounts. See instruct	tions			1(i)	

	California depreciation for assets placed in service beginning before the 2010 taxable year.		
	Be sure to make adjustments for any basis differences.	_	
3	Total California depreciation. Add line 1(f) and line 2	3	22,020.
	rtization	_	
	California amortization for intangibles placed in service beginning before the 2015 taxable year	4	
	Be sure to make adjustments for any basis differences.		
5	Total California amortization. Add line 1(i) and line 4	5	
			22,020.
6	Total depreciation and amortization. Add line 3 and line 5. See instructions		2270201

2	n	1	C
_	U	ı	•

CALIFORNIA STATEMENTS

PAGE 1

OPERATION FREEDOM PAWS

45-2566382

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

DOG BOARDING & TRAINING	\$ 55,730. 48,969.
INCOME FROM SPECIAL EVENTS	\$ 104,699.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY CORTANI 777 1ST STREET PMB 515 GILROY, CA 95020	PRESIDENT 65.00	\$ 71,250.	\$ 0.	\$ 0.
JANET KING 777 1ST STREET PMB 515 GILROY, CA 95020	VICE PRESIDENT 5.00	0.	0.	0.
DIANE JIMENEZ 777 1ST STREET PMB 515 GILROY, CA 95020	SECRETARY 5.00	0.	0.	0.
NICOLE MARTINEZ 777 1ST STREET PMB 515 GILROY, CA 95020	DIRECTOR 10.00	15,000.	0.	0.
DENNIS MCLAUGHLIN 777 1ST STREET PMB 515 GILROY, CA 95020	TREASURER 5.00	0.	0.	0.
	TOTAL	\$ 86,250.	\$ 0.	\$ 0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES ADVERTISING AND PROMOTION BANK CHARGES CONFERENCES, CONVENTIONS, AND MEETINGS CONTRACT LABOR DOG AND KENNEL SUPPLIES DOG CARE & TRAINING EXPENSES. DUES & SUBSCRIPTIONS EQUIPMENT RENTAL EQUIPMENT REPAIRS INSURANCE	\$ 750. 12,681. 1,868. 1,431. 2,344. 18,695. 13,168. 424. 27,667. 1,347. 14,033.
INSURANCE MEMBERSHIPS	570.

2015

CALIFORNIA STATEMENTS

PAGE 2

OPERATION FREEDOM PAWS

45-2566382

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

MISC LICENSES & TAXES	\$ 1,668.
MISCELLANEOUS	1,079.
PAYROLL PROCESSING FEES	2,479.
POSTAGE AND SHIPPING	798.
PRINTING AND PUBLICATIONS	13,492.
PSYCHOTHERAPY SERVICES.	20,255.
SPECIAL EVENT EXPENSES.	10,647.
STAFF DEVELOPMENT	3,682.
SUPPLIES	16,387.
TELEPHONE	4,628.
TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS	471.
UTILITIES	17,062.
VETERAN PROGRAM COSTS	17,505.
WORKMANS COMP INS	6,211.
TOTAL	\$ 211,342.

12/31/15

2015 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION FREEDOM PAWS

0	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAI DEPR.	SALVAG /BASIS REDUCT	DEPR.	PRIOR DEPR.	METHODL	JFE_RATE_	CURRENT DEPR.
ORM 1	99														
AUTO	/ TRANSPORT EQUIPMENT														
5 19	997 FORD VAN	11/09/13		3,200							3,200	747	S/L	5	
Т	OTAL AUTO / TRANSPORT EQUIP			3,200)	0	0		0	0	3,200	747			
BUIL	DINGS														
1 B	UILDING-LEASEHOLD IMPROV	9/23/15		20,275	5						20,275		S/L	20	,
Т	OTAL BUILDINGS			20,275	5	0	0		0	0	0 20,275	0			
FURN	IITURE AND FIXTURES														
1 T	ABLE AND CHAIRS	12/02/11		100)						100	44	S/L	7	
2 L	APTOP COMPUTER	12/15/11		560)						560	350	S/L	5	
4 P	ROJECTOR AND SUPPORT	9/18/13		727	7			-			727	181	S/L	5	
T	OTAL FURNITURE AND FIXTURE			1,387	7	0	()	0	0	0 1,387	575			
IMP	ROVEMENTS														
6 F	ENCING	10/01/14		52,800	6						52,806	880	S/L	15	
7 4	ARTIFICIAL TURF	9/15/14		16,55	5						16,555	788	S/L	7	
8 1	NEW ROOF	12/15/14		14,73	5						14,735	61	S/L	20	
11 1	MISC LEASEHOLD IMPROVE	10/01/14		60,27	3						60,273	753	S/L	20	
17 F	R00F	1/31/15		16,06	5						16,065		S/L	25	
	TOTAL IMPROVEMENTS			160,43		0		0	0	0	0 160,434	2,482			

12/31/15

2015 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.		RIOR EPR.	_METHOD_	LIFE	_RATE	CURRENT DEPR.
MACHII	NERY AND EQUIPMENT																
3 KEI	NNEL	9/12/13		12,709							12	2,709	2,421	s/L	. 7		1,816
9 KEI	NNELS	VARIOUS		21,761							2	1,761	1,295	S/L	. 7		3,109
10 TR	AINING AREA PANELS	9/01/14		4,491							4	4,491	214	S/L	. 7		64
2 WA	ASHING MACHINES	12/11/14		1,862								1,862	22	S/L	. 7		26
13 DO	G GROOMING EQUIP	3/10/14		5,000)							5,000	833	S/L	. 5)	1,00
4 AB	OVE GROUND POOL	11/06/14		600)							600	20	S/L	. 5	j	12
15 MI	SC USED EQUIPMENT	3/28/14		10,712	2						. 1	0,712	1,607	S/L	. 5	j	2,14
16 OF	FICE EQUIPMENT	1/31/15		2,483	3							2,483		S/L	. 5	j	4
18 ST	ORAGE CONTAINER	5/31/15		2,813	3							2,813		S/L	- 7	1	2
19 OF	FICE EQUIP	6/30/15		953	3							953		S/L	_ 5	j	!
20 GA	ARDEN EQUIPMENT	4/14/15		5,011	l -							5,011		S/l	_ 5	j	7.
TO	OTAL MACHINERY AND EQUIPME			68,395	5	0)	0	0	0	0 6	8,395	6,412	2			10,6
TO	OTAL DEPRECIATION			253,69	1	0)	0	0	0	0 25	53,691	10,216	- -			22,0
GF	RAND TOTAL DEPRECIATION			253,69	1	()	0	0	0	0 25	53,691	10,216	<u> </u>			22,0

2015 California Exempt Organization Business Income Tax Return

F	JKIVI
1	09

Calendar Ye	ar 201	5 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)		<u> </u>	
Corporation/Org	anizatio	on name	California	a corporation nu	mber
		TREEDOM PAWS	3384	746	
Additional inform	mation.	See instructions.	FEIN	F C C 2 D 2	
Street address	(suite/ro	om no.)	PMB no.	566382	
		REET #515			
		nas a foreign address, see instructions.) State ZIP code			
GILROY		CA 95020			
Foreign country	name	Foreign province/state/county Foreign postal code			
A First Da		iled?Yes XNo H Is the organization a non-exempt charitable tr	uet ee		
		iled?		Yes	X No
B Is this a meaning	of R	RTC Section 23712?	nrise		
		ation under audit by the IRS Saudited in a prior year? Yes X No Zone (EZ), Los Angeles Revitalization Zone (LE) Local Agency Military Base Recovery Area (LE)	ARZ).		
D Final Re				_	
• Di	ssolve	d Surrendered (Withdrawn) Merged/Reorganized Enhancement Area (MEA) tax benefits?		• Yes	X No
Enter da	ate (m	m/dd/yyyy) J Is this organization a qualified pension, profit stock bonus plan as described in IRC Section	-sharing, c)r □v	TZ No
E Amende	d Ret	■ Vos VNo	. ,		X No
		d Head: (1) V Cash (2) Accrual (3) Other		• 61160	
		L Is this a Hospital?		• Yes	X No
	1	Unrelated business taxable income from Side 2, Part II, line 30	11		
Taxable Corporation		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 instructions	2		
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in	-		
		California and Schedule R was not completed, enter the amount from line 1	3		
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4	_	3,270.
Tax	5	Unrelated business taxable income from line 3 or line 4	5		5,210.
Compu-	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6		
tation	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		
	11 a	New employment credit, amount generated • a)11b) Amount claimed • Tax credits from Schedule B. See instructions.	11b		
	1	I Total Credits. Add line 11b and 11c.	11d		
Total		Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0	12		0.
Tax	13	Alternative minimum tax. See General Information O	13		<u> </u>
	14	Total tax. Add line 12 and line 13	14		
Payments	15	Overpayment from a prior year allowed as a credit 15	15		
	16	2015 estimated tax payments. See instructions			
	17	Withholding (Form 592-B and/or 593.) See instructions • 17			
	18	Amount paid with extension (form FTB 3539)	10		
	19	Total payments and credits. Add line 15 through line 18	19		
U T (20	Use tax. See instructions. • Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 •	20		
Use Tax/ Tax Due/	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	-		
Overpay- ment	23		22		
····		Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.	24		
	24	Overpayment. Subtract line 14 from line 21. See instructions	25		
	25	Enter amount of line 24 to be applied to 2016 estimated tax	25		

		26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	•	26		
			a Fill in the account information to have the refund directly deposited. Routing number •	26 a			
	and c	or	b Type: Checking ● Savings ● C Account Number	26 c			
Due	ount	27	Penalties and interest. See General Information M	•	27		
		28	Check if estimate penalty computed using Exception B or C and attach form FTB 580	6.			
		29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	\odot	29		
Unr	elate	ed Bu	siness Taxable Income		-		
Par			ed Trade or Business Income				
			or gross salesb Less returns and allowancesc Balance	•	1 c		
2			ds sold and/or operations (Schedule A, line 7)	- 1	2		
3		_	t. Subtract line 2 from line 1c	- 1	3		
_			n net income. See Specific Line Instructions — Trusts attach Schedule D (541)		4 a		
			pss) from Part II, Schedule D-1		4 b		
		-	deduction for trusts.	ŀ	4 c		
			loss) from partnerships, limited liability companies, or S corporations. See specific line				
			Attach Schedule K-1 (565, 568, or 100S) or similar schedule	•	5		
6	Rent	tal inco	me (Schedule C)	•	6		
7	Unre	elated d	ebt-financed income (Schedule D)	•	7		
8	Inves	stment	income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	•	8		
9	Inter	est, An	nuities, Royalties and Rents from controlled organizations (Schedule F)	•	9		
10	Expl	oited ex	xempt activity income (Schedule G)	•	10		
11	Adve	ertising	income (Schedule H, Part III, Column A)	•	11		
12	Othe	er incon	ne. Attach schedule SEE STATEMENT 1	•	12		55,730.
13	Total	l unrela	ated trade or business income. Add line 3 through line 12	•	13		55,730.
Parl	: II D	eductio	ons Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated but	isiness	income.)	,	
14	Com	pensati	on of officers, directors, and trustees from Schedule I	•	14		
15	Sala	ries and	d wages	•	15		51,500.
16	Repa	airs		•	16		
17	Bad	debts		•	17		
18	Inter	est. Att	ach schedule	•	18		
19	Taxe	s. Atta	ch schedule	•	19		
20	Cont	ribution	s. See instructions and attach schedule	•	20		
21 a	Depre	ciation (C	Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) ● 21 a				
b	Less	: depre	ciation claimed on Schedule A. See instructions		21		
22	Deple	etion. A	Attach schedule	•	22		
23 a	Cont	ribution	s to deferred compensation plans		23 a		
b	Empl	loyee b	enefit programs. See instructions		23 b		
24	Othe	r deduc	ctions. Attach schedule SEE STATEMENT 2	•	24		7,500.
25	Total	l deduc	tions. Add line 14 through line 24		25		59,000.
26	Unrela	ated busin	ness taxable income before allowable excess advertising costs. Subtract line 25 from line 13	•	26		-3,270.
27	Exce	ss adve	ertising costs (Schedule H, Part III, Column B)	•	27		
28	Unre	lated bu	usiness taxable income before specific deduction. Subtract line 27 from line 26	•	28		-3,270.
29			luction. See instructions.	•	29		
30			usiness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30		-3,270.
	7	To learn a	about your privacy rights, how we may use your information, and the consequences for not providing the requested information office. To request this notice by mail, call 800.852.5711.	n, go to	ftb.ca.go	v and sear	ch for
Sign	i	Under per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of m	y knowled	ige and be	lief, it is true,
Here			nd complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Title	•	Telephone	3	
		Signature officer	of PRESIDENT		408-	847-85	518
	_	Preparer's	Date	-	PTIN		
Paid		signature	H. STEPHEN SABATH	╛	P0038	89625	
Pre-	. [Firr	n's name (or yours, if self-employed) and address	• F	EIN		
parer Use	S	► <u>S'</u>	TENNES & SABATH, INC. CPAS		77-0	534895	5
Only		7	877 WREN AVE., STE. B	• 7	Telephone	1	
			ILROY, CA 95020		(408)		9466
	1	May the	FTB discuss this return with the preparer shown above? See instructions	. •	X		No

CAEA9812L 01/15/16

OPERATION FREEDOM PAWS

Schedule A Cost of Goods Sold and/or Operations.

	od of inventory valuation (specify)			
1	Inventory at beginning of year			1
2				2
3			•	3
4 a	Additional IRC Section 263A costs. Attach schedule			4 a
ŀ	Other costs. Attach schedule		•	4 b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 from	n line 5. Enter here and	on Side 2, Part I, line 2	7
•	Do the rules of IRC Section 263A (with respect to property pro	duced or acquired for resa	ale) apply to this organization?	Yes X No
Sch	redule B Tax Credits. Do not claim the New Employment C			
1	Enter credit namecode no.		1	
2	Enter credit namecode no.		2	
3	Enter credit name code no.	•	3	
4	Total Add line 1 through line 3. If claiming more than 3 credits, enter the	e total of all claimed credits, exc	cept	4
	New Employment Credit, on line 4. Enter here and on Side 1, line 11c			4
Sch	edule K Add-On Taxes or Recapture of Tax. See inst	ructions.		1
1	Interest computation under the look-back method for completed long-term	n contracts. Attach form FTB 38	34	1
2	Interest on tax attributable to installment: a Sales of cert	ain timeshares or resider	ntial lots	2 a
			ligations	2 b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on	the disposition of intang	ibles	3
4	Credit recapture. Credit name		•	4
	Total. Combine the amounts on line 1 through line 4. See			5
Sch	nedule R Apportionment Formula Worksheet. Use only	for unrelated trade or b	usiness amounts.	
Part	A. Standard Method — Single-Sales Factor Formula. Con	nplete this part only if the	e corporation uses the single-	sales factor formula.
		(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Total Sales.	•	•	
2	and the second s			•
Parl	B. Three Factor Formula. Complete this part only if the	corporation uses the thre	ee-factor formula.	
		(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1	Property factor: See instructions.	•	•	•
	Payroll factor: Wages and other compensation of employees	•	•	•
3	Sales factor: Gross sales and/or receipts less returns	•		
	and allowances			
	Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			
Sch	nedule C Rental Income from Real Property and Person	onal Property Leased wit	h Real Property	
For re	ental income from debt-financed property, use Schedule D, R&TC Section 2	3701g, Section 23701i, and Sect	tion 23701n organizations. See instruc	tions for exceptions.
1			2 Rent received or accrued	Percentage of rent attribut- able to personal property %
				%
				%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in colu	ımn 3 is more than 10%, but not more	
(a)	Deductions directly connected (attach schedule) (b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)
Add	columns 4(b) and column 5(c). Enter here and on Side 2,	Part I, line 6		-
, wu	Soldinio T(b) and Soldini S(s). Enter here and sin side E			

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Schedule D Unrelated	Debt-Financed Inco	ne			
1 Description of debt-financed pr	roperty		2 Gross income from or allocable to debt-	3 Deductions directly conn debt-financed property	nected with or allocable to
			financed property	(a) Straight-line depreciatio (attach schedule)	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted ba of or allocable to det financed property (attach schedule)	Column 4 Column 6	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
		90			
		%			
		%			
Total. Enter here and on S	Side 2, Part I, line 7				
Schedule E Investme	nt Income of an R&T	Section 23701g, 23701i,	or 23701n Organization	on	
1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income column 2 less column	, 5 Set-asides (attach	6 Balance of investment income, column 4 less column 5
Total. Enter here and on S	Side 2, Part I, line 8				
Enter gross income from n	nembers (dues, fees,	charges, or similar amoun	nts)		
Schedule F Interest,	Annuities, Royalties a	and Rents from Controlled	d Organizations		
		Exempt Controlled Or			
1 Name of controlled organization	2 Employer Identification Num	3 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	7				
3					
	anizations				
Nonexempt Controlled Org	ganizations	8 Net unrelated	9 Total of specified	10 Part of column (9) that	11 Deductions directly
7 Taxable Income		income (loss)	payments made	is included in the controlling organization' gross income	connected with income
1					
2					
3					
	10				
		on Side 2, Part 1, line 9.			
Schedule G Exploited		ome, other than Advertising	ng income	5	exempt 8 Net income
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	unrelated conn business prodi income from unrel	ness directly action of ated ess income (sess income) 4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	column 5 6 less co	e, column olumn 5 includible, column 4 less column 7 more than but not less than
Total. Enter here and on S	Side 2, Part I, line 10.				

Side 4 Form 109 C1 2015 059 3644154 CAVA9834L 12/21/15

Schedule H Advertising Income and Excess Advertising Costs

Pa	rt I Income	e from Periodic	cals Re	ported on a	Consoli	dated Basis							
1	1 Name of periodical 2 Gross advertising income		sing	3 Direct adverses	rtising	4 Advertising inco excess advertis costs. If column greater than col complete colum 6, and 7. If colu is greater than 2, enter the exc Part III, column Do not complet columns 5, 6, a	ing n 2 is lumn 3, nns 5, umn 3 column tess in B(b).	5 Circulation	income	6 Readers	hip costs		If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0
Tota	als												(基) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		from Periodic	als Re	ported on a S	Separate	Basis		I					
						T							
												_	
												_	
Pai	rt III. Column	n A – Net Adve	ertisino	Income			Part	III Column	B – F	Excess Advert	ising Co	sts	
ı uı	(a) Enter 'cor	nsolidated periodica n-consolidated per	al' and/o		Part I, o	r total amount from olumn 4 or 7, and t listed in Part II, lumns 4 or 7		Enter 'consolid	ated pe	eriodical' and/or n ted periodicals		(b)	Enter total amount Part I, column 4, and unts listed in Part II, column 4
Enter	total here and o	n Side 2, Part I, Iir	ne 11				Enter t	otal here and on	Side 2	2, Part II, line 27			
Scł	nedule I	Compensation	of Off	icers, Directo	rs, and	Trustees							
1	Name of Office	er 2	2 SSN	or ITIN	3 Ti	tle		Percent of time devoted to busine	ss	5 Compensati attributable unrelated b	to	6	Expense account allowances
									%				
									%				
									%				
									%				
									%				
Tota	I. Enter here	and on Side 2	. Part I	I. line 14					-				
						ons only. Trust							
	Group and guid		-	2 Date acquire		Cost or		Depreciation	5	Method of	6 Lit	fe or	7 Depreciation
	description of p	property		(dd/mm/yy	yy)	other basis		allowed or allowable in prior years		computing depreciation	ra	te	for this year
1			depreci	ation (do not	include	in items below)							
2	Other depre												
	Furniture an	nd fixtures											
	Transportati	on equipment											
	Machinery a other equipr	nd nent	[
	Other (spec	ify)											
3	Other depre	ciation											
4													
5													
6	Balance. Su	btract line 5 from	om line	4. Enter her	e and o	n Side 2, Part II	, line	21a					

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Form 109 C1 2015 Side 5

TAXABLE YEAR 2015

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

CALIFORNIA FORM

3805V

Atta	ich to your California tax return.			
Name	es as shown on return SSN or I'	ΓIN		
	FEIN			
OP	ERATION FREEDOM PAWS 45-2			
Par	t Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year	NOL,	go to P	art II.
Sec	tion A - California Residents Only (Nonresidents go to Section B.)			
1	Adjusted gross income from 2015 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on			
	line 3	1		
	Itemized deductions or standard deduction from 2015 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			3,270.)
-	b 2015 declared disaster loss included in line 3a. Enter as a positive number	3 b		
•	c 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 Part II and Part III as instructed.	3 c	(3,270.)
Ente	er amounts on line 4 through line 24 as if they were all positive numbers. See instructions.			
	Nonbusiness capital losses			
5	Nonbusiness capital losses			
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			
8	Nonbusiness deductions			
9	Nonbusiness income other than capital gains 9			
10	Add line 7 and line 9			
11	Add line 7 and line 9	11		0.
12	If line 8 is less than line 10, enter the difference; otherwise, enter -0			
13	Business capital losses			
14	Business capital gains			
15	Add line 12 and line 14			
	If line 13 is more than line 15, enter the difference; otherwise, enter -0 16			
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			
	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	22		
	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21		0.
	Subtract line 20 from line 17. If zero or less, enter -0	22		0.
	NOL and disaster loss carryovers from prior years. See instructions	23 24		
		25		3,270.)
2013	e Individual, Estate, or Trust is using the current year NOL to carryback to offset taxable income for taxable year and/or 2014, complete Part IV, NOL Carryback, on Side 4 before completing Part I, Section A, lines 26-28 below r lines 26 and 27 as positive numbers.			
26	2015 NOL carryback used to offset 2013 taxable income. Enter the amount from Part IV, line 3, col. (e) @	26		0.
	2015 NOL carryback used to offset 2014 taxable income. Enter the amount from Part IV, line 3, col. (g) @	_		0.
28	2015 NOL carryover to 2016. Combine line 25, line 26, and line 27. See instructions.			
		28	(CA	3,270.) IZ8012L 12/17/15

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Sec	tion B – Nonresidents and P	art-Ye	ear Residents Only -	- Computation of Cur	rent fear Calliornia i	NOL	
			(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.	(c) Enter amounts earned or received during the portion of the year you were a CA resident.	(d) 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
1	Adjusted gross income. See instructions. If negative, use brackets	1					
2	Itemized deductions or standard						
3 8	deduction. See instructions						
	See instructions	3a					
	2015 declared disaster loss included in line 3a. Enter as a positive number	3 b					,
•	Combine line 3a and line 3b. If negative, use brackets and continue to line 4	3 c					
Ente	r amounts on line 4 through						1
4	Nonbusiness capital losses						
5	Nonbusiness capital gains	5					
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-						
8	Nonbusiness deductions	8 _					
9	Nonbusiness income other than capital gains	9					
10	Add line 7 and line 9	10					
11	If line 8 is more than line 10, enter the difference; otherwise, enter -0-	11					
12	If line 8 is less than line 10, enter	-					
13	Business capital losses	13					
14	Basiness capital gamer	14 _					
15	rad mio ie did mio i i i i i i i i i i i i i i i i i i	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 _					
18	Enter the loss, if any, from line 4 of Schedule D (540NR) worksheet for nonresidents and part-year residents. See instructions	18					
19	Enter the loss, if any, from line 5 of Schedule D (540NR) worksheet for nonresidents and part-year residents. Enter as a positive number	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	NOL and disaster loss carryovers from prior years	23 _					
		24					
25	Current Year NOL. Combine line 3c and line 24. See inst. If more than zero, enter -0	25		•			•
f the	Individual, Estate, or Trust is lete Part IV, NOL Carryback, or	s usin n Side	g the current year No 4 before completing F	OL to carryback to off Part I, Section B, lines 2	set taxable income fo 26-28 below. Enter line	or taxable years 2013 es 26 and 27 as positiv	and/or 2014, ve numbers.
26 27	2015 NOL carryback used to offset 2013 taxable income. Enter the amount from Part IV, line 3, col. (e) 2015 NOL carryback used to offset	26 _		•			•
	2014 taxable income. Enter the amount from Part IV, line 3, col. (g)	27		•			•
28	2015 NOL carryover to 2016. Combine line 25, line 26, and line 27. See instructions. If more than zero,	28		•			•
	Side 2 FTB 3805	V 20		7532154	CA	AIZ8012L 12/17/15	

Section	C — Election to Wa	ive Carry	back								
Sect in th Cont	ck the box if the Indivition 172(b)(3). By many many many many many many many man	king the . Once the mine 201	election, the Individ ne election is made, 5 Modified Taxable Ir	lual, Es , it is ir ncome (state, or Trust revocable. Se	is electir e instruc	ng to carry an ctions.	NOL forward in	nstead	d of carr	under IRC ying it back
Part II	Determine 2015 Mod	dified Tax	kable Income (MTI).	Be su	re to read the	instruction	ons for Part II				
Enter amo	ble income. See instructs on line 2 through	h line 5 a	s if they were all po	ositive	numbers.				1 _		-3,270.
	ster loss carryover inc carryover included in								-		
	stments to itemized d								_		
	Combine line 1 through	gh line 5	. If line 6 is zero or	less, e	enter -0				6 _		0.
Part III	NOL Carryover and	Disaster	Loss Carryover Lir	nitatio	ns. See Instruc	tions.					
								(g) Available bala	ance		
1 MTI fro	om Part II, line 6						1		0.		
Prior Year	NOLs										
(a)	(b)	(c)	(d)		(e)		(f)				(h)
Year of loss			Initial loss	l loss Carryover from 2014			Amount used in 2015				over to 2016 (e) - col. (f)
2013	•	• ESB	945.	•	945.	•	0.		0.	•	945.
© 2014	•	• ESB	2,249.	•	2,249.	•	0.		0.	•	2,249.
•	•	•	•	•		•				•	
•		•	•	•		•				•	
Current Ye										col. ((d) — col. (f) Instructions
3 2015	•	o DIS	•			•				•	`
4 2015	•	● ESB	3,270.							•	3,270.
2015	•	•	•							•	
2015	•	<u> </u>	•							•	
2015	•	•	•							•	
5 NOL o	OL: General (GEN), No carryover. Add the catter loss carryover. En	rryover a	mounts in column ((h) that	are not the re	sult of a	disaster loss		5_		6,464.

Part IV	NOL	Carryback.	See	instructions.
---------	-----	------------	-----	---------------

1 2013 Taxable Income — Enter the amount from 2013 Form 540, line 19; Form 540NR, line 35; or Form 541, line 20a.

2 2014 Taxable Income — Enter the amount from 2014 Form 540, line 19: Form 540NR, line 35: or Form 541, line 20a.

2 201									
(a) Year of	(b) Code - See	(c) Type of	(d) Initial loss –	2013		201	(i) Carryover to 2016		
loss	instructions	See below*		See instructions	(e) Carryback used —	(f) After carryback	(g) Carryback used —	(h) After carryback	col. (d) minus [col. (e) plus col. (g)]
				See instructions	col. (d) minus col. (e)	See instructions	col. (f) minus col. (g)	col. (g)]	
3 2015									
2015									
2015									
2015									
2015									

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

Side 4 FTB 3805V 2015 059 7534154 CAIZ8003L 12/17/15

CALIFO	RNIA STATE	-MENIS		PAGE
OPER	ATION FREEDOM	I PAWS		45-256638
				55 720
J			TOTAL \$	55,730. 55,730.
	a posta e e e e e e e e e e e e e e e e e e e			
			**************************************	4,100. 3,400. 7,500.
	G	G		\$ TOTAL \$ \$

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: Change of address						
OPERATION FREEDOM PAWS					Amended ı	report		, .			
Name of Organization											
777 1ST STREET PMB #515 Address (Number and Street)				Corporate or Organization No. 3384746							
GILROY, CA 95020		200		Fed	deral Employ	yer I.D. No. 45-2566	5382				
City or Town State ZIP Code 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	Fee Gross Annual Revenue					Fee		
Less than \$25,000	0		tween \$100,001 and \$250,000			Between \$1,000,001 a			150		
Between \$25,000 and \$100,000	\$25	Between \$250	,001 and \$1 millio	on	\$75	Between \$10,000,001 Greater than \$50 milli			300 300		
PART A – ACTIVITIES		1							7		
For your most recent full account	nting peri	iod (beginning	1/01/15		ending	12/31/15) lis	st:				
Gross annual revenue \$		544,942.	Total assets	\$_		564,948.					
PART B – STATEMENTS REG	ARDIN	G ORGANIZA	ATION DURING	G T	HE PERIO	DD OF THIS REPO	RT				
Note: If you answer 'yes' to any o	f the ques	stions below, yo	ou must attach a s	sepa	arate sheet			for e	ach		
'yes' response. Please revie	w RRF-1	instructions for	information requ	uired	d.			Yes	No		
1 During this reporting period, were	e there ar	ny contracts, loa	ans, leases or othe	er fi	nancial tran	sactions 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?								Ш	X		
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?									X		
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?									X		
During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.									X		
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service								X			
provider.											
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.							Ш	X			
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.								X			
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 1							X				
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?									X		
Organization's area code and telephone number 408-847-8518 683-9010											
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.											
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Single defined	- MAR	Y CORTANI		Title	ESIDENT		Date (

2015

CALIFORNIA STATEMENTS

PAGE 1

OPERATION FREEDOM PAWS

45-2566382

STATEMENT 1 FORM RRF-1, PART B, LINE 8 VEHICLE DONATION PROGRAM INFORMATION

OPERATION FREEDOM PAWS HAS CONTRACTED WITH THE ABLE AUTO CHARITY CORP TO HANDLE THE AUTO DONATION PROGRAM - THE CONTRACTOR HANDLES THE ENTIRE TRANSACTION AND REMITS THE CHARITIES' PORTION OF THE SALE OF THE AUTOS.