

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

◆ Do not enter social security numbers on this form as it may be made public.
◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

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

C Name of organization: **OPERATION FREEDOM PAWS**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
777 1ST ST PMB #515
 City or town, state or province, country, and ZIP or foreign postal code
GILROY CA 95020

D Employer identification number
45-2566382

E Telephone number
408-847-8518

G Gross receipts \$ **905,644**

F Name and address of principal officer:
MARY CORTANI

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

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

J Website: **WWW.OPERATIONFREEDOMPAWS.ORG** **H(c)** Group exemption number ◆

K Form of organization: Corporation Trust Association Other ◆ **L** Year of formation: **2011** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	5
4	0
5	31
6	0
7a	0
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	541,742	445,240
9 Program service revenue (Part VIII, line 2g)	396,311	369,760
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,862	55,546
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	379	0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,294	870,546
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	565,202	713,887
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ◆	33,180	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	344,196	355,130
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	909,398	1,069,017
19 Revenue less expenses. Subtract line 18 from line 12	48,896	-198,471
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	746,021	547,550
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	746,021	547,550

Part II Signature Block

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

Sign Here
 Signature of officer: **MARY CORTANI** *Mary Cortani* **PRESIDENT** Date: **6/20/2019**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MICHAEL K. PARK, CPA** Preparer's signature: *Michael K. Park* Date: **05/17/19** Check if PTIN self-employed **P00366678**
 Firm's name: **DUNHAM ASSOCIATES, CPAS** Firm's EIN: **77-0445012**
 Firm's address: **1884 THE ALAMEDA SAN JOSE, CA 95126** Phone no.: **408-260-9600**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 907,661 including grants of \$) (Revenue \$)

THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS AND OTHERS WITH DISABILITIES TO LIVE A QUALITY LIFE BY HELPING THE INDIVIDUALS LEARN THE NECESSARY SKILLS TO TRAIN THEIR DOGS AND THEN CERTIFY THE INDIVIDUAL AND THEIR DOG AS A SERVICE DOG TEAM.

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 907,661

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	0
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

NICOLE MARTINEZ **13920 LLAGAS AVENUE** **CA 95046** **408-847-8518**
SAN MARTIN

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY CORTANI	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JENNIFER LEBLANC	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) DIANE JIMINEZ	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) NICOLE MARTINEZ	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) DENNIS MCLAUGHLIN	0.00									
TREASURER	0.00	X		X			0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	445,240				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		445,240				
Program Service Revenue	2a KENNEL DAYCARE AND BOARDING	Busn. Code	365,626	365,626			
	b PROGRAM INCOME		4,134	4,134			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		369,760				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		55,546	55,546			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
			35,098				
		b Less: cost or other basis & sales exps.		35,098			
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			870,546	425,306	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	649,272	551,881	97,391	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	64,615	54,923	9,692	
11 Fees for services (non-employees):				
a Management				
b Legal	468	421	47	
c Accounting	1,500	1,350	150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	2,442		2,442	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,564	4,108	456	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	463	463		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,144	32,144		
23 Insurance	39,987	39,018	969	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FACILITIES RENTAL & MAINT	55,276	49,748	5,528	
b UTILITIES	33,934	30,541	3,393	
c VETERAN PROGRAM COSTS	31,384	31,384		
d SPECIAL EVENTS	26,906			26,906
e All other expenses	126,062	111,680	8,108	6,274
25 Total functional expenses. Add lines 1 through 24e	1,069,017	907,661	128,176	33,180
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	335,084	1	102,454	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	277,474		
	b Less: accumulated depreciation	10b	112,784	10c	164,690
	11 Investments—publicly traded securities		220,417	11	276,323
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	4,083
16 Total assets. Add lines 1 through 15 (must equal line 34)		746,021	16	547,550	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		746,021	27	547,550
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		746,021	33	547,550	
34 Total liabilities and net assets/fund balances		746,021	34	547,550	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	870,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,069,017
3	Revenue less expenses. Subtract line 2 from line 1	3	-198,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	746,021
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	547,550

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	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?		
3b	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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

OPERATION FREEDOM PAWS

Employer identification number

45-2566382

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	370,454	450,890	556,985	388,502	445,240	2,212,071
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	370,454	450,890	556,985	388,502	445,240	2,212,071
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,212,071

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	370,454	450,890	556,985	388,502	445,240	2,212,071
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,212,071

12 Gross receipts from related activities, etc. (see instructions) 12 842,016

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 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						
4 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 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a 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))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.
◆ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OPERATION FREEDOM PAWS

45-2566382

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NETWORK FOR GOOD 1140 CONNECTICUT AVENUE NW #700 WASHINGTON DC 20036	\$ 25,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LISA BUCHNER 10812 DOLLAR CT. LAKESIDE CA 92040	\$ 36,666	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE HERMAN FAMILY TRUST 1302 CHERRY COURT SAN JOSE CA 95118	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NEWMAN'S OWN FOUNDATION 20 COMPO ROAD SOUTH WESTPORT CT 06880	\$ 16,277	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOEY GRAVES FOUNDATION P.O. BOX 1215 DISCOVERY BAY CA 94505	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE WEB FAMILY P.O. BOX 4213 CARMEL CA 93921	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

OPERATION FREEDOM PAWS

45-2566382

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		277,474	112,784	164,690
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				164,690

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows (2) through (9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

OPERATION FREEDOM PAWS

45-2566382

FORM 990 - 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 INDIVIDUALS LEARN THE
NECESSARY SKILLS TO TRAIN THEIR DOGS AND THEN CERTIFY THE INDIVIDUAL AND
THEIR DOG AS A SERVICE DOG TEAM.

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION PROVIDES ASSISTANCE TO VETERANS AND OTHERS WITH
DISABILITIES TO LIVE A QUALITY LIFE BY HELPING THE INDIVIDUALS LEARN THE
NECESSARY SKILLS TO TRAIN THEIR DOGS AND THEN CERTIFY THE INDIVIDUAL AND
THEIR DOG AS A SERVICE DOG TEAM.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

REGISTERED DOMESTIC PARTNERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

YES

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

YES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

Employer identification number

OPERATION FREEDOM PAWS

45-2566382

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
PSYCHOTHERAPY SERVICES	\$ 23,670	\$ 2,630	\$ 0
DOG AND KENNEL SUPPLIES	\$ 19,035	\$ 0	\$ 0
VETERINARIAN EXPENSES	\$ 18,441	\$ 0	\$ 0
STAFF DEVELOPMENT	\$ 13,250	\$ 0	\$ 0
OFFICE EXPENSE AND SUPPLY	\$ 11,032	\$ 1,226	\$ 0
BANK CHARGES	\$ 6,991	\$ 777	\$ 0
ADVERTISING & PROMOTIONS	\$ 0	\$ 0	\$ 6,274
TELEPHONE	\$ 5,643	\$ 627	\$ 0
LITERATURE & BROCHURES	\$ 5,691	\$ 0	\$ 0
PAYROLL PROCESSING FEES	\$ 3,588	\$ 399	\$ 0
PRINTING & COPYING	\$ 3,055	\$ 339	\$ 0

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

OPERATION FREEDOM PAWS

45-2566382

ASSET MANAGEMENT

\$ 0 \$ 1,330 \$ 0

MISCELLANEOUS EXPENSES

\$ 898 \$ 100 \$ 0

ALARM MONITORING

\$ 0 \$ 637 \$ 0

POSTAGE & SHIPPING

\$ 386 \$ 43 \$ 0

TOTAL

\$ 111,680 \$ 8,108 \$ 6,274

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
◆ Attach to your tax return.

◆ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment
Sequence No. **179**

Name(s) shown on return

OPERATION FREEDOM PAWS

Identifying number
45-2566382

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	6,315
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	25,829

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,144
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
26	LAPTOP COMPUTER	2/05/18	1,096			X	0	5 HY 200DB	0	1,096
			<u>1,096</u>				<u>0</u>		<u>0</u>	<u>1,096</u>
Other Depreciation:										
2	BUILDING LEASEHOLD IMPROVEMEN	9/23/15	20,275				20,275	20 MO S/L	2,281	1,014
3	TABLES AND CHAIRS	12/02/11	100				100	7 MO S/L	86	14
4	LAPTOP COMPUTER	12/15/11	560				560	5 MO S/L	560	0
5	PROJECTOR AND SUPPORT	9/18/13	727				727	5 MO S/L	616	111
6	FENCING	10/01/14	52,806				52,806	15 MO S/L	11,440	3,521
7	ARTIFICIAL TURF	9/15/14	16,555				16,555	7 MO S/L	7,883	2,365
8	NEW ROOF	12/15/14	14,735				14,735	20 MO S/L	2,272	737
9	ROOF	1/13/15	16,065				16,065	25 MO S/L	1,875	642
10	KENNEL	9/12/13	12,709				12,709	7 MO S/L	7,869	1,815
11	KENNELS	9/12/13	21,761				21,761	7 MO S/L	10,622	3,108
12	TRAINING AREA PANELS	9/01/14	4,491				4,491	7 MO S/L	2,140	641
13	WASHING MACHINES	12/11/14	1,862				1,862	7 MO S/L	820	266
14	DOG GROOMING EQUIPMENT	3/10/14	5,000				5,000	5 MO S/L	3,833	1,000
15	ABOVE GROUND POOL	11/06/14	600				600	5 MO S/L	380	120
16	MISC USED EQUIPMENT	3/28/14	10,712				10,712	5 MO S/L	8,033	2,143
17	OFFICE EQUIPMENT	1/31/15	2,483				2,483	5 MO S/L	1,449	496
18	STORAGE CONTAINER	5/31/15	2,813				2,813	7 MO S/L	1,038	402
19	OFFICE EQUIPMENT	6/30/15	953				953	5 MO S/L	477	190
20	GARDEN EQUIPMENT	4/14/15	5,011				5,011	5 MO S/L	2,756	1,002
21	COMPUTER EQUIPMENT	8/25/16	3,117				3,117	5 MO S/L	831	624
22	VIDEO CAMERAS AND HEADSET	1/03/16	1,004				1,004	5 MO S/L	402	201
23	4 NEW KENNELS	9/07/16	15,841				15,841	7 MO S/L	3,017	2,263
24	DURAFON IX CORDLESS	10/17/16	706				706	5 MO S/L	165	141
25	MISC LEASEHOLD IMPROV	10/01/14	60,273				60,273	20 MO S/L	9,795	3,013
27	SALESFORCE SOFTWARE	8/02/18	4,320			X	0	3 MO Amort	0	4,320
28	SOFTWARE - BASECAMP	10/29/18	899			X	0	3 MO Amort	0	899
	Total Other Depreciation		<u>276,378</u>				<u>271,159</u>		<u>80,640</u>	<u>31,048</u>
	Total ACRS and Other Depreciation		<u>276,378</u>				<u>271,159</u>		<u>80,640</u>	<u>31,048</u>
	Grand Totals		277,474				271,159		80,640	32,144
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>277,474</u>				<u>271,159</u>		<u>80,640</u>	<u>32,144</u>

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

CA Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
5-year GDS Property:								
26	LAPTOP COMPUTER	2/05/18	1,096	1,096	0	219	1,096	877
			<u>1,096</u>	<u>1,096</u>	<u>0</u>	<u>219</u>	<u>1,096</u>	<u>877</u>
Prior MACRS:								
6	FENCING	10/01/14	52,806	52,806	11,440	3,521	3,521	0
			<u>52,806</u>	<u>52,806</u>	<u>11,440</u>	<u>3,521</u>	<u>3,521</u>	<u>0</u>
Other Depreciation:								
2	BUILDING LEASEHOLD IMPROVEMEN	9/23/15	20,275	20,275	2,281	1,014	1,014	0
3	TABLES AND CHAIRS	12/02/11	100	100	86	14	14	0
4	LAPTOP COMPUTER	12/15/11	560	560	560	0	0	0
5	PROJECTOR AND SUPPORT	9/18/13	727	727	616	111	111	0
7	ARTIFICIAL TURF	9/15/14	16,555	16,555	7,883	2,365	2,365	0
8	NEW ROOF	12/15/14	14,735	14,735	2,272	737	737	0
9	ROOF	1/13/15	16,065	16,065	1,875	642	642	0
10	KENNEL	9/12/13	12,709	12,709	7,869	1,815	1,815	0
11	KENNELS	9/12/13	21,761	21,761	10,622	3,108	3,108	0
12	TRAINING AREA PANELS	9/01/14	4,491	4,491	2,140	641	641	0
13	WASHING MACHINES	12/11/14	1,862	1,862	820	266	266	0
14	DOG GROOMING EQUIPMENT	3/10/14	5,000	5,000	3,833	1,000	1,000	0
15	ABOVE GROUND POOL	11/06/14	600	600	380	120	120	0
16	MISC USED EQUIPMENT	3/28/14	10,712	10,712	8,033	2,143	2,143	0
17	OFFICE EQUIPMENT	1/31/15	2,483	2,483	1,449	496	496	0
18	STORAGE CONTAINER	5/31/15	2,813	2,813	1,038	402	402	0
19	OFFICE EQUIPMENT	6/30/15	953	953	477	190	190	0
20	GARDEN EQUIPMENT	4/14/15	5,011	5,011	2,756	1,002	1,002	0
21	COMPUTER EQUIPMENT	8/25/16	3,117	3,117	831	624	624	0
22	VIDEO CAMERAS AND HEADSET	1/03/16	1,004	1,004	402	201	201	0
23	4 NEW KENNELS	9/07/16	15,841	15,841	3,017	2,263	2,263	0
24	DURAFON IX CORDLESS	10/17/16	706	706	165	141	141	0
25	MISC LEASEHOLD IMPROV	10/01/14	60,273	60,273	9,795	3,013	3,013	0
27	SALESFORCE SOFTWARE	8/02/18	4,320	4,320	0	600	4,320	3,720
28	SOFTWARE - BASECAMP	10/29/18	899	899	0	75	899	824
	Total Other Depreciation		<u>223,572</u>	<u>223,572</u>	<u>69,200</u>	<u>22,983</u>	<u>27,527</u>	<u>4,544</u>
	Total ACRS and Other Depreciation		<u>223,572</u>	<u>223,572</u>	<u>69,200</u>	<u>22,983</u>	<u>27,527</u>	<u>4,544</u>
	Grand Totals		277,474	277,474	80,640	26,723	32,144	5,421
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>277,474</u>	<u>277,474</u>	<u>80,640</u>	<u>26,723</u>	<u>32,144</u>	<u>5,421</u>

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

AMT Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
26	LAPTOP COMPUTER	2/05/18	1,096			X	0	5 HY 200DB	0	1,096
			<u>1,096</u>				<u>0</u>		<u>0</u>	<u>1,096</u>
Prior MACRS:										
2	BUILDING LEASEHOLD IMPROVEMEN	9/23/15	20,275			X	10,137	5 HY 200DB	17,355	1,168
3	TABLES AND CHAIRS	12/02/11	100			X	0	7 HY 200DB	100	0
4	LAPTOP COMPUTER	12/15/11	560			X	0	7 HY 200DB	560	0
5	PROJECTOR AND SUPPORT	9/18/13	727			X	363	7 HY 200DB	646	32
6	FENCING	10/01/14	52,806			X	26,403	15 HY S/L	32,564	1,760
7	ARTIFICIAL TURF	9/15/14	16,555			X	8,277	15 HY S/L	10,209	552
8	NEW ROOF	12/15/14	14,735			X	7,367	15 HY S/L	9,087	491
9	ROOF	1/13/15	16,065			X	8,032	15 HY S/L	9,371	536
10	KENNEL	9/12/13	12,709			X	6,354	7 HY 200DB	11,291	567
11	KENNELS	9/12/13	21,761			X	10,880	7 HY 200DB	19,333	971
12	TRAINING AREA PANELS	9/01/14	4,491			X	3,208	7 HY 200DB	1,283	917
13	WASHING MACHINES	12/11/14	1,862			X	931	7 HY 200DB	1,571	83
14	DOG GROOMING EQUIPMENT	3/10/14	5,000			X	2,500	7 HY 200DB	4,219	223
15	ABOVE GROUND POOL	11/06/14	600			X	300	7 HY 200DB	506	27
16	MISC USED EQUIPMENT	3/28/14	10,712			X	5,356	7 HY 200DB	9,039	478
17	OFFICE EQUIPMENT	1/31/15	2,483			X	1,241	7 HY 200DB	1,940	155
18	STORAGE CONTAINER	5/31/15	2,813			X	1,406	7 HY 200DB	2,198	176
19	OFFICE EQUIPMENT	6/30/15	953			X	476	7 HY 200DB	745	59
20	GARDEN EQUIPMENT	4/14/15	5,011			X	2,505	7 HY 200DB	3,915	313
21	COMPUTER EQUIPMENT	8/25/16	3,117			X	1,558	7 HY 200DB	2,163	272
23	4 NEW KENNELS	9/07/16	15,841			X	7,920	7 HY 200DB	10,992	1,385
24	DURAFON IX CORDLESS	10/17/16	706			X	353	7 HY 200DB	490	62
25	MISC LEASEHOLD IMPROV	10/01/14	60,273			X	30,136	15 HY S/L	37,168	2,009
			<u>270,155</u>				<u>135,703</u>		<u>186,745</u>	<u>12,236</u>
Other Depreciation:										
22	VIDEO CAMERAS AND HEADSET	1/03/16	0				0	0 HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		271,251				135,703		186,745	13,332
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>271,251</u>				<u>135,703</u>		<u>186,745</u>	<u>13,332</u>

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

Bonus Depreciation Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
6	FENCING	10/01/14	52,806		0	0	0	52,806
7	ARTIFICIAL TURF	9/15/14	16,555		0	0	0	16,555
8	NEW ROOF	12/15/14	14,735		0	0	0	14,735
9	ROOF	1/13/15	16,065		0	0	0	16,065
25	MISC LEASEHOLD IMPROV	10/01/14	60,273		0	0	0	60,273
26	LAPTOP COMPUTER	2/05/18	1,096		0	1,096	0	0
27	SALESFORCE SOFTWARE	8/02/18	4,320		0	4,320	0	0
28	SOFTWARE - BASECAMP	10/29/18	899		0	899	0	0
Grand Total			<u>166,749</u>		<u>0</u>	<u>6,315</u>	<u>0</u>	<u>160,434</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	26	LAPTOP COMPUTER	<u>1,096</u>	<u>1,096</u>	<u>0</u>
				<u>1,096</u>	<u>1,096</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
26	LAPTOP COMPUTER	2/05/18	1,096	0	0
			<u>1,096</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
2	BUILDING LEASEHOLD IMPROVEMENTS	9/23/15	20,275	1,013	1,168
3	TABLES AND CHAIRS	12/02/11	100	0	0
4	LAPTOP COMPUTER	12/15/11	560	0	0
5	PROJECTOR AND SUPPORT	9/18/13	727	0	33
6	FENCING	10/01/14	52,806	3,520	1,760
7	ARTIFICIAL TURF	9/15/14	16,555	2,365	552
8	NEW ROOF	12/15/14	14,735	736	491
9	ROOF	1/13/15	16,065	643	535
10	KENNEL	9/12/13	12,709	1,816	567
11	KENNELS	9/12/13	21,761	3,109	971
12	TRAINING AREA PANELS	9/01/14	4,491	642	916
13	WASHING MACHINES	12/11/14	1,862	266	83
14	DOG GROOMING EQUIPMENT	3/10/14	5,000	167	223
15	ABOVE GROUND POOL	11/06/14	600	100	27
16	MISC USED EQUIPMENT	3/28/14	10,712	536	478
17	OFFICE EQUIPMENT	1/31/15	2,483	497	111
18	STORAGE CONTAINER	5/31/15	2,813	402	125
19	OFFICE EQUIPMENT	6/30/15	953	191	43
20	GARDEN EQUIPMENT	4/14/15	5,011	1,003	224
21	COMPUTER EQUIPMENT	8/25/16	3,117	623	195
22	VIDEO CAMERAS AND HEADSET	1/03/16	1,004	200	0
23	4 NEW KENNELS	9/07/16	15,841	2,263	990
24	DURAFON IX CORDLESS	10/17/16	706	142	44
25	MISC LEASEHOLD IMPROV	10/01/14	60,273	3,014	2,010
27	SALESFORCE SOFTWARE	8/02/18	4,320	0	0
28	SOFTWARE - BASECAMP	10/29/18	899	0	0
	Total Other Depreciation		<u>276,378</u>	<u>23,248</u>	<u>11,546</u>
	Total ACRS and Other Depreciation		<u>276,378</u>	<u>23,248</u>	<u>11,546</u>
	Grand Totals		<u>277,474</u>	<u>23,248</u>	<u>11,546</u>

Asset	Description	Date In Service	Cost	CA
Prior MACRS:				
26	LAPTOP COMPUTER	2/05/18	1,096	351
			<u>1,096</u>	<u>351</u>
Other Depreciation:				
2	BUILDING LEASEHOLD IMPROVEMENTS	9/23/15	20,275	1,013
3	TABLES AND CHAIRS	12/02/11	100	0
4	LAPTOP COMPUTER	12/15/11	560	0
5	PROJECTOR AND SUPPORT	9/18/13	727	0
6	FENCING	10/01/14	52,806	3,520
7	ARTIFICIAL TURF	9/15/14	16,555	2,365
8	NEW ROOF	12/15/14	14,735	736
9	ROOF	1/13/15	16,065	643
10	KENNEL	9/12/13	12,709	1,816
11	KENNELS	9/12/13	21,761	3,109
12	TRAINING AREA PANELS	9/01/14	4,491	642
13	WASHING MACHINES	12/11/14	1,862	266
14	DOG GROOMING EQUIPMENT	3/10/14	5,000	167
15	ABOVE GROUND POOL	11/06/14	600	100
16	MISC USED EQUIPMENT	3/28/14	10,712	536
17	OFFICE EQUIPMENT	1/31/15	2,483	497
18	STORAGE CONTAINER	5/31/15	2,813	402
19	OFFICE EQUIPMENT	6/30/15	953	191
20	GARDEN EQUIPMENT	4/14/15	5,011	1,003
21	COMPUTER EQUIPMENT	8/25/16	3,117	623
22	VIDEO CAMERAS AND HEADSET	1/03/16	1,004	200
23	4 NEW KENNELS	9/07/16	15,841	2,263
24	DURAFON IX CORDLESS	10/17/16	706	142
25	MISC LEASEHOLD IMPROV	10/01/14	60,273	3,014
27	SALESFORCE SOFTWARE	8/02/18	4,320	1,440
28	SOFTWARE - BASECAMP	10/29/18	899	300
	Total Other Depreciation		<u>276,378</u>	<u>24,988</u>
	Total ACRS and Other Depreciation		<u>276,378</u>	<u>24,988</u>
	Grand Totals		<u>277,474</u>	<u>25,339</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

OPERATION FREEDOM PAWS

45-2566382

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 541,742	445,240	-96,502
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 396,311	369,760	-26,551
	5. Investment income	5. 20,020	55,546	35,526
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -158		158
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 379		-379
	12. Total revenue. Add lines 1 through 11	12. 958,294	870,546	-87,748
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 92,874		-92,874
	16. Salaries, other compensation, and employee benefits	16. 472,328	713,887	241,559
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 3,834	1,968	-1,866
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 26,347	32,144	5,797
	21. Other expenses	21. 314,015	321,018	7,003
	22. Total expenses. Add lines 13 through 21	22. 909,398	1,069,017	159,619
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 48,896	-198,471	-247,367
Other Information	24. Total exempt revenue	24. 958,294	870,546	-87,748
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 416,552	425,306	8,754
	27. Total assets	27. 746,021	547,550	-198,471
	28. Total liabilities	28.		
	29. Retained earnings	29. 746,021	547,550	-198,471
	30. Number of voting members of governing body	30. 5	5	
	31. Number of independent voting members of governing body	31. 4	0	
	32. Number of employees	32. 55	31	
33. Number of volunteers	33.			

Form 990	Tax Return History	2018
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Name OPERATION FREEDOM PAWS	Employer Identification Number 45-2566382
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants				541,742	445,240	445,240
Membership dues						
Program service revenue				396,311	369,760	369,760
Capital gain or loss				-158		
Investment income				20,020	55,546	55,546
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				379		
Total revenue				958,294	870,546	870,546
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				92,874		
Other compensation				472,328	713,887	713,887
Professional fees				3,834	1,968	1,968
Occupancy costs						
Depreciation and depletion				26,347	32,144	32,144
Other expenses				314,015	321,018	321,018
Total expenses				909,398	1,069,017	1,069,017
Excess or (Deficit)				48,896	-198,471	-198,471
Total exempt revenue				958,294	870,546	870,546
Total unrelated revenue						
Total excludable revenue				416,552	425,306	425,306
Total Assets				746,021	547,550	547,550
Total Liabilities						
Net Fund Balances				746,021	547,550	547,550

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

Federal Statements

FYE: 12/31/2018

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS & INTEREST	\$ 8,577					
TOTAL	<u>\$ 8,577</u>					

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

FYE: 12/31/2018

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PSYCHOTHERAPY SERVICES	\$ 26,300	\$ 23,670	\$ 2,630	\$
DOG AND KENNEL SUPPLIES	19,035	19,035		
VETERINARIAN EXPENSES	18,441	18,441		
STAFF DEVELOPMENT	13,250	13,250		
OFFICE EXPENSE AND SUPPLY	12,258	11,032	1,226	
BANK CHARGES	7,768	6,991	777	
ADVERTISING & PROMOTIONS	6,274			6,274
TELEPHONE	6,270	5,643	627	
LITERATURE & BROCHURES	5,691	5,691		
PAYROLL PROCESSING FEES	3,987	3,588	399	
PRINTING & COPYING	3,394	3,055	339	
ASSET MANAGEMENT	1,330		1,330	
MISCELLANEOUS EXPENSES	998	898	100	
ALARM MONITORING	637		637	
POSTAGE & SHIPPING	429	386	43	
TOTAL	<u>\$ 126,062</u>	<u>\$ 111,680</u>	<u>\$ 8,108</u>	<u>\$ 6,274</u>

OPERATIONFR OPERATION FREEDOM PAWS
45-2566382
FYE: 12/31/2018

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
FOUNDATION AND TRUST GRANTS	\$ 71,248
INDIVIDUAL AND BUSINESS CONTRIBUTION	71,161
OTHER PUBLIC CONTRIBUTIONS	125,141
NETWORK FOR GOOD	
CASH CONTRIBUTION	25,553
LISA BUCHNER	
CASH CONTRIBUTION	36,666
THE HERMAN FAMILY TRUST	
CASH CONTRIBUTION	25,000
NEWMAN'S OWN FOUNDATION	
CASH CONTRIBUTION	16,277
GLOBAL IMPACT	
CASH CONTRIBUTION	7,694
COLDWELL BANKER COMMUNITY FOUNDATION	
CASH CONTRIBUTION	5,500
FIDELITY CHARITABLE GIFT FUND	
CASH CONTRIBUTION	5,000
PETSMART CHARITY	
CASH CONTRIBUTION	5,000
LARRY & PATTI WARREN	
CASH CONTRIBUTION	5,000
LEARNING SERVICES CORP	
CASH CONTRIBUTION	5,000
JOEY GRAVES FOUNDATION	
CASH CONTRIBUTION	25,000
THE WEB FAMILY	
CASH CONTRIBUTION	10,000
BECKMAN FOUNDATION	
CASH CONTRIBUTION	6,000
TOTAL	<u>\$ 445,240</u>

OPERATIONFR OPERATION FREEDOM PAWS

45-2566382

FYE: 12/31/2018

Federal Statements

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM INCOME	\$ 4,134
KENNEL DAYCARE AND BOARDING	365,626
DIVIDENDS & INTEREST	8,577
UNREALIZED GAINS	6,141
ANNUITY DISTRIBUTION	40,828
TOTAL	<u>\$ 425,306</u>