			EXTENDED TO MAY 15, 20	19		
	Ω	00	Return of Organization Exempt Fr	om l	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (exc	ept private foundatio	<sup>ns)</sup> 2017
		of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the formed by the second seco		information. UN 30, 2018	Inspection
		1		aing J	· · · · · · · · · · · · · · · · · · ·	
<b>D</b> C a	heck if pplicab	le: C Name o	forganization		D Employer identifie	cation number
	Addre	PAWS	4PEOPLE, INC.			
	Name Chang	pe Doing b	usiness as		54-1	948479
	Initial return	Number		om/suite	E Telephone number	
	Final return termir	ő	C-324 MILITARY CUTOFF ROAD			632-0615
	ated ]Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,807,280.
	_lreturn ]Appli		INGTON, NC 28405 nd address of principal officer: TERRY L. HENRY		H(a) Is this a group re for subordinates	
	_ltion pendi		AS C ABOVE		H(b) Are all subordinates in	······
IT	ax-ex	empt status:		527		list. (see instructions)
			PAWS4PEOPLE.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year of	of formation: 1999	State of legal domicile: VA
Pa	rt I	Summary				
e	1	Briefly describ	be the organization's mission or most significant activities: EDUCAT	'ING	AND EMPOWER	ING PEOPLE
nan			IZE ASSISTANCE DOGS TO TRANSFORM TH			
veri	2		x ▶ └── if the organization discontinued its operations or disposed ting members of the governing body (Part VI, line 1a)		a than 25% of its net as	5 Sets.
G	4		lependent voting members of the governing body (Part VI, line 1a)			3
Activities & Governance	5		of individuals employed in calendar year 2017 (Part V, line 2a)			14
vitie	6		of volunteers (estimate if necessary)			200
Acti		Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.
		o			Prior Year 1,317,683.	Current Year 2,713,396.
Revenue	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		3,088.	2,713,390.
evel	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,014.	979.
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,807.	49,943.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,346,592.	2,764,318.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	-	to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		357,689.	432,989.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ►48 , 795		0.	0.
Ext			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,978,800.	2,755,931.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,336,489.	3,188,920.
	19	-	expenses. Subtract line 18 from line 12		-989,897.	-424,602.
s or Ices					ginning of Current Year	End of Year
sset Balaı	20	Total assets (	Part X, line 16)		9,369,115.	10,855,825.
				····		1 100 100
let ⊿ und	21		(Part X, line 26)		11,887.	1,193,429.
Fund Balances	21 22	Net assets or	(Part X, line 26) fund balances. Subtract line 21 from line 20			1,193,429. 9,662,396.
Pa	21 22 rt II	Net assets or Signature	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b>		11,887. 9,357,228.	9,662,396.
Pa Unde	21 22 Irt II er pena	Net assets or Signature alties of perjury,	(Part X, line 26) fund balances. Subtract line 21 from line 20	nd stateme	11,887. 9,357,228.	9,662,396.
Pa Unde	21 22 Irt II er pena	Net assets or Signature alties of perjury, ct, and complete	(Part X, line 26) fund balances. Subtract line 21 from line 20 Block I declare that I have examined this return, including accompanying schedules ar Declaration of preparer (other than officer) is based on all information of which	nd stateme	11,887. 9,357,228. ents, and to the best of my has any knowledge. 12/12/1	9,662,396. y knowledge and belief, it is
Pa Unde	21 22 art II er pena corre	Net assets or Signature alties of perjury, ct, and complete Signature	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> I declare that I have examined this return, including accompanying schedules ar . Declaration of preparer (other than officer) is based on all information of which former	nd stateme	11,887. 9,357,228. ents, and to the best of m has any knowledge. 12/12/1 Date	9,662,396. y knowledge and belief, it is
Pa Unde true,	21 22 ort II correct	Net assets or Signatur alties of perjury, ct, and complete Signatur TERF	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> I declare that I have examined this return, including accompanying schedules ar Declaration of preparer (other than officer) is based on all information of which Gromer Y L. HENRY, CHAIRMAN & DEPUTY EXECU	nd stateme	11,887. 9,357,228. ents, and to the best of m has any knowledge. 12/12/1 Date	9,662,396. y knowledge and belief, it is
Pa Unde true, Sigr	21 22 ort II correct	Net assets or Signatur alties of perjury, ct, and complete Signatur TERF Type or	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> I declare that I have examined this return, including accompanying schedules ar . Declaration of preparer (other than officer) is based on all information of which the officer Y L. HENRY, CHAIRMAN & DEPUTY EXECU- print name and title	nd stateme preparer JTIVE	11,887. 9,357,228. ents, and to the best of my has any knowledge. 12/12/1 Date DIRECTOR,	9,662,396. y knowledge and belief, it is 8 OPS & FIN
Pa Unde true, Sigr Here	21 22 ort II er pena corre	Net assets or Signatur alties of perjury, ct, and complete Signatur TERF Type or Print/Type pre	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> I declare that I have examined this return, including accompanying schedules ar . Declaration of preparer (other than officer) is based on all information of which <b>Stormer</b> Y L. HENRY, CHAIRMAN & DEPUTY EXECT Drint name and title parer's name Preparer's signature for the there is the	JTIVE	11,887. 9,357,228. ents, and to the best of my has any knowledge. 12/12/1 Date DIRECTOR,	9,662,396. y knowledge and belief, it is 18 OPS & FIN    PTIN
Pa Unde true, Sigr Here Paid	21 22 ort II corre corre	Net assets or Signatur alties of perjury, ct, and complete Signatur TERR Type or Print/Type pre KRISTEN	(Part X, line 26) fund balances. Subtract line 21 from line 20 Block I declare that I have examined this return, including accompanying schedules ar Declaration of preparer (other than officer) is based on all information of which Former Y L. HENRY, CHAIRMAN & DEPUTY EXECU- print name and title parer's name HOYLE, CPA	JTIVE	11,887. 9,357,228. ents, and to the best of my has any knowledge. 12/12/1 Date DIRECTOR, Pate 2/04/18	9,662,396. y knowledge and belief, it is 8 OPS & FIN PTIN PTIN P00118964
Pa Unde true, Sigr Here Paid Prep	21 22 ort II er pena corre	Net assets or Signatur alties of perjury, ct, and complete Signatur TERF Type or Print/Type pre	(Part X, line 26) fund balances. Subtract line 21 from line 20 <b>Block</b> I declare that I have examined this return, including accompanying schedules ar Declaration of preparer (other than officer) is based on all information of which Former Y L. HENRY, CHAIRMAN & DEPUTY EXECU- print name and title parer's name HOYLE, CPA THOMAS, JUDY & TUCKER P. A.	Ind statemen preparer UTIVE	11,887. 9,357,228. ents, and to the best of my has any knowledge. 12/12/1 Date DIRECTOR,	9,662,396. y knowledge and belief, it is 18 OPS & FIN    PTIN

May the IRS dis	cuss this return with the preparer shown above? (see instructions)	
732001 11-28-17	LHA For Paperwork Reduction Act Notice, see the separate instructions	s.

Form	990 (2017) PAWS4PEOPI	LE, INC.			54-194	8479	Page <b>2</b>
Pa	t III Statement of Program Service	e Accomplishm	ients				
	Check if Schedule O contains a respon	se or note to any lin	e in this Part III				X
1						<u></u>	
	Briefly describe the organization's mission:			NTT T 17 2 M T		2 M T 110	
	THE MISSION OF PAWS4PEC						
	AND EMPOWERING PEOPLE 7	TO UTILIZE	ASSISTANCE	DOGS I	O TRANSFORM	THEIR	
	LIVES.						
2	Did the organization undertake any significan	t program convisoo	during the year which	woro not listo	d on the		
2			• •				XNo
	prior Form 990 or 990-EZ?					⊔ Yes	
	If "Yes," describe these new services on Sch	edule O.					
3	Did the organization cease conducting, or ma	ake significant chang	es in how it conducts	. anv progran	n services?	Yes	X No
	If "Yes," describe these changes on Schedul		,	,,			
	-						
4	Describe the organization's program service a						
	Section 501(c)(3) and 501(c)(4) organizations	are required to repo	rt the amount of grant	ts and allocat	ions to others, the total e	xpenses, a	and
	revenue, if any, for each program service repo	orted.					
4a	(Code: ) (Expenses \$ 3,025	5,718. including	grants of \$		) (Revenue \$	23,8	813.)
	THE ORGANIZATION IS A			ΟΒΡΟΒΖω			
	THE COMMONWEALTH OF VII						ICE
	AND OPERATIONS IN WILM	INGTON, NOI	RTH CAROLIN	A. THE	ORGANIZATION	IS	
	REGISTERED AS A FOREIGN	I CORPORAT	ION IN THE S	STATES	OF NORTH CAR	OLINA	,
	WEST VIRGINIA, CALIFORN						<u>,                                    </u>
	P						
	DISTRICT OF COLUMBIA.						
	PAWS4PEOPLE FOUNDATION	, PAWS4PRI	SONS, AND PA	AWS4VET	'S. THE ORGAN	IZATI	ON
	RAISES, TRAINS, AND PLA	ACES ASSIS	TANCE DOGS 7	AND FAC	ILITY DOGS.	AND	
	PROVIDES CERTIFICATION					-	
	CLIENT-ASSISTANCE DOG						
	DURATION OF THE TEAM'S	CAREER. TI	HE ORGANIZA	TION SF	ECIALIZES IN	TRAII	NING
	CUSTOMIZED ASSISTANCE I	DOGS FOR T	WO GENERAL (	GROUPS:	CHILDREN AN	D	
46							)
4b	(Code:) (Expenses \$	including	grants of \$		) (Revenue \$		)
4c	(Code:) (Expenses \$	including	grants of \$		) (Revenue \$		)
4d	Other program services (Describe in Schedule	e O.)					
		ding grants of \$	)	(Revenue \$		)	
40	Total program service expenses	3,025,718	, B.			1	
-+6		5,025,110	~ •				
						Form 9	<b>90</b> (2017)
732002	11-28-17	SEE SCHEDU	JLE O FOR CO	ONTINUA	TTON (S)		
			2				

Form 990 (2017) PAWS4PEOPLE ,
Part IV Checklist of Required Schedules PAWS4PEOPLE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
	F			

Form **990** (2017)

Form 990 (	2017)	PAWS4	<b>4PEOPLE</b> ,	INC.
Part IV	Checklist	of Required	Schedules (	continued)

PAWS4PEOPLE, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes,"			
	complete Schedule L, Part II	26	Х	
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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<u></u>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> 5	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
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</i> "Yes," <i>complete Schedule R, Part VI</i>	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
00	Note All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2017)

Form	990 (2017) PAWS4PEOPLE, INC.	54-1948	479	F	Page 5
	t V Statements Regarding Other IRS Filings and Tax Compliance			-	9-
	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	1a   5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r		1		
	(gambling) winnings to prize winners?		1c		
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
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	0	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 A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t				
	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 contribu				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices 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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			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:	1 1			
а	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:	L., I			
а	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	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.		40		-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		-
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	le ()	14b		

Form <b>990</b>	(2017)
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Form	990	(2017)

PAWS4PEOPLE, INC.

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			X
Sec	tion 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 1a			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2	Х	
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
10-	Did the exception have lead chapters, branches, or offiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		- 23
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>			
Ū	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA, NC, CA, GA, IL, TX, WV, DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> )	- <b>-</b>	-:-!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	cial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	TERRY L. HENRY - 910-632-0615			
	1121 C-324 MILITARY CUTOFF ROAD, WILMINGTON, NC 28405			
	· · · · · · · · · · · ·			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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 or	ganization compensated	any current office	r, director, or trustee
--	--------------------	------------------------	--------------------	-------------------------

(A)	(B)				)	npo	liout	(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle cer ar	Pos heck	ition more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KYRIA L. HENRY VICE-CHAIRMAN & EXECUTIVE DIRECTOR	60.00	x		x				33,600.	0.	0.
(2) TERRY L. HENRY	60.00									
CHAIRMAN & DEPUTY EXECUTIVE DIRECTOR,	OPS & FIN	х		х				43,200.	0.	0.
(3) HARRY MARTENS, III	1.00	37						_		0
REGULAR TRUSTEE	1.00	Х					<u> </u>	0.	0.	0.
(4) LT. COL. MARK P. GEORGE, USMC REGULAR TRUSTEE	1.00	x						0.	0.	0.
(5) JONATHAN PESKOFF	1.00	- 23							••	
REGULAR TRUSTEE		x						0.	0.	0.

	990 (2017) <b>PAWS4PEO</b>									54-194	847	19	Page <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estima amoun othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	(	ompens from t organiza and rela organiza	the ation ated
											_		
											+		
											+		
									<b>F</b> C 000				
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							76,800. 0. 76,800.	0 0 0	•		0. 0. 0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	0,000 of reportable			0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> si				•	•	•		•		3	Yes	s No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot		the organization	. 4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>								•		. 5	5	X
1	Complete this table for your five highest con the organization. Report compensation for										nsatio		
	(A) Name and business	address	NC	ONE	3			_	<b>(B)</b> Description of s	ervices	Com	( <b>C)</b> npensat	ion
								_					
2	Total number of independent contractors (ii	ncluding but n	ot li	nite	d to	tho	se lis	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organiz	zation				(	)						

		1/	PEOPLE,	INC.			54-1948	3479 Page 9
Fa	rt VI							
		Check if Schedule O cont	ains a response	or note to any lir	(A) (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excludec from tax under sections 512 - 514
contributions, Gints, Grants and Other Similar Amounts	b c d e f	<ul> <li>Federated campaigns</li> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contribut All other contributions, gifts, gran similar amounts not included abo</li> <li>Noncash contributions included in lines</li> <li>Total. Add lines 1a-1f</li> </ul>	1b           1c           1d           ions)         1e           ts, and           ve         1f         2,           1a-1f: \$1,	343,608. 300,000. ,069,788. ,288,921.	2,713,396.			
				Business Code				
Program Service Revenue		All other program service reve	enue					
		Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond	proceeds	979.			979
	b c	Gross rents     Less: rental expenses     Rental income or (loss)     Net rental income or (loss)		(ii) Personal				
	7a b c	<ul> <li>Gross amount from sales of assets other than inventory</li> <li>Less: cost or other basis and sales expenses</li> <li>Gain or (loss)</li> <li>Net gain or (loss)</li> </ul>	(i) Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See a	69,092.				
0	с 9 а	<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad Part IV, line 19</li> <li>Less: direct expenses</li> </ul>	draising events ctivities. See a	····· •	26,130.			26,130
	10 a	<ul> <li>Net income or (loss) from gan</li> <li>Gross sales of inventory, less and allowances</li> <li>Less: cost of goods sold</li> </ul>	returns a					
		Net income or (loss) from sale						
	11 a	Miscellaneous Revenu REFUNDS GROUP CANINE IN	le	Business Code 900099 900099	15,098. 8,715.	15,098. 8,715.		
	с							
		• Total. Add lines 11a-11d		<b>&gt;</b>	23,813.			
	12	Total revenue. See instructions.			2,764,318.	23,813.	0 .	. 27,109

732009 11-28-17

 Form 990 (2017)
 PAWS4PEOPLE, INC.

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	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,	76 000		14 505	4 (00
	trustees, and key employees	76,800.	57,607.	14,585.	4,608
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	216 120	007 101	60 020	10 000
7	Other salaries and wages	316,128.	237,121.	60,039.	18,968
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40.001	24 052	2 605	2 404
10	Payroll taxes	40,061.	34,052.	3,605.	2,404
11	Fees for services (non-employees):				
а	E		10 (54	2 0 2 0	
b	6 F	21,592. 7,498.	18,654.	2,938. 1,020.	
С	5 F	7,498.	6,478.	1,020.	
d	, , , , , , , , , , , , , , , , , , ,				
е					
f	Investment management fees				
g		165,481.	155,086.	2 610	6 795
	column (A) amount, list line 11g expenses on Sch 0.)	22,809.	6,779.	3,610.	6,785 16,030
12	Advertising and promotion	14,795.	14,795.		10,030
13	Office expenses	39,791.	29,843.	9,948.	
14	Information technology	59,191.	29,043.	9,940.	
15	Royalties	82,558.	63,896.	18,662.	
16		169,281.	169,281.	10,002.	
17	Travel	107,201.	105,201.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	19,649.	19,649.		
19 20	Conferences, conventions, and meetings	4,725.	4,725.		
20	Interest	=,/4J•	=,123.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	567,481.	567,481.		
22 22		37,391.	37,391.		
23 24	Insurance	57,551.	57,551.		
24	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 0.)				
а		1,288,921.	1,288,921.		
b	CANINE FOOD, GROOMING A	223,280.	223,280.		
с	REPAIRS AND MAINTENANCE	60,778.	60,778.		
d	UNIFORMS	12,618.	12,618.		
е	All other expenses	17,283.	17,283.		
25	Total functional expenses. Add lines 1 through 24e	3,188,920.	3,025,718.	114,407.	48,795
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

га		Dalance Sheet					r
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			110,452.	1	243,361.
	2	Savings and temporary cash investments			311,327.	2	167,611.
	3	Pledges and grants receivable, net				3	125,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L	-	· ·		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ß		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use			8		
	9					9	
		Land, buildings, and equipment: cost or other		5			
	104		102	9 175 047			
	h	basis. Complete Part VI of Schedule D	104		6,221,942.	10c	7,763,635.
					0,221,942.	11	1,105,055
	11	Investments - publicly traded securities			24,573.		24,991
	12	Investments - other securities. See Part IV, line 1		24,373.	12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	2,700,821.	14	2,531,227		
	15	Other assets. See Part IV, line 11		9,369,115.	15	10,855,825	
	16	Total assets. Add lines 1 through 15 (must equa		10,802.	16	2,917	
	17	Accounts payable and accrued expenses			10,002.	17	2,917
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee			1,085.		2 0 5 2
Lial		Complete Part II of Schedule L			1,005.	22	2,953. 1,187,559.
-	23	Secured mortgages and notes payable to unrela				23	1,107,559.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			11 007	25	1 102 / 20
	26				11,887.	26	1,193,429.
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🔝 and			
ces		complete lines 27 through 29, and lines 33 an			0 257 220		0 527 206
aŭ	27	Unrestricted net assets			9,357,228.	27	9,537,396.
Fund Balances	28	Temporarily restricted net assets				28	125,000.
pu	29			······		29	
Ľ.		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🛄			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets	32	Retained earnings, endowment, accumulated in			0 257 222	32	0 660 206
-	33	Total net assets or fund balances			9,357,228.	33	9,662,396.
-	34	Total liabilities and net assets/fund balances			9,369,115.	34	10,855,825.

Form 990 (			
Part X	Bal	ance	Sheet

Form	990 (2017) PAWS4PEOPLE, INC.	54-	194847	9	Pag	ge <b>12</b>
Pa	T 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	2,7	64	. 3	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,1			
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,3			
5	Net unrealized gains (losses) on investments	5			-	04.
6	Donated services and use of facilities	6	2,9	48	, 9	12.
7	Investment expenses	7			-	
8	Prior period adjustments	8	-2,2	19	,4	46.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	9,6	62	, 3	96.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				١	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	с	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			-		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047
2017
Open to Public Inspection
 identification number

Department of the Treasury Internal Revenue Service			►	Go to www.irs.gov	Open to Public Inspection						
Nar	ne of t	the organizati		4PEOPLE, I	NC.					identification number 4-1948479	
Pa	art I	Reason			All organizations must co	mplete th	is part.) S	ee instruction			
The	organ				(For lines 1 through 12, c						
1			-		on of churches described	•					
2		-			Attach Schedule E (Forn						
3					anization described in <b>s</b> e			ii).			
4		•	•		njunction with a hospital				)(iiii). Enter	the hospital's name.	
•		city, and stat							.,,,		
5		-		or the benefit of a co	ollege or university owned	d or opera	ted bv a d	overnmental	unit describ	bed in	
-		-									
6		<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>									
7	X		the general	public described in							
				omplete Part II.)	······· [-···· -··· -·[- [-····				<b>..</b>		
8					(1)(A)(vi). (Complete Par	t II.)					
9					l in section 170(b)(1)(A)(		ed in coniu	unction with a	land-grant	college	
					culture (see instructions).						
		university:			· · · · · · · · · · · · · · · · · · ·				0		
10		An organizat	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from	
					ct to certain exceptions,						
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizat	on organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).			
12		An organizat	on organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	v supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
a		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.						
k		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving	
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
c	; [	Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,	
	_	_ its support	ed organizatio	n(s) (see instructions	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.			
c	<b>I</b>	•••	-		porting organization oper				•		
		that is not	functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	_	requiremer	nt (see instruct	tions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	۷.			
e			•		written determination fro			а Туре I, Туре	e II, Type III		
		functionally	/ integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.				
1				-							
<u> </u>				n about the supporte		(iv) is the orga	nization listed	(v) Americant a	function	(ui) Amount of other	
	(	<ul> <li>i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No				

# Schedule A (Form 990 or 990-EZ) 2017 PAWS4PEOPLE, INC.

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	325,598.	452,480.	1138485.	1317683.	2713396.	5947642.					
2	Tax revenues levied for the organ-											
	ization'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	325,598.	452,480.	1138485.	1317683.	2713396.	5947642.					
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)						1075845.					
6	Public support. Subtract line 5 from line 4.						4871797.					
	tion B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	Amounts from line 4	325,598.	452,480.	1138485.	1317683.	2713396.	5947642.					
8												
0	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	82.	165.	387.	1,014.	979.	2,627.					
•		02.	105.	507.	1,011.	575.	2,02,•					
9	Net income from unrelated business											
	activities, whether or not the											
40	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital				14,229.	23,813.	38,042.					
	assets (Explain in Part VI.)				14,229.	23,013.	5988311.					
	Total support. Add lines 7 through 10											
	Gross receipts from related activities,	· ·	,			12	112,813.					
13	First five years. If the Form 990 is for				-							
<u> </u>	organization, check this box and stor ction C. Computation of Publ	o here	rooptaga									
							81.36 %					
	Public support percentage for 2017 (					14	<u> </u>					
	Public support percentage from 2016					15	99.96 %					
16a	33 1/3% support test - 2017. If the c	-										
	stop here. The organization qualifies											
b	33 1/3% support test - 2016. If the o						nis box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟					
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	neck this box and	<b>stop here.</b> Explain	in Part VI how the						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization						
18	Private foundation. If the organization											

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# Schedule A (Form 990 or 990-EZ) 2017 PAWS4PEOPLE, INC.

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
E							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
e							
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(10) 2011	(0) 2010		(0) 20 11	
	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						
	Add lines 10a and 10b 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, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) orga	anization,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage	ļ			
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					33 1/3% , and lir	ne 17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2016. If the						%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17		,	,			990 or 990-EZ) 2017

15

Yes

No

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	truction		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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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.

n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
actors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Vet value of non-exempt-use assets (subtract line 4 from line 3)	5		
Aultiply line 5 by .035	6		
	7		
Minimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Inter 85% of line 1	2		
Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
Inter greater of line 2 or line 3	4		
ncome tax imposed in prior year	5		
emergency temporary reduction (see instructions)	6		
	n A - Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Depreciation and depletion  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)  Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  n B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly value of securities  Average monthly value of other non-exempt-use assets  Fotal (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other actors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)  Multiply line 5 by .035 Recoveries of prior-year distributions  Minimum Asset Amount  Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A) Enter 85% of line 1  Minimum Asset Amount.  Subtract line 2 or line 3 ncome tax inposed in prior year  Distributable Amount.  Subtract line 2 or line 3 ncome tax inposed in prior year  Distributable Amount.  Subtract line 5 from line 4, unless subject to mergency temporary reduction (see instructions)	Vet short-term capital gain       1         Alecoveries of prior-year distributions       2         2ther gross income (see instructions)       3         Add lines 1 through 3       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         n B - Minimum Asset Amount       7         Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):       7         Verage monthly value of securities       1a         Average monthly cash balances       1b         Eair market value of other non-exempt-use assets       1c         Fotal (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other actors (explain in detail in Part VI):       3         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d       3         Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)       4         Vet value of non-exempt-use assets (subtract line 4 from line 3) <t< td=""><td>vet short-term capital gain     1       Recoveries of prioryear distributions     2       Other gross income (see instructions)     3       Add lines 1 through 3     4       Depreciation and depletion     5       Portion of operating expenses paid or incurred for production or sollection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)     6       Ther expenses (see instructions)     7       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)     8       n B - Minimum Asset Amount     (A) Prior Year       Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):     1       Average monthly cash balances     1       Steramet for blockage or other actors (explain in detail in Part VI):     1       Acquisition indebtedness applicable to non-exempt-use assets     2       Subtract line 2 from line 1d     3       Dash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ese instructions)     4       Vet value of non-exempt-use assets     2       Subtract line 2 from line 1d     3       Dash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ese instructions)     4       Vet value of non-exempt-use assets     2       Multiply line 5 by .035     6       Recoveries of prioryear distributions</td></t<>	vet short-term capital gain     1       Recoveries of prioryear distributions     2       Other gross income (see instructions)     3       Add lines 1 through 3     4       Depreciation and depletion     5       Portion of operating expenses paid or incurred for production or sollection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)     6       Ther expenses (see instructions)     7       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)     8       n B - Minimum Asset Amount     (A) Prior Year       Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):     1       Average monthly cash balances     1       Steramet for blockage or other actors (explain in detail in Part VI):     1       Acquisition indebtedness applicable to non-exempt-use assets     2       Subtract line 2 from line 1d     3       Dash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ese instructions)     4       Vet value of non-exempt-use assets     2       Subtract line 2 from line 1d     3       Dash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ese instructions)     4       Vet value of non-exempt-use assets     2       Multiply line 5 by .035     6       Recoveries of prioryear distributions

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

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
c	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
-	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
-	Excess from 2015				
	Excess from 2016				
-	Excess from 2017				

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

# Schedule of Contributors

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

OMB No. 1545-0047

# 2017

Employer identification number

54	-19	9484	179

#### Name of the organization

Organization type (check one):

PAWS4PEOPLE, INC
------------------

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

PAWS4PEOPLE, INC.

# 79

54	1-19	948	34'

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES 4301 JONES BRIDGE RD BETHESDA, MD 20814	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE LINN GROUP OF RBC WEALTH MANAGEMENT 111 ROCKVILLE PIKE, STE 825 ROCKVILLE, MD 20850	\$72,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HEROES FIRST FOUNDATION 2905 PACIFIC DR NORCROSS, GA 30071	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JIMVICKIII, LLC 5441 BLUE CLAY RD CASTLE HAYNE, NC 28429	\$ 1,195,611.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017

22

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

PAWS4PEOPLE, INC.

Employer identification number

54-1948479

Part I         Image: Second seco	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
4         CENTER; BARGAIN SALE OF 5000 LAMES PATH WAY, CASTLE HAYNE, NC         \$	No. from		FMV (or estimate)	(d) Date received
No. from part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Description of noncash property given     (c) FMV (or	4	CENTER; BARGAIN SALE OF 5000 LAMBS	\$ <u>1,195,611.</u>	06/05/18
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       FMV (or estimate)         (a)       (b)       (c)       (c)       Date receive         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (d)       Date receive         (a)       (b)       (b)       (c)       (d)       Date receive	No. from		FMV (or estimate)	(d) Date received
No. from Part I     (c) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive			\$	
(a)       No.       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       (d)	No. from		FMV (or estimate)	(d) Date received
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver			\$	
(a)       (b)       (c)       (d)         from       Description of noncash property given       (c)       FMV (or estimate)         Part I	No. from		FMV (or estimate)	(d) Date received
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receiver			\$	
(a)     (c)     (d)       No.     (b)     FMV (or estimate)     (d)       from     Description of noncash property given     (See instructions.)     Date received	No. from		FMV (or estimate)	(d) Date received
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received			\$	
	No. from		FMV (or estimate)	(d) Date received
\$				

Name of orga	anization			Employer identification number	
PAWS4P Part III	EOPLE, INC. Exclusively religious, charitable, etc., con	tributions to organizations describe	d in section 501(c)(7)	54 - 1948479	
Partin	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the fol	owing line entry. For orga	anizations	
	Use duplicate copies of Part III if addition	al space is needed.	inession the year. (Enter this	into. once.) • •	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
— L					
		(e) Transfer of g	ft		
-	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
—					
Γ		(e) Transfer of g	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee	
			•		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
F		(e) Transfer of g	ift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee	

Department of the Treasury Internal Revenue Service

(Form	990)
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# 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.



Nam	e of the organization PAWS4PEOPLE, INC.	Employer identification number 54-1948479
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
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 fur	
	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	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	° — —
_	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 📖 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
_	conservation easements.	<u></u>
Pa	rt 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.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and k	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, 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:	
а	Revenue included on Form 990, Part VIII, line 1	► \$
h	Assets included in Form 990 Part X	▶ €

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Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche		OPLE, INC.								Page 2				
clearek at that apply:       clear of that apply:         a       Police exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other	Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	<b>ts</b> (contin	ued)				
a Public exhibition definition definition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, do the organization is collections of art, historical trassures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ta is the organization and other intermediary for contributions or other assets not included on Form 980, Part X, usites, custodial or order intermediary for contributions or other assets not included on Form 980, Part X, line 21.  Ta is the organization and other intermediary for contributions or other assets not included on Form 980, Part X, line 21.  Ta is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account lability?  Contributions during the year  C Beginning balance  Additions during the year  C Beginning of year balance  (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Four years (c) Four years (c) Four years (c) Four years	3		ion, and other recor	ds, chec	k any of the	following the	at are a sig	gnificant use	e of its	collectior	n items				
b       Scholarly research       e       Other         4       Provide a description of twice generations         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       tote solid to raise hunds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21.         13       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Intermediation form 990, Part X, line 21.         6       Beginning balance       1       1         6       Distributions during the year       1       1         7       Distributions during the year       1       1         7       Distributions during the year       1       1         8       Distributions during the year       1       1         9       If Yee, scalain the arrangement in Part XII. Check here if the organization answered "Yee" on Form 990, Part X, line 21.       No         9       If Yee, scalain the arrangement in Part XII. Check here if the organization answered "Yee" on Form 990, Part X, line 21.       No         16       Other segnetitabane       1															
c       Preservation for future generations         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, do the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or         11       The second and Custodial Arrangements. Completel if the organization answered "Yes" on Form 990, Part IV, line 9, or         12       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for second or custodial account liability?         13       Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?         24       Dotine organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?         25       Dot the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?         26       Endowment Funds. Complete if the organization nawwed "Yes" on Form 990, Part X, line 20, for year balance         26       Contributions       (a) Current year         27       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         28       Contributions       (b) Onry years back	а	Public exhibition	(												
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization is collection?     Part W escrow and a agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is distinct the provide an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Ves No     b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization incluses         (a) Foury year (b) Prior year (c) Invigers back (d) Intre years back (e) Four years back     Gontributions     other expenditures for facilities     and program     other explanities explanation     organization incluses     Gontributions     other explanation in the prosession of the organization flame     provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:     Board disgnated or quasiendowment ▶{%}     Temporarity restricted endowment ▶{%}     Temorearity restricted endowment ▶{%}     Temporarity restricte	b	Scholarly research		e 📖	Other										
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funder rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization aroseverd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization angement in Part XIII and complete the following table:       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       International angement in Part XIII and complete the following table:       Amount       International angement       Internation angement       Internation angement       Int	С	•													
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IW       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.       Ta Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part W       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part W       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Ia Beginning of year balance       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Ia Bead organize       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answer	4	Provide a description of the organization's c	ollections and expla	in how t	hey further tl	he organizati	ion's exer	npt purpose	in Par	t XIII.					
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.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ine 21.       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for contributions or custodial account lability?       No         b If "Yes," explain the arrangement in Part XII.       Check hear if the explanation han been provided on Part XIII       No       Image: Complete intermediary for each on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete intermediary for each on Part XIII         Part V       Endowment Funds. Complete intermediary for each on Part XIII       Image: Complete intermediary for each on Part XIII       Image: Complete intermediary for each on Part XIII       Image: Complete intermediary for e	5					-				-					
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?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       16         d       Additions during the year       14         e       Distributions during the year       14         d       Additions during the year       11         e       Distributions during the year       11         e       Distributions during the year       11         Part X       Enclowment Funds. Complete If the organization nawered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part X       Enclowment Funds. Complete If the organization answered 'Yes' on Form 990, Part IV, line 10.       11         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       14       14       14       14         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Instimustate percentage on the companization				0							No No				
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:	Par			lete if the	e organizatio	n answered	"Yes" on	Form 990, P	art IV,	line 9, or					
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       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes," applain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Four years back if and programs       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance	10			dian (for	contribution	o or othor or	acto not	included							
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li></li></ul>	Id			•						Vac					
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         Fat V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the explanation has been provided on Part XIII.         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings; gains, and losses       (d) Current year on boom second wear on the provement wear on chains	h								∟						
c       Beginning balance       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id	D	In res, explain the arrangement in Part XIII	and complete the lo	ollowing	lable.					Amount					
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a ba cobeginated or quasi-endowment >	-	Deginging belonce						10		Amount					
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         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions															
f       Ending balance       11         2a       Did the organization include an amount on Forn 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.       (e) Four years back       (f) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Ad															
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?															
b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f       Administrative expenses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (a) Current year       (a) Current year       (b) Prior year         g       End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g       End of year balance       (b) Cost or other methodwment (b) (c) Provide the estimated organization s'endowment funds.       (c) Provide the estimated parcentage of the current year end balance (line 1g, column (a)) held as:       (f) Two years back       (f) Two years back       (f) Two years back         g										Voc	No				
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment eamings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         c       Net investment eamings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years       (d) Three years back         c       Other expenditures for facilities       (a) Current year end balance       (in an optical prior)       (in an optical prior) <td></td>															
1a       Beginning of year balance       (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) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (d) Three years back       (d) Three years back         c       Temporgrams       (c) Two years back       (d) Three years back       (d) Three years back       (d) Three years back         c       Temporgrams       (c) Team year       (c) Team year       (c) Team year       (c) Team year       (f) Four year         c       Temporenent endowment (b															
1a       Beginning of year balance			-	1			1		s back	(e) Four	vears back				
b       Contributions	19	Beginning of year balance	(a) ourient year		nor year	<b>(c)</b> 1 We you			o buok		youro buok				
c       Net investment earnings, gains, and losses															
d Grants or scholarships															
e       Other expenditures for facilities and programs				+											
and programs				+											
f       Administrative expenses	e														
g End of year balance	f														
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:         (i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(i)         (iii)       related organizations       3a(i)         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.       3a(i)         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       (b) Cost or other       (c) Accumulated         1a       Land       489, 880.       489, 880.       489, 880.         b       Buildings       981, 839, 2, 902.       978, 937.         c       Leasehold improvements       11, 957.       4, 272.       7, 685.         e       Other       7, 691, 371.       1, 404, 238.       6, 287, 133.															
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: <ul> <li>(i) unrelated organizations</li></ul>	-			l oo (lino 1	a oolump (a										
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:             (i) unrelated organizations       3a(i)       3a(i)         (ii) unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c			•		g, column (a	a)) Heiu as.									
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:       (i)         (i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Basis (investment funds.       Basis (investment funds.         Part VI       Land, Buildings, and Equipment.       (b) Cost or other       (c) Accumulated depreciation         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value basis (other)         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated depreciation         1a       Land       489,880.       489,880.       489,880.         b       Buildings       981,839.       2,902.       978,937.         c       Leasehold improvements       11,957.       4,272.       7,685.         e       Other       7,691,371.       1,404,238.       6,287,1		-		70											
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization set organization's endowment funds.</li> </ul> <ul> <li>(iii) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Relate (and more contents</li> <li>(f) Relate (and more contents</li> <li>(g) Relate (and more con</li></ul>															
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)       1       3a(i)       1       3a(i)       1       3a(i)       1       <	C														
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost 7, 691, 371. 1, 404, 238. 6, 287, 133.	20			ration th	at ara hald a	nd administr	arad for th	o organizati	on						
(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?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         1a Land       489,880.       489,880.         b Buildings       981,839.       2,902.       978,937.         c Leasehold improvements       11,957.       4,272.       7,685.         e Other       7,691,371.       1,404,238.       6,287,133.	Ja		ession of the organiz		at are neiu a			ie organizati		Г	Voc No				
(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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       (b) Cost or other       (c) Accumulated         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         b Buildings       981,839.       4 489,880.         1a Land       4 489,880.       4 489,880.         b Buildings       981,839.       2,902.       978,937.         c Leasehold improvements       11,957.       4,272.       7,685.       e Other       7,691,371.       1,404,238.       6,287,133.		-													
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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 (other)       (c) Accumulated depreciation         1a       Land       489,880.       489,880.         b       Buildings       981,839.       2,902.       978,937.         c       Leasehold improvements       11,957.       4,272.       7,685.         e       Other       7,691,371.       1,404,238.       6,287,133.															
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         1a       Land       489,880.       489,880.         b       Buildings       981,839.       2,902.       978,937.         c       Leasehold improvements       11,957.       4,272.       7,685.         e       Other       7,691,371.       1,404,238.       6,287,133.	h	If "Vee" on line 2e(ii) are the related ergenize	ationa listad os roqu	irod on G	Sobodulo P2					3a(11)					
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         1a Land       489,880.       489,880.       489,880.         b Buildings       981,839.       2,902.       978,937.         c Leasehold improvements       11,957.       4,272.       7,685.         e Other       7,691,371.       1,404,238.       6,287,133.										30					
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)(c) Accumulated depreciation(d) Book value1a Land489,880.489,880.489,880.b Buildings981,839.2,902.978,937.c Leasehold improvements11,957.4,272.7,685.e Other7,691,371.1,404,238.6,287,133.				owment	iunus.										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land489,880.489,880.489,880.b Buildings981,839.2,902.978,937.c Leasehold improvements11,957.4,272.7,685.e Other7,691,371.1,404,238.6,287,133.	I u			0 Part I	/ lino 110 S	Soo Earm 00(	Dort V	lino 10							
basis (investment)         basis (other)         depreciation           1a Land         489,880.         489,880.           b Buildings         981,839.         2,902.         978,937.           c Leasehold improvements         11,957.         4,272.         7,685.           e Other         7,691,371.         1,404,238.         6,287,133.		· •			r										
1a Land       489,880.       489,880.         b Buildings       981,839.       2,902.       978,937.         c Leasehold improvements       11,957.       4,272.       7,685.         e Other       7,691,371.       1,404,238.       6,287,133.		Description of property					• • •			( <b>a)</b> Book	value				
b Buildings       981,839.       2,902.       978,937.         c Leasehold improvements       11,957.       4,272.       7,685.         e Other       7,691,371.       1,404,238.       6,287,133.		Land		menty		. ,	uep			180					
c Leasehold improvements       11,957.       4,272.       7,685.         e Other       7,691,371.       1,404,238.       6,287,133.								2 902							
d Equipment         11,957.         4,272.         7,685.           e Other         7,691,371.         1,404,238.         6,287,133.						±,055.		2,502	•	570					
e Other 7,691,371. 1,404,238. 6,287,133.					1	1 957		4 272			7 685				
							1 4								
				t X. colu		-	-/3	<u> </u>							

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.											
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value									
(1) Financial derivatives											
(2) Closely-held equity interests											
(3) Other											
(A)											
(B)											
(C)											
(D)											
(E)											
(F)											
(G)											
(H)											
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)											

#### 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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CANINES	2,513,313.
(2) TRACTOR SUPPLY/4HEALTH GIFT CARDS	17,914.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,531,227.

#### 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.

1.	(a) Description of liability	<b>(b)</b> Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Schedule D (Form 990) 2017

Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per R	leturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,730,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	304.		
b	Donated services and use of facilities	. 2b	6,088,815.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	6,089,119.
3	Subtract line 2e from line 1			3	1,641,657.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. 4b	1,122,661.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	1,122,661.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,764,318.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		ith Expenses per	Retu	i <b>rn.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	5,206,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2 1 2 0 0 0 2		
а	Donated services and use of facilities		3,139,903.		
b	Prior year adjustments				
С	Other losses	2c		-	
c d	Other losses Other (Describe in Part XIII.)	2c 		-	2 120 002
-	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2c 2d		2e	3,139,903.
d	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2c 2d		2e 3	3,139,903. 2,066,259.
d e	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d		H	
d e	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 		3	
d e 3 4	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 		3	2,066,259.
d e 3 4 a	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2c 2d 2d	1,122,661.	3 4c	2,066,259.
d e 3 4 a b c 5	Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 2d	1,122,661.	3	2,066,259.

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.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

IN-KIND BARGAIN PURCHASE OF LAND

Schedule D (Form 990) 2017

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

#### IN-KIND BARGAIN PURCHASE OF LAND

54-1948479 Page 4

1,122,661.

1,122,661.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ) Supplemental information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.														
Name of the organization		OPLE, INC.					Employer i 54-194	dentification number							
		Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1									
<ul> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization key employees lister</li> </ul>	e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	́ П	í <b>es No</b> o be							
(i) Name and address or entity (fund		<b>(ii)</b> Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. <b>(i)</b>	y) to (or retained by)							
			Yes	No											
Total			1												
		on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt fror	n registration							

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

Schedule G (Form 990 or 990-EZ) 2017

#### Schedule G (Form 990 or 990-EZ) 2017 PAWS4PEOPLE, INC.

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

			ross income on Form 990	(1) [		
- 1			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events
			DERBY	5K RACE	1	(add col. <b>(a)</b> through
ъ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue			25 150	21 402	14 462	61 016
r	1	Gross receipts	25,150.	21,403.	14,463.	61,016
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	25,150.	21,403.	14,463.	61,016
	4	Cash prizes				
	_					
ß	5	Noncash prizes				
n in	6	Rent/facility costs				
ulrect Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses		6,584.	22,049.	35,060
	10	Direct expense summary. Add lines 4 throug			►	35,060
	11 rt		line 3, column (d)			25,956
a		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fart IV, line 19, 011	eported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Hevenue						
ć	1	Gross revenue				
Τ						
S	2	Cash prizes				
λÌ	-					
йİ	3	Noncash prizes				
	3 4	Noncash prizes Rent/facility costs				
	4	Rent/facility costs				
חופרו בא	4			Yes %	Yes %	
	4	Rent/facility costs		└── Yes% └── No	Yes% No	
	4	Rent/facility costs     Other direct expenses     Volunteer labor	└── Yes% └── No	No	□ No	
	4 5 6	Rent/facility costs     Other direct expenses	└── Yes% └── No		□ No	
DIRECTEX	4 5 6	Rent/facility costs     Other direct expenses     Volunteer labor	yh 5 in column (d)	□ No	No No	
	4 5 6 7 8	Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 throug         Net gaming income summary. Subtract line	Yes         %           No         %           1         5 in column (d)           7 from line 1, column (d)	□ No	No No	
9	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	T from line 1, column (d)	No	□ No ►	
9 a	4 5 7 8 Entri	Rent/facility costs	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	States?	□ No ►	Yes N
9 a	4 5 7 8 Entri	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	States?	□ No ►	Yes N
а	4 5 7 8 Entri	Rent/facility costs	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	States?	□ No ►	Yes No
9 a b	4 5 7 8 Is t If "	Rent/facility costs	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	States?	No ►	
e e e b Da	4 5 7 8 Is t If "	Rent/facility costs	The second secon	states?	No ►	

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 PAWS4PEOPLE, INC. 5	4-194	8479	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		] <b>v</b>	┌┐
40	to administer charitable gaming?	∟	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	13a		%
	a The organization's facility b An outside facility		-	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		<b>'</b>	/0
14				
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		] Yes	🗌 No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	t		
	of gaming revenue retained by the third party ▶\$	-		
c	c If "Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?	L	Yes	└── No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9	9, 9b, 1	3b, 15b,

Part IV	Supplemental Information (continued)

SCHED	ULE	:L			Tra	ansactio	ons	s V	Vith	Int	eres	sted	Ρ	ersons			0	MB No.	1545-0	)47
(Form 990	0 or 9	990-EZ) 🕨 C	Comp	olete if	the c									line 25a, 25b, 2	26, 27	, 28a,		20	17	7
Department of	the Tre	asury				28b, or 28 ► A						990-EZ		IUD.			0	pen T	o Pub	lic
Internal Reven	ue Ser\	/ice			Go to	www.irs.gov	//Forr	m99	0 for iı	nstruc	ctions a	and the	late	st information.				ispect		
Name of th	ie org	•		Q/D	₽∩₽	LE, IN	C										r ident 484		ion nu	ımber
Part I	Ex							(c)(3	), sect	ion 50	01(c)(4),	and 50	)1(c)	(29) organizatio			404	19		
						-								Form 990-EZ, P	-		)b.			
1 (a) Nai	me of	f disqualified p	oersc	on	<b>(b)</b> F	Relationship I				lified		(c	:) De	scription of trar	sactic	on				cted?
		· ·				person and	u orga	ariiza				•	,					<u> </u>	es	No
																		+		
																		_		
2 Enter	the a	mount of tax	incur	red by	the c	organization r	nana	gers	or dise	qualifi	ed pers	ons dur	ring	the year under						
sectio																				
3 Enter	the a	mount of tax,	if an	y, on li	ine 2,	above, reimb	ourse	d by	the or	ganiza	ation .					▶ \$				
Part II	Lo	ans to and	d/or	Fror	n Int	erested P	Perso	ons												
			•							, Part	V, line	38a or F	Form	990, Part IV, lir	ne 26;	or if th	ne orga	anizat	ion	
		orted an amo					11				1011	. 1					Kh) An	proved	1 m 1	/
•		ne of I person		Relatio n organi		zation of loop		trom the		( <b>e)</b> Original ncipal amount		(f) Balance due		(g) In default?					(i) Written greement?	
								-	From						Yes	No	Yes	No	Yes	No
		HENRY,						Х			12,8	-		35.		Х	Х			X
TERRY	L.	HENRY,	,Сн	AIR	MAN	EXPENS	ES	Х				0.		2,918.		X	X			X
							_													
			+																	
			_																	
			+																	
Total												▶ \$		2,953.						
Part III		rants or As				-														
(a) N		of interested				(b) Relations					(c) Amo			<b>(d)</b> Type	of		(e	) Purp	ose c	f
( )			•			interested p	oerso	n an			assist			assistan				assist		
					_	the orga	nizati	on												
					_															
					+											$\dashv$				
					+															
					+															

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: KYRIA L HENRY, MAHS, EXECUTIVE DIRECTOR

(B) RELATIONSHIP WITH ORGANIZATION: VICE CHAIR OF THE BOARD, PERMANENT

#### TRUSTEE, AND EXECUTIVE DIRECTOR

(A) NAME OF INTERESTED PERSON:

TERRY L. HENRY, DEPUTY EXECUTIVE DIRECTOR, OPERATIONS & FINANCE

(B) RELATIONSHIP WITH ORGANIZATION: CHAIRMAN OF THE BOARD, PERMANENT

#### TRUSTEE, AND DEPUTY EXECUTIVE

(Form	990)

# **Noncash Contributions**

OMB No. 1545-0047

20

Department of the Treasury				
Internal Revenue Service				

SCHEDULE M

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open To Public Inspection Employer identification number

54-1948479

Name of the organization

# PAWS4PEOPLE, INC.

Par	TI I ypes of Property							
		<b>(a)</b> Check if	<b>(b)</b> Number of	<b>(c)</b> Noncash contribution	(d) Method of de	termin	ing	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	9,760.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	Х	1	1,122,661.	FMV			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISCELLANEOUS)	X	30	,				
26	Other ( CANINE CARE I )	Х	11	19,830.	F.WA			
27	Other ()							
28	Other  ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of contributions?		•	· •		32a		x
b	If "Yes," describe in Part II.							
ົ້	If the exception didn't report on empline in or	alumn (a) fa	r a turna of proport	v for which column (c) is obc	alvad			

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

54-1948479 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.


SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Employer identification number 54 - 1948479

PAWS4PEOPLE, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADOLESCENTS WITH PHYSICAL, NEUROLOGICAL, PSYCHIATRIC, OR EMOTIONAL

DISABILITIES; AND VETERANS AND SERVICE MEMBERS WITH CHRONIC/COMPLEX

POST-TRAUMATIC STRESS DISORDER (C-PTSD), TRAUMATIC BRAIN INJURIES

(TBI), AND MILITARY SEXUAL TRAUMA (MST). THE ORGANIZATION ALSO TRAINS,

CERTIFIES AND PLACES FACILITY DOGS WITH SPECIFIC INDIVIDUALS WHO WILL

USE THE FACILITY DOG WITHIN HIS/HER PROFESSION AND/OR VOLUNTEER

ACTIVITIES TO PROVIDE EDUCATIONAL INSTRUCTION OR THERAPEUTIC

INTERVENTIONS, MEDICAL OR ENVIRONMENTAL AID, METHODOLOGIES TO STUDENTS

WITH "SPECIAL NEEDS", OR SUPPORT INDIVIDUALS WITH A PHYSICAL,

NEUROLOGICAL, PSYCHOLOGICAL, OR OTHER MEDICAL-RELATED DISABILITY OR

DISABILITIES.

FORM 990, PART VI, SECTION A, LINE 2:

THE PAWS4PEOPLE, INC. CHAIRMAN/DEPUTY EXECUTIVE DIRECTOR, OPERATIONS &

ARE FATHER AND DAUGHTER.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED EFFECTIVE MARCH 20, 2018 TO DEFINE THE NUMBER,

QUALIFICATIONS, AND DUTIES OF THE CHAIRMAN, VICE-CHAIRMAN, AND SECRETARY OF THE BOARD OF TRUSTEES, AND THE NUMBER, QUALIFICATIONS, AND DUTIES OF THE

EXECUTIVE STAFF, OTHER EMPLOYEES, AND CONTRACTORS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

 A DRAFT FORM 990 IS PREPARED BY AN INDEPENDENT CPA. THAT DRAFT IS REVIEWED

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 732211

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization PAWS4PEOPLE, INC.	Employer identification number $54 - 1948479$
BY THE EXECUTIVE COMMITTEE AND OTHER KEY STAFF MEMBERS, I	S PROVIDED TO THE
BOARD OF TRUSTEES FOR REVIEW, AND THE BOARD OF TRUSTEES H	OLDS A SPECIAL
MEETING FOR CONSIDERATION AND VOTE ON THE DRAFT FORM 990	PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BOARD, STAFF, AND VOLUNTEER HANDBOOKS, RESPECTIVELY. EACH TRUSTEE, OFFICER, MANAGER, KEY EMPLOYEE, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQURED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. IF/WHEN A DISCLOSURE IS MADE, THE CONFLICT OF INTEREST POLICY OUTLINES THE PROCEDURE AND PROCESS TO BE FOLLOWED. THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE BOARD OF TRUSTEES OF ITS RESPONSIBILITY UNDER THIS CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES HAS THE AUTHORITY AND RESPONSIBILITY TO REVIEW AND APPROVE THE COMPLETE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND DEPUTY EXECUTIVE DIRECTOR, OPERATIONS & FINANCE, RESPECTIVELY, AND TO ENSURE THAT SUCH COMPENSATION IS REASONABLE AND DOES NOT CREATE ANY "PRIVATE INUREMENT" OR "EXCESSIVE BENEFIT" WITHIN THE MEANING OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND THE TREASURY REGULATIONS THEREUNDER. THE BOARD RELIES ON THE GUIDESTAR NONPROFIT COMPENSATION REPORT, WHICH IS AN ANNUAL SERIES, AND IS DERIVED FROM INFORMATION ON MORE THAN 150,000 INDIVIDUAL POSITIONS AND MORE THAN 100,000 TAX-EXEMPT ORGANIZATIONS. IT IS THE ONLY LARGE-SCALE ANALYSIS OF ITS KIND BASED ENTIRELY ON DATA REPORTED TO THE IRS. IT IS THE MOST COMPREHENSIVE NONPROFIT COMPENSATION STUDY AVAILABLE. PAWS4PEOPLE, INC.

FORM 990, PART VI, SECTION C, LINE 19:

BYLAWS ARE PROVIDED UPON REQUEST. ALL OTHER GOVERNING DOCUMENTS ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE, LEGAL DOCUMENTATION PAGE. THE

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BOARD, STAFF, AND VOLUNTEER

HANDBOOKS, RESPECTIVELY. FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE, LEGAL DOCUMENTATION PAGE.

FORM 990, PART XII, LINE 2C:

THE BOARD OF TRUSTEES OF THE ORGANIZATION ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHE	DULE R
( <b>F</b>	0001

(Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

54-1948479

Department of the Treasury Internal Revenue Service

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

Name of the organization

PAWS4PEOPLE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling entity
of diologicada officity		foreign country)			ontry
PAWS PTS/MST CENTER, LLC - 47-4550098	PROVIDES PROGRAMS TO				
1121 C-324 MILITARY CUTOFF ROAD	SUPPORT RECOVERY VIA				
WILMINGTON, NC 28405	K9-CENTRIC POST TRAUMATIC	NORTH CAROLINA	287.	45,908.	PAWS4PEOPLE, INC.
PAWS4PRISONS, LLC - 47-4555877	TEACHING INMATES TO TRAIN				
1121 C-324 MILITARY CUTOFF ROAD	VARIOUS TYPES OF ASSISTANCE				
WILMINGTON, NC 28405	DOGS	NORTH CAROLINA	٥.	0.	PAWS4PEOPLE, INC.
PAWS4SENIORS, LLC - 47-4491753	CERTIFIED DOGS VISITING				
1121 C-324 MILITARY CUTOFF ROAD	NURSING HOMES, ASSISTED				
WILMINGTON, NC 28405	LIVING FACILITIES, ETC.	NORTH CAROLINA	٥.	0.	PAWS4PEOPLE, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(b)</b> Primary activity	(c) (d) Legal domicile (state or foreign country) section			<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
			501(c)(3))		Yes	No
						<u> </u>
-						
-						
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Exempt Code	Primary activity Legal domicile (state or Exempt Code Public charity	Primary activity         Legal domicile (state or foreign country)         Exempt Code section         Public charity         Direct controlling	Primary activity         Legal domicile (state or foreign country)         Exempt Code section         Public charity         Direct controlling         Section 5 contr entity

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Schedule R (Form 990) 2017 PAWS4PEOPLE, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ant income Unrelated, income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	manag partne	<sup>or</sup> Percentago <sup>ng</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	1										
	1										
	1										
	1										
	1										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(i conti ent	(i) ction (b)(13) trolled tity?
		country)				uccolo		Yes	No
	1								
	1								

# Schedule R (Form 990) 2017 PAWS4PEOPLE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
I Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1)			
(4)			
(5)			
_(6)	4.2		

#### Schedule R (Form 990) 2017 PAWS4PEOPLE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501 (c) orgs Yes	all s sec. )(3) <u>:.?</u> <b>No</b>	Share of total income	Share of end-of-year assets	Dispr tior alloca <b>Yes</b>	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	r Percentage ownership
					_							
					_							

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

PAWS4PEOPLE, INC.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

PAWS PTS/MST CENTER, LLC

PRIMARY ACTIVITY: PROVIDES PROGRAMS TO SUPPORT RECOVERY VIA K9-CENTRIC

POST TRAUMATIC GROWTH

NAME OF DISREGARDED ENTITY:

PAWS4PRISONS, LLC

PRIMARY ACTIVITY: TEACHING INMATES TO TRAIN VARIOUS TYPES OF ASSISTANCE

DOGS

NAME OF DISREGARDED ENTITY:

PAWS4SENIORS, LLC

PRIMARY ACTIVITY: CERTIFIED DOGS VISITING NURSING HOMES, ASSISTED LIVING

FACILITIES, ETC.