** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

| A F | or the | e 2013 calendar year, or tax year beginning and | ending | | |
|-------------------------------|--|--|---|------------------------------|--|
| B (| Check if pplicabl | C Name of organization | | D Employer identifi | cation number |
| X | Addre chang Name | - | | 21 1 | C2E404 |
| 늗 | chang | | | | 625484 |
| | return Termir ated | ZJJ DAITON AVE | Room/suite | E Telephone numbe 937- | r 374-0385 |
| | Ameno return | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,482,213. |
| | Application pendir | * XENIA, OH 45385 | | H(a) Is this a group re | eturn |
| | | F Name and address of principal officer:KAREN SHIRK | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | rcluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) |
| | | e: WWW.4PAWSFORABILITY.ORG | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other ▶ | L Year | of formation: 1998 N | State of legal domicile: OH |
| Pa | | Summary | | | |
| <u> </u> | | Briefly describe the organization's mission or most significant activities: ${	t 4 	t PA}$ | | | |
| Activities & Governance | | TRAIN SERVICE DOGS TO ASSIST INDIVIDUALS | WITH | PHYSICAL AN | D HIDDEN |
| ž | 2 | Check this box 🕨 🔛 if the organization discontinued its operations or dispo | sed of more | than 25% of its net as | ssets. |
| OVE | | | | | 9 |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1b) | *************************************** | 4 | 9 |
| δ. 20 | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | ************* | 5 | 67 |
| ij | | Total number of volunteers (estimate if necessary) | | | 586 |
| 흦 | 7. | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| ĕ | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | Net difference business taxable income from Form 550-1, lifte 54 | | | |
| | | One to the state of the state o | - | Prior Year 1,705,563. | Current Year |
| ne | | Contributions and grants (Part VIII, line 1h) | | | 2,443,886. |
| œ. | 4 | Program service revenue (Part VIII, line 2g) | | 29,651. | 3,890. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,726. | 2,205. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 949. | 14,617. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,737,889. | 2,464,598. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 947,783. | 1,147,630. |
| Š | 16a : | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | b b | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 151,8 | 05. | | |
| Œ. | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 474,899. | 624,843. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,422,682. | 1,772,473. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 315,207. | 692,125. |
| <u> </u> | İ | | | ginning of Current Year | End of Year |
| let Assets or und Balances | 20 | Total assets (Part X, line 16) | F | 1,820,881. | 2,281,034. |
| Ass Ba | 21 | Total (labilities (Part X, line 26) | | 279,286. | 47,314. |
| ĕĔ, | 22 | Net assets or fund balances. Subtract line 21 from line 20 | ···· | 1,541,595. | 2,233,720. |
| Pa | rt II | Signature Block | | ±/31±/3330 | 2,233,1201 |
| | | ties of perjury, I declare that Days examined this return, including accompanying schedule | e and etatom | ents and to the best of m | ulenauladae and haliaf it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wi | | | y knowicuge and pelici, it is |
| 1146, | COLLEC | | nicii preparei | lias ally knowledger | 12/ |
| ٥. | | Signature of officer | <u></u> | Dafe/// | / |
| Sigr | | | | Date / | |
| Her | е | KAREN SHIRK, EXECUTIVE DIRECTOR Type or print name and title | | | |
| | | | | Date Check | II DTIN |
| <u>.</u> | | Print/Type preparer's name Preparer's signature | ' | Jate Check L | PTIN |
| Paid - | | JEFFREY M. WOESTE | | self-employ | |
| | arer | Firm's name FLAGEL HUBER FLAGEL | | Firm's EIN | 31-0796034 |
| Use | Only | Firm's address 3400 SOUTH DIXIE DRIVE | | | |
| | | DAYTON, OH 45439 | | Phone no. (9 | 37)299-3400 |
| May | the IE | RS discuss this return with the preparer shown above? (see instructions) | | | X Voc No |

| | m 990 (2013) 4 PAWS FOR ABILITY, INC. | 31-1625484 | Page 2 |
|-----|---|---------------------------------------|----------------|
| Pa | art III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: 4 PAWS' MISSION IS TO TRAIN SERVICE DOGS TO ASSIST | 1-1 | |
| | PHYSICAL AND HIDDEN DISABILITES, INCLUDING CHILDRE | | |
| | SEIZURES, WITH INDEPENDENT LIVING. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not liste | d on | |
| £., | | | X No |
| | the prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule O. | Lifes | LALI NO |
| _ | · | n services? | v |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | n services?Yes | LA_I NO |
| _ | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program s | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat | ions to others, the total expenses, a | ınd |
| | revenue, if any, for each program service reported. | | 206 |
| 4a | | | <u> 286.</u>) |
| | 4 PAWS' MISSION IS TO TRAIN SERVICE DOGS TO ASSIST | | |
| | PHYSICAL AND HIDDEN DISABILITES, INCLUDING CHILDRE | | |
| | SEIZURES, WITH INDEPENDENT LIVING. TRAINING IS RE | CIPIENT-SPECIFIC | FOR |
| | AUTISM ASSISTANCE, SEIZURE ASSISTANCE, MOBILITY AS | | |
| | | AWS FOR ABILITY | |
| | SERVICE DOGS QUALIFY AS DURABLE MEDICAL EQUIPMENT | UNDER THE AMERICAL | NS |
| | WITH DISABILITIES ACT OF 1990 (ADA). | | |
| | | | |
| | IN ADDITION TO THE CASH EXPENSES NOTED ABOVE, DONA | TIONS OF TIME, | |
| | INCLUDING DOG SOCIALIZATION, DOG CARE, AND TRAININ | G RELATED TO BASIC | |
| | COMMANDS IS VITAL TO THE ACCOMPLISHMENT OF 4 PAWS' | PROGRAM. | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | <u> </u> |
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| 4- | /o | \ \frac{1}{2} | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | ——) |
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| 4d | Other program services (Describe in Schedule O.) | | _ |
| | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,481,200 • |) | |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х 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 X 4 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 X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. X Part VI 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\overline{\mathbf{x}}$ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) 4 PAWS FOR ABILITY
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|---|-------------|------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States on Part IX, | | | Х |
| 23 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | - | |
| 2.0 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | - | - |
| | 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 | | |
| | 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 | | |
| | Section 501(c)(3) and 501(c)(4) 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 so, | | | ŀ |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? 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): | | | |
| a | 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 | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | l | | 4.7 |
| 20 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | ^ |
| 30 | A H. M. O. M. W. Co. B. Communication Co. L. and A. A. | | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | ^ |
| ٠. | | 31 | | х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | 22 |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | - | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | E | agn. | (0040) |

Form 990 (2013) 4 PAWS FOR ABILITY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|---|-------|----------------|-------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | 1 |
| | (gambling) winnings to prize winners? | 1c | X | |
| 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 67 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | AP4 6 | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| | 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 | | х |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | 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 the organization solicit | - | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | U | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | 2 to 1 1 1 1 2 | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | <u> </u> |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | f |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | - · |
| а | Did the organization make any taxable distributions under section 4966? N/A | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A10a | | | l |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | ٠. | ĺ |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders N/A 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | . 41 | | |
| | amounts due or received from them.) | | | ĺ |
| l2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | ĺ |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Carre | 000 | (0010) |

Form 990 (2013) 4 PAWS FOR ABILITY, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below
| ļ | 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 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | 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 | 1 | | |
| | 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 | | х |
| 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 | | | | |
| | more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | - | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| þ | 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 | | | |
| | 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.) | 1 | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Х | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | ļ |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 1 |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | 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 ▶OH | | | |
| 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. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar | ıd finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | ition: | > | |
| | THE ORGANIZATION - 937-374-0385 | | | |
| | 23E DAVIDON AVE. VENTA OU 4E39E | | | |

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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.

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

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

| (A) Name and Title | (B) Average hours per week | box | , unle | Pos heck ss pe | rson | than Is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) 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) CHAD ZIPFEL PRESIDENT | 1.00 | х | | | | | | 0. | | 0 |
| (2) EDDIE YOUNG | 1.50 | Δ | | - | ┝ | - | | U. | 0. | 0. |
| TRUSTEE | 1.30 | x | | | | | | 0. | 0. | _ |
| (3) GREG BRELSFORD | 0.50 | Δ | ⊢ | | | ┢┈ | | 0. | 0. | 0. |
| TRUSTEE | - 0.30 | Х | | | | | | 0. | 0. | 0. |
| (4) ERIC SOLDANO | 0.50 | | \vdash | ┢ | ┢ | ├ | | | 0. | - 0. |
| TRUSTEE | - | х | | | | | | 0. | 0. | 0. |
| (5) KEVIN ALLEE | 1.50 | | | | | | | | | |
| TRUSTEE | | x | | | | 1 | | 0. | 0. | 0. |
| (6) LAUREN CROALL | 0.50 | | l | | _ | | | | <u> </u> | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) LAURA HARDESTY | 0.50 | | | | ļ | | | | | |
| TRUSTEE | | X | | | ļ | 1 | | 0. | 0. | 0. |
| (8) PATRICK RICHTER | 0.50 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) PAUL SOOS | 0.50 | | | | | | | | | |
| TRUSTEE | | Х | | L | | | | 0. | 0. | 0. |
| (10) KAREN SHIRK | 60.00 | | | | 1 | | | | | |
| EXECUTIVE DIRECTOR | | | <u> </u> | X | | _ | | 112,578. | 0. | 0. |
| (11) JEREMY DULEBOHN | 60.00 | | | | | l | | | | _ |
| TRAINING DIRECTOR | | | | | <u> </u> | X | ļ | 111,837. | 0. | 0. |
| | | | | , | | 1 | | ļ | | |
| | | <u> </u> | | | _ | _ | | | | |
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| 20007 10 00 10 | | | | | | | | | | C 000 (0040) |

| Pai | 1 VII Section A. Officers, Directors, Trus | | ploy | /ees | | | ighe | st C | | | | | | •• |
|------|--|-------------------|--------------------------------|--|--|--------------|------------------------------|--------------|--------------------------|-------------------------|--------------|-------|---------------------|----|
| | (A) | (B) | } | | Pos | C) :itior | | | (D) | (E) | ļ | | (F) | |
| | Name and title | Average hours per | | not c | heck | more | than is bo | | Reportable compensation | Reportable compensation | | | stimate | |
| | | week | | | | | or/trus | | from | from related | | ar | nount other | |
| | | (list any | ector | | | | | | the | organization | _ | com | npensa | |
| | | hours for related | or dë | , m | | | ated | ł | organization | (W-2/1099-MI | SC) | | rom th | |
| | | organizations | rustee | trast | | 88 | npens | | (W-2/1099-MISC) | | | | ganizat Id relat | |
| | | below | Individual frustee or director | Institutional trustee | 1 | Key employee | est cor | _ = | | | | | anizati | |
| **** | | line) | AP UR | is et | Officer | ey B | Highest compensated employee | Former | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | <u>L</u> | | | | | | | | |
| | Sub-total | | | | | | | | 224,415. | | 0. | | | 0. |
| | Total from continuation sheets to Part Vi | | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 224,415. | | 0. | | | 0. |
| 2 | Total number of individuals (including but no compensation from the organization | or ilmited to tr | iose | uste | eo a | DOV | e) w | no r | eceived more than \$100 | J,UUU of reportan | ЭІЕ | | | 2 |
| | compensation from the organization | | | | | | | | | | | • | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | uste | e, ke | y er | mple | oyee | , or | highest compensated e | mployee on | | J | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | - | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | le co | omp | ensa | atio | n an | d otl | her compensation from | the organization | ı | | | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | _ | | relat | ed organization or indiv | idual for services | 3 | | | |
| Sec | rendered to the organization? If "Yes," com tion B. Independent Contractors | plete Schedul | e J 1 | or s | uch | per | son | | | | | 5 | | X |
| 1 | Complete this table for your five highest co | mnensated in | dene | ende | ent c | cont | racti | ore t | hat received more than | \$100,000 of cor | ~~~ | ation | from | |
| • | the organization. Report compensation for | | | | | | | | | | hens | au011 | HUITI | |
| • | (A) | | | | | | | Ĭ | (B) | y cuit | | (6 | C) | |
| | Name and business | address | N | INC | E | | | | Description of s | services | C | | ensatio | 'n |
| | | | | | | | | | | | | | | |
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| | | | , | | | | | | | | <u> </u> | | | |
| 2 | Total number of independent contractors (i | | ot li | mite | d to | | _ | stec | d above) who received n | nore than | | | | |
| | \$100,000 of compensation from the organic | zation 📂 | | | | | U | | | | Ь | | • | |

Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,443,886. g Noncash contributions included in lines 1a-1f: \$ 2,443,886 h Total. Add lines 1a-1f Business Code 2 a DOG ADOPTION FEES 900099 3,890. 3,890. Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 3,890. Investment income (including dividends, interest, and 2,205 2,205. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 10,302. Part IV, line 18 17,615. b Less: direct expenses -7,313-7,313.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 18,396 and allowances _____a b Less: cost of goods sold 18,396. 18,396. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 3,534. 900099 11 a MISCELLANEOUS 3,534. d All other revenue 3,534. e Total. Add lines 11a-11d ______ \triangleright 2,464,598. Total revenue. See instructions. 25,820. 0. -5,108.332009 10-29-13

Form 990 (2013) 4 PAWS FOR AB Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | er organizations must co | mplete column (A). | |
|------|--|----------------------------|------------------------------|-------------------------------------|---|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | - | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | Ï | | |
| | the United States. See Part IV, line 22 | | - 4111 | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | ľ | 1 |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 110 570 | 02.425 | F 050 | 40.000 |
| | trustees, and key employees | 112,578. | 93,435. | 7,063. | 12,080. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 010 007 | 750 060 | | <u> </u> |
| 7 | Other salaries and wages | 910,927. | 759,860. | 55,736. | 95,331. |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 45,245. | 40,721. | 2 2 2 2 | |
| 9 | Other employee benefits | 78,880. | | 2,262. | 2,262. |
| 10 | Payroll taxes | 70,000. | 39,440. | 19,720. | 19,720. |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | 13,988. | | 6,994. | 6 004 |
| | Accounting | 13,300. | <u></u> | 0,334. | 6,994. |
| a | Lobbying Professional fundraising services. See Part IV, line 17 | | | | · |
| | _ | | | | |
| f | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| y | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 4,341. | | 4,341. | |
| 13 | Office expenses | 17,816. | 5,632. | 7,912. | 4,272. |
| 14 | Information technology | 12,207. | 10,792. | 815. | 600. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 8,884. | 4,442. | 4,442. | |
| 17 | Travel | 4,454. | 2,227. | | 2,227. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 12,792. | 11,512. | 640. | 640. |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 34,913. | 31,421. | 1,746. | 1,746. |
| 23 | Insurance | 10,209. | 9,188. | 845. | 176. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | • | ; ; |
| э | VETERINARY SUPPLIES AND | 153,117. | 153,117. | | |
| h | DOG FOOD | 104,234. | 104,234. | | |
| | DOG TRAINING SUPPLIES | 64,787. | 64,787. | | |
| ď | REPAIRS AND MAINTENANCE | 46,143. | 41,529. | 2,307. | 2,307. |
| e | All other expenses | 136,958. | 108,863. | 24,645. | 3,450. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,772,473. | 1,481,200. | 139,468. | 151,805. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | j | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | C 000 (0040) |

| 4 | IL X | Check if Schedule O contains a response or no | te to any lin | e in this Part X | <u> </u> | | |
|-----------------------------|------|--|----------------|--|--|--|--|
| | | Onest in Constant of Constant of Population of The | to to uniy an | S at thot city. | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 360,439. | 1 | 358,905. |
| | 2 | Savings and temporary cash investments | | | 910,894. | 2 | 1,394,008. |
| | 3 | Pledges and grants receivable, net | | | 21,040. | 3 | 18,148. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | | | · · | | |
| | | trustees, key employees, and highest compens | ated emplo | yees. Complete | | | |
| | | Part II of Schedule L | | | and the second section of the second section is a second section of the section of the secti | 5 | of AMERICAN AND AND AND AND AND AND AND AND AND A |
| | 6 | Loans and other receivables from other disqual | | | · | | |
| | | section 4958(f)(1)), persons described in section | n 4958(c)(3) | (B), and contributing | | | |
| | | employers and sponsoring organizations of sec | | - F | | | |
| ş | | employees' beneficiary organizations (see instr) | . Complete | Part II of Sch L | 100 No. 100 No. 1 P. 1 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. | 6 | The control of the co |
| Assets | 7 | Notes and loans receivable, net | | [| | 7 | |
| ₹ | 8 | Inventories for sale or use | | | 38,200. | 8 | 38,422. |
| | 9 | Prepaid expenses and deferred charges | | | 2,424. | 9 | 2,424. |
| | 10a | Land, buildings, and equipment: cost or other | 1 1 | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 720,397. | • | | |
| | b | Less: accumulated depreciation | 10b | 251,270. | 487,884. | 10c | 469,127. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | 11 | [| | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | Г | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 1,820,881. | 16 | 2,281,034. | |
| | 17 | Accounts payable and accrued expenses | | 74,535. | 17 | 47,314. | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV of S | chedule D | | 21 | |
| S | 22 | Loans and other payables to current and forme | r officers, di | irectors, trustees, | | | |
| Ξ | | key employees, highest compensated employee | | | The second of th | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 204,751. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelate | d third parti | ies | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | i 17-24). Co | mplete Part X of | | | |
| | | Schedule D | ************** | | 00000 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 279,286. | 26 | 47,314. |
| | | Organizations that follow SFAS 117 (ASC 958 | | ere LA and | | | |
| Ses | | complete lines 27 through 29, and lines 33 ar | | | 1 201 055 | | 1 016 106 |
| an | 27 | Unrestricted net assets | | | 1,301,855. | 27 | 1,947,107. |
| Ba | 28 | Temporarily restricted net assets | | | 239,740. | 28 | 286,613. |
| Net Assets or Fund Balances | 29 | | | | | 29 | |
| FF | | Organizations that do not follow SFAS 117 (A | 3C 958), cl | neck nere | | | |
| S O | - | and complete lines 30 through 34. | | of the second se | | and the second respectively and the second respectively. | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | <u> </u> |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated in | | | 1,541,595. | 32 | 2 222 720 |
| | 33 | Total net assets or fund balances | | | 1,820,881. | 33 | 2,233,720. 2,281,034. |
| | 34 | Total nationes and het assets/fund datances | | | ±,040,001. | 34 | Z, Z01, U34. |

| om | 990 (2013) 4 PAWS FOR ABILITY, INC. | 31-16 | 25484 | Pa | ae 12 |
|------------|--|---|----------|-------|--------------|
| Pa | rt XI Reconciliation of Net Assets | · · · · · · · · · · · · · · · · · · · | | | . |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,464 | . , 5 | 98. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,772 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 692 | 1,1 | 25. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,541 | .,5 | 95. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 2,233 | 3,7 | 20. |
| Pa | rt XII Financial Statements and Reporting | | <u> </u> | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | ******* | <u></u> | | LX. |
| | | | | Yes | 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 | Ο. | | ~ | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | 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? | ******* | 2b | 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: | | | | : |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | } : |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | *************************************** | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3h | | ļ |

Form **990** (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

2013

Open to Public Inspection

Name of the organization

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

Employer identification number

| nam | e or t | ne organizacio | "" A 1071 | MC DA | OR ABILITY, | TNC - | | | | - { | 31- | - <u>16254</u> | <u>484</u> | |
|-----|----------|--|-----------------|---------------------------------|--|----------------|--|---|--|--|--|-----------------|---------------------|--|
| | | Decree 4 | 4 PA | tharih | Status (All organizat | ions must | complete t | his part.) | See instru | ctions. | | | | |
| Pa | rt I | Reason | OI FUDIIC (| onion ha | cause it is: (For lines 1 t | hrough 11 | . check on | y one box | (.) | | | | | |
| | organ | ization is not a | private tound | urabas i | or association of church | es describ | ed in sect | , ioπ 170(b) |)(1)(A)(i). | | | | | |
| 1 | 믐 | A church, con | vention of ch | urciies, (:aa 170 /i | b)(1)(A)(ii). (Attach Sche | edule E.) | | | | | | | | |
| 2 | 片 | | | 4 24 - 1 | | secribed in | section 17 | 70(b)(1)(A |)(iii). | | | | | |
| 3 | 片 | A hospital or a | cooperative | ration on | erated in conjunction w | ith a hospi | tal describ | ed in sect | ion 170(b |)(1)(A)(iii). | Enter the | e hospital' | s name | €, |
| 4 | | | | | | | | | | | | | | |
| | | city, and state | n enerated f | or the he | enefit of a college or uni | versity owr | ned or ope | rated by a | governm | ental unit o | described | d in | | |
| 5 | Ш | section 170(| PANAMEN (C | Complete | Part II.) | • | - | | | | | | | |
| | | | | | . t | described i | in section | 170(b)(1)(| (A)(v). | | | | | |
| 6 | 片 | A federal, stal | le, or local yo | ally racei | ves a substantial part o | f its suppo | rt from a g | overnmen | tai unit or | from the g | jeneral pi | ublic desc | ribed ir | 1 |
| 7 | ш | An organization | MANAMAN (C | complete | Part II.) | | _ | | | | | | | |
| | г¬ | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 8 | 묽 | ## 1/20% of its support from contributions, membership tees, and groot records | | | | | | | | | | | | |
| 9 | لـΩسا | to the state of the cortain exceptions and [2] [10] [10] [10] [10] or its support that the support to the suppo | | | | | | | | | | | | |
| | | activities rela | intolated bus | iness tax | kable income (less secti | on 511 tax |) from busi | nesses ac | cquired by | the organ | ization a | fter June 3 | 30, 197 | 5. |
| | | See section | EUU(a)(a) (Ca | mnlete l | Part III.) | | | | | | | | | |
| 40 | | | | | to to top include to top | t for public | safety. Se | e section | 509(a)(4) |) <u>.</u> | | | | |
| 10 | - | ٠ | • | | reted evalueively for th | e henetit () | t, to benor | m trie iui i | GLIOHS OF, | or to carry | out the | purposes | of one | or |
| 11 | | more publich | r supported o | roanizat | ions described in section | n 509(a)(1) |) or sectior | 1 509(a)(2) | . See sec t | tion 509(a |) (3). Che | ck the box | k that | |
| | | describes the | e type of SUD! | portina a | organization and comple | ete lines 11 | e through | in. | | | | | | |
| | | | | I I — | ام المـ | me III - Fun | ictionally in | itearatea | d | | | -functiona | | |
| | <u> </u> | 1 | | | the evacuization is not | controlled | directly or | indirectly | by one or | more disc | ualified p | persons of | ner the | lu I |
| • | - 1 | form detion m | onegare and | other th | ian one or more publicly | / supported | d organizai | gons desc | HDEG III 24 | 500001 300 | (a)(1) or s | section 50 | 9(a)(z). | |
| | f | If the organiz | ration receive | ed a writt | en determination from t | he IRS tha | t it is a Typ | e I, Type | II, or Type | : [] | | | | |
| | • | | vacanization (| sheck thi | is hay | | | | ,.,.,., | ,., | | , | ***** | . ட |
| | _ | | 147 0006 h | ac tha a | rospization accepted at | ny gift or co | ontribution | from any | of the follo | wing pers | ions? | | V | No |
| | 9 | (i) A nerco | n who direct | iv or indi | rectiv controls, either al | one or tog | etner wπn : | persons a | escribed | n (n) and (| ii, Daloii, | 44.00 | Yes | 140 |
| | | the gov | aming hady i | of the su | inported organization? | | | | | | | | | +- |
| | | III A famili | member of | a nerson | described in (i) above? | · | | | | | | 11g(ii | | |
| | | (iii) A 35% | controlled en | itity of a | person described in (i) | or (ii) above | ∍? | | | | | <u>[1 19[n</u> | <u> </u> | ┸ — |
| | h | Provide the | following info | rmation | about the supported or | ganization | (s). | | | | | | | |
| | •• | | _ | | | | | T | | (vi\le | the | 4 113 4 | 1 -4 | |
| _ | ii Nan | ne of supported | (ii) El | 2 | (iii) Type of organization | (iv) is the c | organization | (v) Did you | u notity the ion in col. | (vi) ls organizație | on in col. | (vii) Amou | int of mi Jpport | onetary |
| | | rganization | , , | | (described on lines 1-9 | governing | sted in your document? | (i) of you | r support? | (i) organiz U.S | eo m ule i .? | 30 | apport | |
| | | Ü | | | above or IRC section (see instructions)) | <u></u> | | Yes | No | Yes | No | Ì | | |
| | | | | | | Yes | No | 163 | 10 | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

| Schedule | A (Form 99 | <u>90 or 990-E</u> | Z) 2013 4 | PAWS | FOR | ARTT1. | r.X TIM | ٠ | | | 31-162 | 5484 | Page 4 |
|--------------|--------------|--------------------|---------------------------------------|-------------|-----------|---------------------------------|---------------|------------|---------------|-----------------|--------------|----------------|----------|
| Part I | ∕ Suppl | lemental | Informa | ation. Pro | vide the | explanations nation. (See in | s required by | y Part II, | line 10; Part | ll, line 17a or | 17b; and Par | t III, line 12 | 2. |
| | AISO CO | impiete triis | part for at | iy addition | at Ithorn | iation. (See ii | istructions). | | | | | | |
| SCHEI | ULE A | , PART | · III, | LINE | 12, | EXPLAN | NOITA | FOR | OTHER | INCOME: | | | |
| MISCE | LLANE | ous | | | | | | | | | | | |
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| 2013 | AMOUN | T: \$ | 3,53 | 4. | | | | | | | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Name of the organization **Employer identification number** 4 PAWS FOR ABILITY, 31-1625484 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-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

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) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| 4 | PAWS | FOR | ABILITY, | INC. |
|---|------|-----|----------|------|

31-1625484

| | o ron indicating and | | 1023404 |
|------------|---|----------------------------|--|
| 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 |
| 1 | | \$ <u>13,500</u> . | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | s | 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 | | s <u>10,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | - s | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$10,000. | 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 |
| 6 | | \$\$ | Person X Payroll |

4 PAWS FOR ABILITY

31-1625484

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| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 7 | | - - \$\$13,000. | 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 | |
| 8 | · | - \$ <u>37,392.</u> - | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 9 | | \$6,500. | 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 | |
| 10 | | \$ | 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 | |
| 11 | | \$22,000. | 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 | |
| 12 | | _ _ \$6,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| 323452 10-24 | -13 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2013) | |

Name of organization

4 PAWS FOR ABILITY, INC.

Employer identification number

31-1625484

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$5,000. | 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 |
| 14 | | \$ <u>11,500.</u> | 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 |
| 15 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 16 | | \$13,000. | 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 |
| 17 | | \$12,500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18 | | \$5,000. | Person X Payroll |

| 4 | PAWS | FOR | ABILITY, | INC. |
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31-1625484

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | 1 space is needed. | 13/21/21/21 |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$5,366. | 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 |
| 21 | | \$10,014. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 22 | | \$15,000 . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | | \$9,008. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 24 | | \$8,000. | Person X Payroll |

Name of organization Employer identification number

4 PAWS FOR ABILITY, INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | | \$10,000. | 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 |
| 26 | | \$ 7,895. | 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 |
| 27 | | \$ <u>5,000.</u> | 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 |
| 28 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 29 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | | \$6,000. | Person X Payroll |

Employer identification number

4 PAWS FOR ABILITY, INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | * |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | | \$50,000. | 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 |
| 32 | | \$10,000. | Person X Payroli Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | | \$5,000. | 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 |
| 34 | | \$ <u>19,500.</u> | 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 |
| 35 | | \$ <u>10,000</u> . | 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 |
| 36 | | \$13,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

| 4 | PAWS | FOR | ABILITY, | INC. |
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| Part i | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 37 | | \$8,769. | 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 |
| 38 | | \$ 7,550. | 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 |
| 39 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 40 | | \$15,000. | 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 |
| 41 | | \$ 13,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 42 | | \$8,700. | Person X Payroll |

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| Name of organization | |

| Employer i | identification | number |
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| 4 | PAWS | FOR | ABILITY, | INC |
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| Part I | Contributors (see instructions). Use duplicate copies of Part I if ad | lditional space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | | \$\$,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | | \$5,000 . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 45 | | \$12,873. | Person X Payroli |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | | \$6,274. | 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 |
| 48 | | | Person X Payroll |
| 23452 10-24 | -13 | Schedule B (Form 9 | 90, 990-EZ, or 990-PF) (2013) |

Employer identification number

| 4 | PAWS | FOR | ABILITY, | INC |
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| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 49 | | \$13,000. | 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 |
| 50 | | \$5,000. | 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 |
| 51 | | \$ <u>13,000</u> . | 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 |
| 52 | | \$\$ | 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 |
| 53 | | \$8,700. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 54 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| | , , , |
|----------------------|-----------|
| Name of organization | |

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| 4 PAW | PAWS FOR ABILITY, INC. 31-16 | | |
|------------|---|-------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| <u>55</u> | | \$10,00 | 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 |
| 56 | | \$12,00 | 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 |
| 57 | | \$9,00 | 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 |
| 58 | | \$75,00 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) S Type of contribution |
| 59 | | \$13,00 | 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 |
| 60 | | \$13,00 | Person X Payroll |

| 4 PAW | S FOR ABILITY, INC. | 31 | -1625484 |
|--------------|--|-----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 61 | | \$11,000. | 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 |
| 62 | | \$6,729 . | Person X Payroll Noncash (Complete Part If for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 63 | | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 64 | | \$5,000 . | 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 |
| 65 | | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 66 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 323452 10-24 | | Schedule B (Form | 990, 990-EZ, or 990-PF) (2013 |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2013) | Page 2 |
|---|---------------------------------------|
| Name of organization | Employer identification number |
| 4 PAWS FOR ABILITY, INC. | 31-1625484 |
| Part I Contributors (see instructions). Use duplicate copies of | Part I if additional space is needed. |
| (6) | |

| | • • • • | • | |
|----------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 67 | | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 68 | | \$\$ | Person X Payroll |
| (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 |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Occash If for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | s | Person Payroll Noncash Complete Part II for noncash contributions.) |
| 23452 10-24-13 | | Schedule B (Form | 990, 990-EZ, or 990-PF) (2013) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number 4 PAWS FOR ABILITY, INC. 31-1625484

| Partn | Noticash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part i | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| Name of orga | anization | | Employer identification number | |
|---------------------------|--|--|--|--|
| 4 PAWS | FOR ABILITY, INC. | | 31-1625484 | |
| Part III | Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional | dual contributions to section 501(e e following line entry. For organizatio , contributions of \$1,000 or less for | c)(7), (8), or (10) organizations that total more than \$1,000 for the one completing Part III, enter r the year. (Enter this information once.) | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| Part I | (b) Fulpose of gift | (c) Ose or gift | (a) Description of now gift is need | |
| | | | | |
| - | | | | |
| | <u> </u> | (e) Transfer of git | ft | |
| | Transferee's name, address, and | ri 71P + 4 | Relationship of transferor to transferee | |
| | Transfer of a frame, according and | | resized and of transfer of to transferee | |
| - | | | | |
| (-) No. | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| - | | | | |
| <u>_</u> | | | | |
| } | (e) Transfer of gift | | | |
| | Transferee's name, address, and | d 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 | |
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| | | | | |
| | | (e) Transfer of git | ft | |
| } | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| - | | | | |
| - | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| Part I | | | | |
| - | | | | |
| | | | | |
| | (e) Transfer of gift | | | |
| | Transferee's name, address, and | i ZIP + 4 | Relationship of transferor to transferee | |
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