2019 TAX RETURN

	Client Copy
Client:	3765AMEN
Prepared for:	PAWS FOR PURPLE HEARTS 10201 Old Redwood Hwy Penngrove, CA 94951 707-238-5110
Prepared by:	JOSEPH WEWORSKI WEWORSKI & ASSOCIATES 4660 LA JOLLA VILLAGE DR STE 825 SAN DIEGO, CA 92122 (858) 546-1505
Date:	November 18, 2020
Comments:	
Route to:	

FDIL2001L 06/03/19

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

A	For t	he 2019 calen	dar year, or tax year beginning , 2019, and ending	g		,		
В	Check	if applicable:	С		D Employ	er identifi	cation number	
		ddress change	PAWS FOR PURPLE HEARTS					
	\vdash	_	10201 OLD REDWOOD HWY	•	E Telepho	ne numbe	r	
	\vdash	ame change	PENNGROVE, CA 94951					
	Ыı	itial return	I HINOROVE, CII 3 I 3 CI		707	-238-	5110	
	Fi	nal return/terminated						
	XA	mended return			G Gross r			
	Α	pplication pending		H(a) Is this a				X No
			SAME AS C ABOVE	H(b) Are all !!	subordinates	included?	Yes Yes	No
1	Tax-	exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	11 140,	attacii a iist	. (300 11130	uctions)	
J				H(c) Group e	exemption nu	ımber ►		
ĸ		n of organization:	X Corporation Trust Association Other ► L Year of formation				gal domicile: CA	
				011. 2011		rate or reg	gar doffillono. C21	
Fc	rt I	Summar Driefly deseri	y be the organization's mission or most significant activities:TO OFFER	ום ג סיוטיו	רדייויב	TMTTD	VENUTON I	ZOB
	1		AND ACTIVE-DUTY PERSONNEL BY TEACHING THOSE W					
ည		VETERANS	AND ACTIVE-DUTY PERSONNEL BY TEACHING INOSE W	TIU LI	בי בי בי	111471	IDOM THE	
Activities & Governance			THEIR COMRADES WITH COMBAT-RELATED DISABILITI			7.7.7.7	OLON THE	
딛			D_TIME_HONORED_TRADITION_OF_VETERANS_HELPING_V					
ð	2	Check this bo	if the organization discontinued its operations or disposed of mo				ets.	0
9	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3		8
S	4		dependent voting members of the governing body (Part VI, line 1b)			5		
ı	5		of individuals employed in calendar year 2019 (Part V, line 2a)			6		36
흦	6		of volunteers (estimate if necessary)			7a		73
ĕ			ed business revenue from Part VIII, column (C), line 12			7a 7b		0.
	b	Net unrelated	business taxable income from Form 990-T, line 39			70	Current Ye	0.
	_		(rior Year			
Ф	8	Contributions	and grants (Part VIII, line 1h)	. 5	,180,6		5,999,	201.
Revenue	9		rice revenue (Part VIII, line 2g)			00.	· · · · · · · · · · · · · · · · · · ·	400
eĶe	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			00.		403.
ď	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			18.		154.
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,194,9	198.	6,004,	/58.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)					
	14		to or for members (Part IX, column (A), line 4).					
	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)	. 1	,263,2	72.	1,635,	168.
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	h		sing expenses (Part IX, column (D), line 25) ► 1,480,372.					1.07
ᄶ			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	,332,9	24	4,728	388
	17							
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		,596,1		6,363	
	19	Revenue less	expenses. Subtract line 18 from line 12		-401,1			798.
₽ 8 8					g of Curren		End of Ye	
sets alan	20	Total assets	(Part X, line 16)		,557,9		2,407	
A B	21	Total liabilitie	s (Part X, line 26)		887,3	65.	1,018	046.
Net Assets or Fund Balances	22	Net assets or	fund balances. Subtract line 21 from line 20	. 1	,670,5	63.	1,389	<u>474.</u>
Pa	art II	Signatur	e Block					
Unde	er nena		eclare that I have examined this return, including accompanying schedules and statements, and to t trer (other than officer) is based on all information of which preparer has any knowledge.	the best of my	y knowledge	and belief	, it is true, correct	and
com	plete. C	eclaration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.					
Sig	n	Signatu	re of officer	Dat	te			
He	re III	BON	ITA BERGIN	CEO				
			print name and title				J. V	
		· ·	preparer's name Preparer's signature Date		Check	if P	TIN	
				12	self-employe	_	01411475	
Pa			1 WEWORKET	CUTO	Jen-employ	F	01411410	
	epar						0516700	
Us	e Or	nly Firm's addre			Firm's EIN		0516783	
			SAN DIEGO, CA 92122		Phone no.	(858		
Ma	y the	IRS discuss th	is return with the preparer shown above? (see instructions)				X Yes	No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	2,1	Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D. Part VI</i> .	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Λ	X
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	7,1	Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a	Х	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	2,1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	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

Part IV	Check	ist of Rec	uired Sched	lules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		15.5
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
ě	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part <i>IV</i>	28a		Х
1	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	of 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
	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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
VA.	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
-	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	398333	
BAA	IEEA0104L 0//31/19	Form	990 (2019

Form 990 (2019) PAWS FOR PURPLE HEARTS

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

			Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-							
94	ments, filed for the calendar year ending with or within the year covered by this return 2 a 36	0.1	X					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2 b	Λ	7				
2 -	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х				
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3 b		12				
	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X				
b	If 'Yes,' enter the name of the foreign country►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х				
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х				
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
	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							
	services provided to the payor?	7 a		Х				
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		X				
لم	Form 8282?	<i>7</i> C		Λ				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899							
ä	as required?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7.11						
	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	22						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	:						
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a						
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12						
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a						
2000	Note: See the instructions for additional information the organization must report on Schedule O.							
	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							
	Enter the amount of reserves on hand	14-		X				
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b						
		140						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If 'Yes,' complete Form 4720, Schedule O.			9 NOTE OF				

Form 990 (2019) PAWS FOR PURPLE HEARTS Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 6 Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?...... 8 b 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 on Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this was done...... 12 c 13 X 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official..... 15 a b Other officers or key employees of the organization..... X 15 h 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 X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

Penngrove CA 94951 707-238-5110

Denise Gregersen 10201 Old Redwood Hwy

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

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

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

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

See instructions for the order in which to list the persons above.

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

				(C)						
(A) Name and title	(B) Average hours per week (list any	is	both dir	nan c	officer truste			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	per week (list any hours for related organiza- tions below dotted line)	ridual trustee rector	Institutional trustee	ter	employee	Highest compensated employee	ner			organizations
(1) D PLATTE	40									
C00	0					Χ			0.	0.
_(2) M: HOGAN CHIEF ADV OFFICER	$-\frac{40}{0}$					Х			0.	0.
(3) MARK QUATTROCCHI	2				5.0			,,,	(a	1.5
Chairperson	1	Х						0.	0.	0.
(4) DAVE PHILLIPS	2									
Treasurer	1	Х						0.	0.	0.
	1	Х						0.	0.	0.
(6) ROB RUTHERFURD, ESQUIRE	1) S			1			E.V	15	
Member	0	Х						0.	0.	0.
(7) COL. DAVID RABB	1									
MEMBER	0	Х			100	w - 15		0.	0.	0.
(8) ROY HURD	1									
Member	0	Х						0.	0.	0.
(9) BONITA BERGIN	40_							Î	5.1	
President & CEO	30	X		X	Ш			0.	0.	0.
(10) JOHN LEMONDES	1	No.							9000	
Member	0	Х			<u> </u>			0.	0.	0.
(11)									,	
(12)					5,1					7
(13)										
(14)										

Pai	t VII Section A. Officers, Directors, Tr	ustees,	Key	Em	ıplo	oye	es,	and	d Highest Con	npensated Empl	oyees	(contii	nued)
<i>0</i> ,		(B)			1436.00	C)							
	(A) Name and title	Average hours per week	box	. unle	heck ss be	erson	e than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	C	(F) ated amo	
		(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatėd organizations (W-2/1099-MISC)	compe the o	nsation f ganizati d related anization	ion I
		organiza - tions below	Jal trus	cnal tr		ployee	compe				9,94		5
		dotted line)	stee	uslee			insated						
(15)													
(16)		1-1-1-1-1-1											
(17)				1									
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b	Subtotal	Landon State La	1000000				45.50	-	266,008.	0.	0-4		0.
	Total from continuation sheets to Part VII, Sec							-	0.	0.			0.
	Total (add lines 1b and 1c).							•	266,008.	0.	712		0.
	Total number of individuals (including but not limite from the organization ► 2	d to those I	isted	abo	ve) \	who	recei	ved	more than \$100,00	00 of reportable comp	ensation		
3	Did the organization list any former officer, dire	atau tuuata	ما د		ua sa L			ايمنط		Lamanlavaa		Yes	No
3	on line 1a? If 'Yes,' compléte Schedule J for su	ch individu	ıaİ								. 3		Χ
4	For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	ter than \$1	50,00	90?	/f '}	Yes,	' con	iple	te Schedule J for		. 4	Х	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If 'Ye	ue comper es,' comple	satio	n fre	om dule	any <i>J f</i> c	unre	late ch p	ed organization or erson	individual	. 5		X
Sec	tion B. Independent Contractors			-1 1		.1		11		#100 000 -£			
1	Complete this table for your five highest compe compensation from the organization. Report compe	nsated indinstruction	the c	aleni	dar :	ntra year	endi	tna ng v	vith or within the or	ganization's tax year			
(A) Name and business address Description of services							Compe) nsatio	n				
1													
10													
3										1			
2	Total number of independent contractors (including		ited to	o the	se I	iste	d abo	ve)	L who received more	than			
	\$100,000 of compensation from the organization	1 ▶ 0									5.112		

Form 990 (2019) PAWS FOR PURE	LE HEARTS				Page !
Part VIII Statement of Revenue					_
Check if Schedule O contain	ns a response or note	to any line in this Part V	III.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 a Federated campaigns	. 1a				

			Total Teveride	exempt function revenue	business revenue	excluded from tax under sections 512-514
ts	1 a	Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, E	С	Fundraising events				
ar A	d	Related organizations 1 d				
s, G mil	е	Government grants (contributions) 1e 237,594.				
Sign	f	All other contributions, gifts, grants, and				
but		similar amounts not included above 1f 5,761,607. Noncash contributions included in				
E O	y	lines 1a-1f				
Col	h	Total. Add lines 1a-1f ▶	5,999,201.			
ıue		Business Code				
Program Service Revenue	2 a	All other program service				
å.	b					
vice	С					
Ser	d					
ᇤ	е					
g g		All other program service revenue				
ģ	g	Total. Add lines 2a-2f▶				
	3	Investment income (including dividends, interest, and	4 400	4 400		
		other similar amounts)	4,403.	4,403.		
	4					
	5	Royalties				
	6.	Gross rents 6a	•			
		Less: rental expenses 6b	-			
		Rental income or (loss) 6c	-			
		Net rental income or (loss)				
		(i) Securities (ii) Other				
	7 a	Gross amount from sales of assets				
		other than inventory [7a]				
	b	Less: cost or other basis and sales expenses 7b				
	c	Gain or (loss) 7c				
		Net gain or (loss)				
		Gross income from fundraising events				
Revenue	oa	(not including \$				
Ş		of contributions reported on line 1c).				
		See Part IV, line 18 8 a				
ē	b	Less: direct expenses 8b				
Other	С	Net income or (loss) from fundraising events				
-	9 a	Gross income from gaming activities.				
		See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances 10a 1,154.				
		Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory Business Code	1,154.	1,154.		
STO	11 a	**************************************				
scellaneo Revenue						
Miscellaneous Revenue	b					
è ce	<u>ن</u>	All other revenue				
<u>Σ</u>		Total. Add lines 11a-11d				
		Total revenue. See instructions		5 557	0	0

Form 990 (2019) PAWS FOR PURPLE HEARTS Part IX | Statement of Functional Expenses

Gection 501(c)(3) and 501(c)(4,	organizations must d	complete all columns.	All other organizations must	complete column (A)	
---------------------------------	----------------------	-----------------------	------------------------------	---------------------	--

7	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	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 5	Benefits paid to or for members	0.	0.	0.	0.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	1,635,168.	1,514,957.	50,017.	70,194.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,033,100.	1,314,337.	30,017.	70,134.				
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
a	Management								
	Legal			*					
	: Accounting	:		Ta					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
y	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5ch. (751,022.	393,867.	9,006.	348,149.				
12	Advertising and promotion	118,644.	54,614.		64,030.				
13	Office expenses	3,067.	2,512.		555.				
14	Information technology	-,	-/						
15	Royalties								
16	Occupancy	478,533.	478,533.	-					
17	Travel	64,958.	64,958.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	31,300.	01/3001						
750700	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	232,601.	232,601.						
23	Insurance	32,593.	32,593.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).								
a	Postage and Shipping	1,152,745.	566,956.	14,772.	571,017.				
	Printing and Publications	738,601.	411,887.	8,111.	318,603.				
	CONTRACT SERVICES	540,988.	531,057.	75.	9,856.				
	LICENSING FEES	199,457.	199,457.						
	All other expenses	415,179.	314,782.	2,429.	97,968.				
	Total functional expenses. Add lines 1 through 24e	6,363,556.	4,798,774.	84,410.	1,480,372.				
25,043	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)	2,233,2330	-,,	52, 220.	_,,				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
·					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			888,017.	1	1,115,079.
	2	Savings and temporary cash investments	andra tata tan		20,500.	2	15,000.
	3	Pledges and grants receivable, net			¥/·	3	~
	4	Accounts receivable, net	*** *** *** ***		4		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ier officer, I contribut	director, or, or 35%	70.400		
					79,198.	5	
	6	Loans and other receivables from other disqualified processing 405.000 (1)				6	
	100	section 4958(f)(1)), and persons described in section				652	
	7	Notes and loans receivable, net		<u>L</u>		7	
ets	8	Inventories for sale or use			64,342. 30,455.	8	65,542. 35,017.
Assets	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges				
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1,173,246.			
	b	Less: accumulated depreciation		537,768.	838,796.	10c	635,478.
	11	Investments — publicly traded securities		595,171.	11	498,555.	
	12	Investments — other securities. See Part IV, line $11.$			12		
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		41,449.	15	42,849.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	CONTRACTOR PROCESSOR OF STREET	2,557,928.	16	2,407,520.
	17	Accounts payable and accrued expenses	443,307.	17	705,574.		
	18	Grants payable		-OHRE MINER MINO-OHRE MINER MINO-O	**	18	
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities		STORIC HOUR ARROSPEN HOUR ARROSP		20	
es	21	Escrow or custodial account liability. Complete Part I		MANAGEMENT AND SERVICE SERVICES AND SERVICES		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	%		22	
	23	Secured mortgages and notes payable to unrelated th		L	336,869.	23	226,293.
	24	Unsecured notes and loans payable to unrelated third		O THE REAL MEDICAL SERVER ASSOCIATION OF	000,000.	24	220,2501
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		SECURIT TOTAL PROPERTY OF THE PROPERTY OF	107,189.	25	86,179.
	26	Total liabilities. Add lines 17 through 25		******	887,365.	26	1,018,046.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► X				
31	27	Net assets without donor restrictions			1,650,063.	27	1,368,974.
Ва	28	Net assets with donor restrictions		**** 633 FEEEE 633 FEEE	20,500.	28	20,500.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					,
ō	29	Capital stock or trust principal, or current funds				29	
its	30	Paid-in or capital surplus, or land, building, or equipm				30	
556	31	Retained earnings, endowment, accumulated income,				31	
t A	32	Total net assets or fund balances			1,670,563.	32	1,389,474.
Ne	33	Total liabilities and net assets/fund balances		L	2,557,928.	33	2,407,520.
	55.75				1,001,000	1736	2, 10, 7020.

Pai	rt XI Reconciliation of Net Assets						
30	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	6,0	04,7	758.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,3	63,5	556.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	58,7	798.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	70,5	563.		
5	Net unrealized gains (losses) on investments	5		77,7			
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 on Schedule O)	9		0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 2	00 /	174		
Dat	rt XII Financial Statements and Reporting	10	1,3	89,4	1/4.		
rai					-		
	Check if Schedule O contains a response or note to any line in this Part XII	est era re	3033 CH3 1003				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u>_</u> e				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a					
-	b Were the organization's financial statements audited by an independent accountant?	LOGIC STATE SHE	2 b	Х	1		
36	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa						
	basis, consolidated basis, or both:						
	∑ Separate basis						
¢	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 с	Х	,		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. See Schedule O						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b				
BAA	TEEA0112L 01/21/20		Form	990	(2019)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

PAW	SI	FOR PURPLE HEARTS									
Par		Reason for Public Cha		9			,	See instruc	tions.		
The c	rga	nization is not a private found	lation because it is: (l	For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 170(b)(1)(A)(i	i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	П	A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in <mark>sec</mark>	tion 170	(b)(1)(A)(iii). E	nter the h	ospital's	
		name, city, and state:									
5	7	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	Ц	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from	the general pul	olic describ	ed	
8		A community trust described	in section 170(b)(1)(A)(vi) . (Complete Part I	1.)						
9		An agricultural research organi or university or a non-land-grauuniversity:						1.55			
10	X		exempt functions—sub lated business taxable	oject to certain exception e income (less section	ns, and	(2) no r	nore tha	n 33-1/3% of i	ts support	from gross	
11	П	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).			
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting organization organization (s) the power to recomplete Part IV. Sections A	on operated, supervised gularly appoint or elect	d, or controlled by its sup	ported c	rganizati	on(s), ty	pically by giving	the suppo on. You m u	rted I st	
b	1 P	Type II. A supporting organiz management of the supporting must complete Part IV, Section 19 Part IV, Sect	zation supervised or c organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed orgai the supp	nization(s), by ported organizat	having cor ion(s). You	ntrol or	
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, a	nd functio	nally inte	egrated with, its	supported		
d		Type III non-functionally integrated. The of	rated. A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported t and an	l organization(s attentiveness) that is not requireme	nt (see	
e		instructions). You must com Check this box if the organiz	ation received a writte	en determination from t	he IRS	that it is	а Туре	I, Type II, Typ	e III functi	onally	
	En	integrated, or Type III non-futer the number of supported							Г	31-41	
		ovide the following informatio									
		me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning		ount of monetary (see instructions)		nount of other see instructions)	
					docur	nent?					
					Yes	No					
(A)											
Α)								×			
(B)					-	2					
(C)											
(D)											
(E)								Ÿ			
<u>-/</u>							- -				

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	structions)	ONT AND THEORY AND THE		12	
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage	200			-
	Public support percentage for 20						<u>%</u> %
	Public support percentage from					OURS RESERVE ACTION CONTEST.	
	33-1/3% support test—2019. If t and stop here. The organization	qualifies as a pul	olicly supported o	rganization			<u>- </u>
b	33-1/3% support test—2018. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	i, and line 15 is 33	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstance	s' test. check this	box and stop her	e. Explain in Part	:VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstance	s' test check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🟲 🔲

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.)

Sac	tion A. Public Support	ests listed below,	please complete	i ait ii.)			
	DOSESSANDOS NO DE SENSONO DE CARROLA DE CARROLA SE SENSONO DE LA SENSONO DE CARROLA DE CARROLA DE CARROLA DE C	(-) 201E	(L) 2016	(c) 2017	(4) 2010	(-) 0010	(0 T-1-1
	lar year (or fiscal year beginning in) ► Gifts, grants, contributions,	(a) 2015	(b) 2016	(C) 2017	(d) 2018	(e) 2019	(f) Total
•	and membership fees received. (Do not include any 'unusual grants.')	3,598,111.	3,650,223.	5,580,753.	5,180,680.	5,999,201.	24,008,968.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	3,598,111.	3,650,223.	5,580,753.	200	5,999,201.	24,008,968.
b	disqualified persons	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
0.00	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	EP IND ACCORDING COM DECIC
Sec	tion B. Total Support						24,008,968.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	3,598,111.	3,650,223.	5,580,753.	38.302.00.00.00.00.00.00	5,999,201.	24,008,968.
V/-54	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	3,390,111.	3,030,223.	2,816.	8,200.	4,403.	15,419.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			·	·	•	0.
2000 M	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	0.	0.	2,816.	8,200.	4,403.	15,419.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				1,518.	1,154.	2,672.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,598,111.	3,650,223.	5,583,569.	5,190,398.	6,004,758.	24,027,059.
-	First five years. If the Form 990 organization, check this box and	stop here					
and the second second	tion C. Computation of Pu	SUBMITTED AND CONTRACTOR OF THE PRODUCTION AND CONTRACTOR OF THE C	PRODUCTION OF THE PROPERTY OF				
	Public support percentage for 20					The second control of	99.92 %
	Public support percentage from				**** *** ***** *** ***	16	99.94 %
	tion D. Computation of Inv		1981				
17	Investment income percentage f	or 2019 (line 10c,	column (f), divide	ed by line 13, colu	umn (f))		0.06 %
	Investment income percentage f		Mari Proposition and Automotion Constitution Constitution				0.06 %
19a	33-1/3% support tests—2019. If is not more than 33-1/3%, check	the organization d this box and sto p	lid not check the l p here. The orgar	oox on line 14, an ization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, an orted organizatior	nd line 17
	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3% Private foundation. If the organic	, check this box a	and stop here . Th	e organization qu	alifies as a public	ly supported orga	-1/3%, and nization ►
	The state of the s						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	to the second of the desired and the desired and the second and th	Į.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
2-	Did the organization have a supported organization described in section 501(a)(A) (E) or (6)2 If 'Vec' anguer (b)	· ·		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
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)? If 'Yes,' answer 10b below.	10a		
ns.		100		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

_		i a la l						
Pa	rt IV	Supporting Organizations (continued)	15	v.	B. D. S.			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No			
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
		rning body of a supported organization?	11a					
	b A fan	nily member of a person described in (a) above?	11b		1			
, 8	c A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c					
Se	ction	B. Type I Supporting Organizations						
-				Yes	No			
1		ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint sect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No.' describe in</i>						
	Part '	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.						
		organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,						
	appli	ied to such powers during the tax year.	1					
2		he 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							
	55.05	orting organization.	2					
Se	ction	C. Type II Supporting Organizations	-1					
				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 ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the						
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
Se	ction	D. All Type III Supporting Organizations						
0		21 11 2 2		Yes	No			
1	Did ti ordai	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax						
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1					
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?	ı.					
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s</i>).						
2	D							
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at						
		mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3					
Sec		E. Type III Functionally Integrated Supporting Organizations	•					
<u> </u>	CHOIL	E. Type in Functionally integrated Supporting Organizations						
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
	a ∐ T	The organization satisfied the Activities Test. Complete line 2 below.						
	ь 🗌 т	The organization is the parent of each of its supported organizations. Complete line 3 below.						
	с∏т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).				
		100 MACA 865 200 MACA 100 MACA	9	970				
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No			
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the						
	suppo orgai	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was						
	respo	onsive to those supported organizations, and how the organization determined that these activities constituted	2a					
	SUDS	tantially all of its activities.	Za					
		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for						
	the o	organization's position that its supported organization(s) would have engaged in these activities but for the	01					
	orgai	nization's involvement.	2b					
3	Parei	nt of Supported Organizations. Answer (a) and (b) below.						
	a Did tl	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of						
	each	of the supported organizations? Provide details in Part VI.	3a					
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	21					
	supp	orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b					

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying triinstructions. All other Type III non-functionally integrated supporting organizat	ust on No ions must	v. 20, 1970 (explain i t complete Sections A	n Part VI). See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in (see instructions).	ntegrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	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 purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
PAA		Schodulo A /Fo	m 000 or 000-E7) 2010

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Schedule A (Form 990 or 990-EZ) 2019

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

Part III, Line 12 - Other Income

Nature and Source		2019	2018		 2017		2016		2015
Tota	\$ 1 \$	1,154. 1,154.	\$ \$	1,518. 1,518.	\$ 0.	\$	0.	\$	0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection
Employer identification number

	PAWS FOR PURPLE HEARTS					
Par	rt I Organizations Maintaining Donor	Advised Funds or Other S	Similar Funds or	Accounts.		
9	Complete if the organization answ	ACTION PROCESSION OF EXTENSIONS OF EXTENSION PROCESSION VARIABLES AND CO.	PERSONAL BELLEVIEW AND ALTERNATION OF THE PERSON.			
-		(a) Donor advised fund	ds ((b) Funds and of	ther accou	nts
1	Total number at end of year		4 10			
2	ACADA NACIO A SELECTIVA SA A LA TRACCIO DE SA CASA SE A					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dono are the organization's property, subject to the o	or advisors in writing that the ass rganization's exclusive legal con	ets held in donor adv trol?	sed funds	Yes	☐ No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	of the donor or donor advisor, or	for any other purpose	conferring	Yes	□No
Par	rt II Conservation Easements.	II OARDENERSAA MOODE AASTERSKERDA MOODE AASTERSKERDA MOODE AASTERSKERDA M	AND THE PROPERTY AND TH	**************************************	100000000	- Daniel
ı aı	Complete if the organization answ	ered 'Yes' on Form 990. P	art IV. line 7.			
1						
	Preservation of land for public use (for example	e, recreation or education)	Preservation of a I	nistorically impo	rtant land	area
	Protection of natural habitat		Preservation of a	ertified historic	structure	
	Preservation of open space	,	 ,			
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribu	ition in the form of a co	nservation easem	nent on the	
				Held at the E	nd of the	Tax Year
	a Total number of conservation easements		Month Michigania (Month Michigania)	ſ		
	${f b}$ Total acreage restricted by conservation easem			ı		
C	c Number of conservation easements on a certific	ed historic structure included in ([a) 2 c	:		
	d Number of conservation easements included in structure listed in the National Register		2 d	2		
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished, or te	erminated by the organi	zation during the		
4	Number of states where property subject to conserv	vation easement is located ►				
5		arding the periodic monitoring, ir	nspection, handling of	violations,		—.
8	and enforcement of the conservation easement				Yes	∐ No
	.		1670		5 453	r
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enf	forcing conservation ea	sements during th	ne year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requir	rements of section 170)(h)(4)(B)(i)	Yes	☐ No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in its the organization's financial state	s revenue and expens ements that describes	e statement and the organizatio	d balance n's accour	sheet, and nting for
Par	rt III Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Tre vered 'Yes' on Form 990, P	easures, or Other art IV, line 8.	Similar Asse	ets.	
1 a	a If the organization elected, as permitted under f historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	for public exhibition, education,	or research in further	and balance sh ance of public s	eet works service, pro	of art, ovide in
k	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or res	earch in furtherance of	public service, pr	works of a rovide the	rt,
	(i) Revenue included on Form 990, Part VIII, li					
	(ii) Assets included in Form 990, Part X			55		
	If the organization received or held works of art, his amounts required to be reported under FASB A	SC 958 relating to these items:			wing	
	a Revenue included on Form 990, Part VIII, line 1					
b	b Assets included in Form 990, Part X	a recorra dos recosta dos recorra dos recorra d				

Part III Organizations Maintaining	g Collections	of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition, accelerate items (check all that apply):	ession, and other	records, check a	ny of the following that ma	ake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future generations	3		_			
4 Provide a description of the organization' Part XIII.	s collections and	explain how they	/ further the organization's	exempt purpose in		
5 During the year, did the organization s to be sold to raise funds rather than to	be maintained	as part of the o	organization's collection?		Yes	No
Part IV Escrow and Custodial Arr	angements. unt on Form	Complete if t 990, Part X,	the organization ans line 21.	swered 'Yes' on Fo	rm 990, Par 	t IV,
1a Is the organization an agent, trustee, on Form 990, Part X?				r assets not included	Yes	No
b If 'Yes,' explain the arrangement in Pa	art XIII and com	plete the followi	ng table:		nanconico con con con con con con con con con c	
					Amount	
c Beginning balance						
d Additions during the year				1d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an amoun				and the state of t		No
b If 'Yes,' explain the arrangement in Pa	art XIII. Check h	ere if the explar	nation has been provided	d on Part XIII		
Part V Endowment Funds. Comp	lete if the org	ganization ar	iswered 'Yes' on Fo	rm 990, Part IV, Iir	<u>າe 10.</u>	
(8	a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities					T .	
and programs						
f Administrative expenses						
g End of year balance				5	E	
2 Provide the estimated percentage of the	ne current year	end balance (lir	ne 1g, column (a)) held a	as:		
a Board designated or quasi-endowment ▶		8				
b Permanent endowment	8					
c Term endowment ►	%					
The percentages on lines 2a, 2b, and 2c	- should equal 100	0%.				
3 a Are there endowment funds not in the po	cacacion of the o	raonization that a	ara bald and administorad	for the		
organization by:	ssession or the c	rganization that a	are neru anu auministereu	TOT THE	Yes	No
(i) Unrelated organizations		esis success esis succes			. 3a(i)	100
(ii) Related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the related o	rganizations list	ed as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses	of the organiza	ation's endowme	ent funds.		ren (v. 50-7)	
Part VI Land, Buildings, and Equi		A CONTRACTOR OF THE PROPERTY O	The state of the s			
Complete if the organization		'Yes' on Form	m 990 Part IV line	11a See Form 99	0 Part X lir	ne 10
Cit description of a section thinks the second of the Assessment Control of the section of the s	STATE AND STREET, STATE OF THE	ACCOUNTS OF THE PARTY OF THE ACCOUNTS AND AC	The state of the section of the sect	The first of the second	The state of the same	entering and the
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	aiue
1 a Land		, commenty	basis (other)	acpreciation		<u> </u>
b Buildings	NE MERCANER					
c Leasehold improvements			746 250	205 005	440	171
d Equipment		3	746,359.	305,885.		<u>,474.</u>
		3	426,887.	231,883.	195,	,004.
e Other		000 B4 V				450
Total. Add lines 1a through 1e. (Column (d)	must equal For	m 990, Part X, (coiumn (B), line 10c.)		635	,478.

BAA Schedule D (Form 990) 2019

Investments - Other Securities. Complete if the organization answered	l'Yes' on Form 99(N/A N Part IV line 11h See Form 9	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-	
(1) Financial derivatives	(B) BOOK VALUE	(C) Mounds of Builducion, obstar of the	or your market ballic
(2) Closely held equity interests			
(3) Other			
(A)			
<u>, , , , , , , , , , , , , , , , , , , </u>			
<u>, , , , , , , , , , , , , , , , , , , </u>			
(D)			
 (E)			
 (F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments – Program Related.	IN/ I = 00	N/A	200 D LV II 10
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	"		
(6)			
(7)			
(8)			
y) x 100 100 100 100 100 100 100 100 100 1			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/A		
Complete if the organization answered	A STATE OF THE STA	0, Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1)			
(3)			
(4)			
(5)			<u> </u>
(6)	-		
(7)			
(8)			
(9)			
(10)	Entra Novo Son Son Son Son	-	
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)	······································	1
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 1	10 or 11f See Form 990 Part Y line 25	
	iption of liability	Te of Th. See Form 530, Fart A, Time 23	(b) Book value
(1) Federal income taxes	ipaon of hability		(b) Dook value
(2) DEFERRED RENT			86,179.
(3)			,-,-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			1
(11)			00 170
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			00,175.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		manciai statements that reports the organization's	ilability for uncertain

Part XIII Supplemental Information.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	6,082,467.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	51	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	77,709.
3 Subtract line 2e from line 1.	3	6,004,758.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	6,004,758.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	6,363,556.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	<u> </u>
3 Subtract line 2e from line 1.	3	6,363,556.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4c	6 262 556
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 2 1	6.363.556.

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.

BAA Schedule D (Form 990) 2019

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► 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 instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization PAWS FOR PURPLE HEARTS

Employer identification number

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contribu	termin	iing mounts
1	Art — Works of art							
2	Art — Historical treasures		i.	7				
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded			13,403.				
10	Securities — Closely held stock							
11	$\label{eq:Securities} \textbf{Securities} - \textbf{Partnership}, \textbf{LLC}, \textbf{or} \textbf{trust} \textbf{interests}.$			2				
12	Securities — Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	$\label{eq:Qualified conservation contribution - Other.} Qualified conservation contribution - Other.$							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory			3				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► (Noncash contrib)			20,899.				
26	Other► ()							
27	Other► ()							
28	Other► ()							
29	Number of Forms & Raceived by the organization organization completed Form 8283, Part IV, Done				29			
					i.	1 1	Yes	No
302	During the year, did the organization receive by contr	ibution any nr	operty reported in Part I	Lines 1 through 28 that				
Jua	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period	?	C13 KERSA C13 KESAL C13 KA			30 a		X
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						8	X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a						Х	
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in coludescribe in Part II.	ımn (c) for a	type of property for w	hich column (a) is chec	ked,			
RΛΛ	For Panerwork Reduction Act Notice see the Ins	tructions fo	r Form 990		Schodu	le M (Fo	um 99	0) 2019

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.

BAA TEEA4602L 8/5/19 Schedule M (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

PAWS FOR PURPLE HEARTS

Employer identification number

Form 990 - Explanation of Amended Return

WE ARE SUBMITTING A SECOND AMENDMENT TO THE ORIGINALLY FILED RETURN TO INCLUDE TWO HIGHLY COMPENSATED EMPLOYEES AND REMOVE A KEY EMPLOYEE THAT WAS PREVIOUSLY LISTED ON FORM 990.

Form 990, Part III, Line 1 - Organization Mission

TO OFFER THERAPEUTIC INTERVENTION FOR VETERANS AND ACTIVE-DUTY PERSONNEL BY TEACHING THOSE WITH PTSD TO TRAIN SERVICE DOGS FOR THEIR COMRADES WITH COMBAT-RELATED DISABILITIES. IT IS BUILT UPON THE TRUST AND TIME HONORED TRADITION OF VETERANS HELPING VETERANS.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 was provided to board members prior to filing.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program Services	Management & General	Fund- raising
		TULAI	Services	<u>α General</u>	TalSing
PROFESSIONAL SERVICES	un mi M imm	751,022.	393,867.	9,006.	348,149.
	Total	\$ 751,022.	\$ 393,867.	\$ 9,006.	\$ 348,149.

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

The Audit Committee review the financial statements prior to issuance.

4660 LA JOLLA VILLAGE DR STE 825 SAN DIEGO, CA 92122 (858) 546-1505

PAWS FOR PURPLE HEARTS 10201 Old Redwood Hwy Penngrove, CA 94951 707-238-5110

FEDERAL FORMS

Form 990 2019 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule B Schedule of Contributors

Schedule D Schedule D Schedule J Schedule J

Schedule M Non-Cash Contributions
Schedule O Supplemental Information
Form 8868 Application for Extension

Depreciation Schedules

Form 8879-EO IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199 2019 California Exempt Organization Return

Schedule B Schedule of Contributors

Form 3885 (199) Depreciation and Amortization - Corp.

Form 8453-EO California e-file Return Authorization for Exempt

Form RRF-1 2020 Registration/Renewal Fee Report California Depreciation Schedules

FEE SUMMARY

Preparation Fee

2019	Federal Exempt Organization Tax Summary	Page 1
	PAWS FOR PURPLE HEARTS	

REVENUE	2019	2018	Diff
Contributions and grants. Program service revenue. Investment income. Other revenue.	5,999,201	5,180,680	818,521
	0	4,600	-4,600
	4,403	8,200	-3,797
	1,154	1,518	-364
Total revenue	6,004,758	5,194,998	809,760
EXPENSES Salaries, other compen., emp. benefits Other expenses	1,635,168	1,263,272	371,896
	4,728,388	4,332,924	395,464
Total expenses	6,363,556	5,596,196	767,360
NET ASSETS OR FUND BALANCES Revenue less expenses. Total assets at end of year. Total liabilities at end of year. Net assets/fund balances at end of year.	-358,798	-401,198	42,400
	2,407,520	2,557,928	-150,408
	1,018,046	887,365	130,681
	1,389,474	1,670,563	-281,089

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California 199 Tax Summary

Page 1

REVENUE	2019	2018	Diff
Gross receipts less returns/allowance Interest Dividends. Other income Gross contributions, gifts, & grants	1,154 104 4,299 0 5,999,201	1,518 5,692 2,508 4,600 5,180,680	-364 -5,588 1,791 -4,600 818,521
Total income	6,004,758	5,194,998	809,760
EXPENSES AND DISBURSEMENTS Other salaries and wages Rents Depreciation and depletion Other deductions Total deductions	1,635,168 478,533 232,601 4,017,254 6,363,556	1,263,272 449,293 206,204 3,677,427 5,596,196	371,896 29,240 26,397 339,827
Excess of receipts over disbursements	-358,798	-401,198	42,400
FILING FEE Filing fee Balance due	0	0 0	0

PAWS FOR PURPLE HEARTS

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch J, Sch M, Sch O, 8868 California: 199, Sch B, 3885, 8453-EO, e-file Instructions, RRF-1

Carryovers to 2020

None

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Federal Worksheets

Page 1

PAWS FOR PURPLE HEARTS

Form 990, Part III, Line 4e Program Services Totals

	Program Services Total	Form 990	Source
Total Expenses	4,798,774.	0.	Part IX, Line 25, Col. B
Grants	0.		Part IX, Lines 1-3, Col. B
Revenue	0.		Part VIII, Line 2, Col. A

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B) Program	(C) Management	(D)
	_	Total	Services	& General	<u>Fundraising</u>
BANK SERVICE CHARGES		68,408.	45,790.	570.	22,048.
DOG SUPPLIES EQUIPMENT AND FURNITURE		139,723. 22,786.	139,723. 22,408.		378.
MAILING LISTS SUPPLIES		157,177. 19,914.	83,433. 19,852.	1,859.	71,885. 62.
TAXES AND LICENSES	m-+-1 7	7,171.	3,576.	*************************************	3,595.
	Total	415,179.	\$ 314,782.	<u>\$ 2,429.</u>	<u>\$ 97,968.</u>

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	/	/31	71	•

2019 Federal Book Depreciation Schedule

Page 1

No. Description	Date Acquired	Date Cost/ Sold Basis	Cur Bus. 179 <u>Pct. Bonus</u>	Special Depr. Allow	179/ Bonus/ Sp. Depr	Prior Dec. Bal. <u>Depr.</u>	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	_Life	Current Rate Depr
Form 990/990-PF												- 1200
Auto / Transport Equipment												
4 FORD CARGO VAN	— 10/31/15	23,408						23,408	15,216	S/L	5	4,6
5 SUBARU OUTBACK	12/31/15	30,311						30,311	18,691	S/L	5	6,0
14 FORD VAN	3/22/17	56,269						56, 269	20,632	S/L	5	11,2
15 FORD VAN	3/22/17	54,946						54,946	20, 147	S/L	5	10,9
16 FORD VAN	9/01/17	56,735						56,735	15, 129	S/L	5	11,3
17 FORD VAN	9/01/17	53,897	· ·					53,897	14,372	S/L	5	10,7
Total Auto / Transport Equipme	nt	275,566		0 0	0	0	0	275,566	104, 187			55,
Improvements												
23 IMPROVEMENTS - MATTERN	3/22/17	14,138						14,138	5,184	S/L	5	2,
	5/03/17	17,357						17,357	5,785	S/L	5	3,4
24 IMPROVEMENTS - MATTERN								,				
PARTY ROLL OF THE PROPERTY CONTROL OF THE STATE OF THE ST	5/25/17							12.493	4.165	S/L	5	2.4
25 IMPROVEMENTS - MATTERN	5/25/17 6/06/17	12,493						12,493 42,573	4,165 13,482	S/L S/L	5 5	2,4 8.1
25 IMPROVEMENTS - MATTERN 26 IMPROVEMENTS - MATTERN	6/06/17	12,493 42,573						42,573	13,482	S/L	5	8,5
25 IMPROVEMENTS - MATTERN 26 IMPROVEMENTS - MATTERN 27 IMPROVEMENTS - MATTERN	6/06/17 7/27/17	12,493 42,573 45,296						42,573 45,296	13,482 13,589			8,! 9,(
25 IMPROVEMENTS - MATTERN 26 IMPROVEMENTS - MATTERN 27 IMPROVEMENTS - MATTERN 28 IMPROVEMENTS - MATTERN	6/06/17 7/27/17 9/21/17	12,493 42,573 45,296 145,252						42,573 45,296 145,252	13,482 13,589 38,733	S/L S/L	5 5	8, 9, 29,
 25 IMPROVEMENTS - MATTERN 26 IMPROVEMENTS - MATTERN 27 IMPROVEMENTS - MATTERN 	6/06/17 7/27/17 9/21/17 9/28/17	12,493 42,573 45,296 145,252 12,873						42,573 45,296 145,252 12,873	13,482 13,589 38,733 3,004	S/L S/L S/L	5 5 5	8,5
25 IMPROVEMENTS - MATTERN 26 IMPROVEMENTS - MATTERN 27 IMPROVEMENTS - MATTERN 28 IMPROVEMENTS - MATTERN 29 IMPROVEMENTS - JACOR CONS	6/06/17 7/27/17 9/21/17 9/28/17 11/13/17	12,493 42,573 45,296 145,252						42,573 45,296 145,252	13,482 13,589 38,733	S/L S/L S/L S/L	5 5 5 5	8, 9, 29, 2,

2019 Federal Book Depreciation Schedule

Page 2

_No	Description	Date Acguired	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr	Method	l ife	Rate	Current Depr
10	·	0.00 1.00		ien.	_ Donus_		_ ор. исрг.		KCOUCUL			S/L	0	<u>nau</u> .	1.0
45	1 IMAC	4/30/15								1,485	1,114				297
	2 MACBOOKS	6/30/15	4,932							4,932	3,533	S/L	5		986
	1 MACBOOK	8/30/15	2,430							2,430	1,661	S/L			486
6		2/29/16	3,961							3,961	2,310	S/L			792
	7 MACBOOKS	5/31/16	16,530							16,530	8,817	S/L			3,306
8	AGILITY EQUIPMENT	2/29/16	3,496							3,496	1,981	S/L	5		699
9	1 MACBOOK	9/30/16	2,371							2,371	1,106	S/L	5		474
10	FLOORING	10/31/16	5,539							5,539	2,493	S/L	5		1,108
11	FENCING	10/31/16	4,285							4,285	1,928	S/L	5		857
12	SECURITY CAMERA SYSTEM	11/30/16	7,925							7,925	3,434	S/L	5		1,585
13	FENCING	11/30/16	11,890							11,890	5, 152	S/L	5		2,378
18	1 MACBOOK	2/28/17	2,359							2,359	904	S/L	5		472
19	1 MACBOOK	5/31/17	1,499							1,499	500	S/L	5		300
20	SECURITY SYSTEM	11/15/17	4,272							4,272	996	S/L	5		854
21	1 MACBOOK	10/30/17	2,058							2,058	515	S/L	5		412
22	1 MACBOOK	10/30/17	2,058							2,058	515	S/L	5		412
	Total Machinery and Equipment		77,090		0	0	0) 0	0	77,090	36,959			,	15,418
	Total Depreciation		708,208		0	0	0	0	0	708,208	240,388			0	141,642
	Grand Total Depreciation		708,208	Ė	0	0	0	0	0	708,208	240,388			9	141,642

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2019 California Book Depreciation Schedule

Page 1

No	Description	Date Acquired	Date Cost/ Sold Basis	/ Bu s <u>P</u> c	Cur ıs. 179 ct. <u>Bonus</u>	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. <u>Depr.</u>	Salvage /Basis <u>Reductn</u>	Depr. Basis	Prior Depr	Method	_Life	Current Rate Depr
orm 199														
Auto / Tra	ansport Equipment													
4 FORD	CARGO VAN	10/31/15	2	3,408						23,408	15,216	S/L	5	4,
5 SUBAF	RU OUTBACK	12/31/15	3	0,311						30,311	18,691	S/L	5	6,
14 FORD	VAN	3/22/17	5	6, 269						56,269	20,632	S/L	5	11,
15 FORD	VAN	3/22/17	5	4,946						54,946	20, 147	S/L	5	10,
16 FORD	VAN	9/01/17	5	6, 735						56,735	15, 129	S/L	5	11,
17 FORD	VAN	9/01/17	5	3,897						53,897	14,372	S/L	5	10,
Total A	Auto / Transport Equipment		27	5, 566	0	0	0	0	0	275,566	104, 187			55,
Improvem	ents													
23 IMPRO	 OVEMENTS - MATTERN	3/22/17	ાં	4,138						14,138	5,184	S/L	5	2,
	OVEMENTS - MATTERN	5/03/17		7,357						17,357	5,785	S/L	5	3,
	OVEMENTS - MATTERN	5/25/17		2,493						12,493	4, 165	S/L	5	2,
25 IMPRO	VEMENTS - MATTERN	6 / 6 6 / 4 7		\$25 							13,482	S/L	5	8,
	AFTAIRIE A LO - TAIMELLE KILL	6/06/1/	4.	2,5/3						42,373	13,402	3/L		
26 IMPRO	OVEMENTS - MATTERN	6/06/17 7/27/17		2,573 5,296						42,573 45,296	13,482	3/L S/L	5	9,
26 IMPRO 27 IMPRO			4.										2750	
26 IMPRO 27 IMPRO 28 IMPRO	OVEMENTS - MATTERN	7/27/17	4. 14.	5, 296						45, 296	13,589	S/L	5	9,
26 IMPRO 27 IMPRO 28 IMPRO 29 IMPRO	OVEMENTS - MATTERN OVEMENTS - MATTERN	7/27/17 9/21/17	4. 14. 1.	5, 296 5, 252						45,296 145,252	13,589 38,733	S/L S/L	5	9, 29,
26 IMPRO 27 IMPRO 28 IMPRO 29 IMPRO 30 IMPRO	OVEMENTS - MATTERN OVEMENTS - MATTERN OVEMENTS - JACOR CONS	7/27/17 9/21/17 9/28/17	4. 14. 1. 2.	5, 296 5, 252 2, 873						45,296 145,252 12,873	13,589 38,733 3,004	S/L S/L S/L	5 5 5	9, 29, 2,

2019 California Book Depreciation Schedule

Page 2

PAWS FOR PURPLE HEARTS

_No	Description	Date Acquired	Date Cost/ Sold Basis	Bus Pct		Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. <u>Depr.</u>	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	<u> Method</u>	<u>Life</u>	Rate	Current Depr
1	1 IMAC	4/30/15	1	185						1,485	1,114	S/L	5		297
2	2 MACBOOKS	6/30/15	4	932						4,932	3,533	S/L	5		986
3	1 MACBOOK	8/30/15	2,	130						2,430	1,661	S/L	5		486
6	1 IMAC	2/29/16	3,	961						3,961	2,310	S/L	5		792
7	7 MACBOOKS	5/31/16	16	530						16,530	8,817	S/L	5		3,306
8	AGILITY EQUIPMENT	2/29/16	3,	196						3,496	1,981	S/L	5		699
9	1 MACBOOK	9/30/16	2	371						2,371	1,106	S/L	5		474
10	FLOORING	10/31/16	5	539						5,539	2,493	S/L	5		1,108
11	FENCING	10/31/16	4	285						4,285	1,928	S/L	5		857
12	SECURITY CAMERA SYSTEM	11/30/16	7	925						7,925	3,434	S/L	5		1,585
13	FENCING	11/30/16	11	390						11,890	5,152	S/L	5		2,378
18	1 MACBOOK	2/28/17	2	359						2,359	904	S/L	5		472
19	1 MACBOOK	5/31/17	1.	199						1,499	500	S/L	5		300
20	SECURITY SYSTEM	11/15/17	4	272						4,272	996	S/L	5		854
21	1 MACBOOK	10/30/17	2	058						2,058	515	S/L	5		412
22	1 MACBOOK	10/30/17	2	058			·		-	2,058	515	S/L	5	9=	412
	Total Machinery and Equipment		77,	090	0	ĵ	0	0 0	0	77,090	36,959				15,418
	Total Depreciation		708	208	0		0	0 0	0	708,208	240,388			i.	141,642
	Grand Total Depreciation		708	208	0		0	0 0	0	708,208	240,388			§.	141,642

FORM

2019 California Exempt Organization Annual Information Return

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1	00	
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Calendar Ye	ar 201	9 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)			
Corporation/Org	ganizatio	on name		California corporation nu	mber
PAWS FO	DR PU	URPLE HEARTS		3393895	
		See instructions.	F	FEIN	
Street address	/cuito or	r room)	F	PMB no.	
		REDWOOD HWY			
City		State		Zip code	
PENNGRO		CA Foreign province/state/county		94951 Foreign postal code	
Foreign country	/ name	Poreign province/state/county		-oreign postar code	
		Yes X No J If exempt under R&TC Section 23701d, has the			
		organization engaged in political activities?			
				• Yes	X No
D Final Info		- I K Is the organization exempt under R&IC Section	n 2370	1g? ● Yes	X No
	ssolved	If Yes, enter the gross receipts from	ç	\$	
E Check acc	countina	dd/yyyy) ● nonmember sources		r	
	Cash	2 X Accrual 3 Other R&TC Section 23701d and meets the filing fee			
F Federal re	eturn file	ed? 1 • 990T 2 • 990-PF 3 • Sch H (990) exception, check box. No filing fee is required.			
4 Oth	er 990 s	series M Is the organization a Limited Liability Company	√?	• Yes	X No
G Is this a g	group fili	ling? See instructions Yes X No No Did the organization file Form 100 or Form 100 taxable income?	to rep	port Yes	X No
H Is this org	ganizatio what is tl	on in a group exemption Yes X No O Is the organization under audit by the IRS or hat the parent's name?	as the	IRS Yes	X No
11 100, 11	***************************************	P Is federal Form 1023/1024 pending?		<u></u>	No
Did the or	rnanizati	tion have any changes to its quidelines Date filed with IRS			
not report	ted to th	he FTB? See instructions			
Part I		olete Part I unless not required to file this form. See General Information B and C.			
		Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5	,557.
		Gross dues and assessments from members and affiliates	2		
Receipts and		Gross contributions, gifts, grants, and similar amounts receivedSEE.SCHB	3	5,999	<u>,</u> 201.
Revenues	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	T 6 004	7.5.0
		This line must be completed. If the result is less than \$50,000, see General Information B.	4	6,004	, /58.
	5	Cost of goods sold			
		Cost or other basis, and sales expenses of assets sold 6	7	A STATE OF THE PARTY OF THE	
		Total costs. Add line 5 and line 6		6,004	758
	8	Total gross income. Subtract line 7 from line 4.	9	6,363	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	10		,798.
		Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	11	- 330	, 130.
	11	Total payments Use tax. See General Information K	12		
	12	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		
		Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		
Filing			15		
Fee		Filing fee \$10 or \$25. See General Information F	16		
	ł	Penalties and Interest. See General Information J			
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	v knowledge and helief	0.
Sign	Under p	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	. COI HIS	/ Kilowieuge and belief,	10 13 11 110,
Here	1	ture L	- 1	• Telephone 707-238-511	
	of offic	CEO Date Check if		• PTIN	. 0
	Prepar	rer's HOLLAND OPA INC. 30 September >		P01411475	
Paid Preparer's	signatu	MEWORSKI & ASSOCIATES		 Firm's FEIN 	
Use Only	(or you	1660 LA JOLLA VILLAGE DR STE 825		33-0516783	
	self-em and ad	ilployed -		Telephone	
		9		(858) 546-1	505
	May	the FTB discuss this return with the preparer shown above? See instructions		• X Yes	No

PAWS FOR PURPLE HEARTS

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

70.		regai	rdless of amount of gross receipts	 complete Part II or furnis 	h substitute informatior	1.	A11	
		1	Gross sales or receipts from all	business activities. See	instructions		1	1,154.
		2	Interest	OUT 1000 FORESUT 1000 FORESUT 1000 FORE			2	104.
	0 84	3	Dividends				3	4,299.
Rece		4	Gross rents				4	
from Othe			Gross royalties			s accompanies and the accompanies of the appearance	5	7
Sour	ces	6	Gross amount received from sa				6	
		7	Other income. Attach schedule.	3.5			7	
		8	Total gross sales or receipts from other				8	E 557
		9	Contributions, gifts, grants, and similar	AND THE RESEARCH AND AND ADDRESS OF THE PROPERTY OF THE PROPER	For the first of the contract	AT ASSESSMENT CONTRACT PRODUCTS ASSESSMENT	9	5,557.
		550	Disbursements to or for member				2000	
		10	Compensation of officers, direct	:15	Solo adula S	SEE STMT 1	10	
		11					11	0.
Expe	nses	12	Other salaries and wages				12	1,635,168.
and	DOMESTIC CONTRACTOR	13	Interest				13	
Disbu		14	Taxes				14	
mem	3	15	Rents				15	478,533.
		16	Depreciation and depletion (Se				16	232,601.
		17	Other Expenses and Disbursen	nents. Attach schedule	SEE SI	ATEMENT 2 •	17	4,017,254.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter her	re and on Page 1, Part I, line	9	18	6,363,556.
Sch	edule	L	Balance Sheet	Beginning of	taxable year	End	of taxab	le year
Asse		537756	######################################	(a)	(b)	(c)		(d)
					908,517.		•	1,130,079.
2			receivable	A			•	
3	Net note	es rec	eivable		79,198.		•	
4	Inventor	ies			64,342.		•	65,542.
5	Federal	and s	tate government obligations		0.25		•	
6	Investm	ents i	n other bonds	8			•	
7	Investm	ents i	n stock		595,171.		•	498,555.
8	Mortgac	e loar	18	N.	*		•	
9			ients. Attach schedule				•	
10 a	Denreci	able a	ssets	1,143,963.		1,173,24	6.	
			ated depreciation		838,796.			635,478.
					555,7551		•	330,2131
			Attach schedule		71,904.		•	77,866.
					2,557,928.			2,407,520.
			et worth	*	2,337,320.			2,407,320.
				3	443,307.		•	705,574.
			able		445,507.		•	103,314.
972375397			gifts, or grants payable				•	
16			ites payable		226 060		•	006 000
17			yable		336,869.		<u> </u>	226,293.
18			es. Attach schedule		107,189.			86,179.
19			or principal fund		1,670,563.		•	1,389,474.
20			oital surplus. Attach reconciliation				-	
21			ings or income fund		0 557 000			0 407 500
22	175 115		es and net worth		2,557,928.			2,407,520.
Sch	edule	IVI-						
-	10°00 (N.E.)		Do not complete this schedule		TO SECURE AND ADDRESS OF THE CONTRACT OF THE C	The state with the second seco	1/200 - 2-3 - 1	
			er books	<u>-358,798.</u>		ı books this year not inclu		
	Federal		ne taxital losses over capital gains	_		ch schedule		
			ITAL INCORD OVER CANITAL MAINE	₩.A	8 Deductions in this	CONTROL DE CONTROL CONTROL DE LA CONTROL DE		
3	Excess				a majorak basala imanon			
3	Excess Income	not re	corded on books this year.		against book incom			
3 4	Excess Income Attach s	not re chedu	corded on books this year. Ile		Attach schedule			
3 4	Excess Income Attach s Expense	not re chedu s reco	corded on books this year. Ile		Attach schedule 9 Total. Add line 7 ar	nd line 8		
3 4 5	Excess Income Income Attach s Expense in this r	not re chedu s reco eturn.	corded on books this year. Ile		Attach schedule 9 Total. Add line 7 ar 10 Net income pe	nd line 8		-358,798.

Page 2 Form 199 2019 059 3652194 CACA1112L 12/13/19

2019 Corporation Depreciation and Amortization

3885

Attac	th to Form 100 or For	m 100W. FORM	1 199							_
Corpor	ation name	Medical Company (America)	25 10/04/2007/09/0					Califo	ornia corpora	ation number
PAV	S FOR PURPLE	HEARTS						339	3895	
Parl		cpense Certain Pro	perty Under IRC S	ection 1	79					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service						2	-
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in lin	nitation	** *** ****			3	\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less,	enter -0	and have belong	na unital sa	tereses were t		
5	Dollar limitation for t	taxable year. Subtra	act line 4 from line	1. If ze	ro or less, e	enter -0			5	
6	(a)	Description of property		(b) Co	ost (business i	use only)	(c) Elec	ted cost		
			, and the second se							

						2.0				
7	Listed property (elec	ted IRC Section 17	9 cost)			7				
8	Total elected cost of	FIRC Section 179 p	roperty. Add amou	ints in co	olumn (c), l	ine 6 and li	ine 7		8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8 .	and the	andre the total		and the same and	towns was t	9	
10	Carryover of disallov		A DECEMBER OF A DECEMBER OF THE PROPERTY OF TH							
11	Business income lim					VENEZANO			11	
12	IRC Section 179 exp						Automorae		12	
13	Carryover of disallov									
Par	50 50 50 50 50 50 50 50 50 50 50 50 50 5	nd Election of Additi	27 27		200	2	1 1000		2 2	T
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e)	(f) Life or		(g) iation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	Depreciation method	rate		year	vear
	64 NA 765	11.5.5.5.5			vable in				H	depreciation
1	IMAC	4/30/2015	1 /05	eariie	eryears	S/L	9	5	297	
_	IACBOOKS	6/30/2015	1,485.		1,114.	None Western		5	V2002XXX XX	
W 50 FFF			4,932.		3,533.	S/L			986	
	MACBOOK	8/30/2015	2,430.		1,661.	S/L		5	486	
	RD CARGO VAN	10/31/2015	23,408.		15,216.	S/L			4,682	
SUE	BARU OUTBACK	12/31/2015	30,311.	3.	18,691.	S/L	1 3	5	6,062	•
15	Add the amounts in \$2,000. See instruct							23	2,601	
Parl	•								•	
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	C as brown	(a) a a d (l		
	Depreciation (if no e									
17	Total depreciation of								EN159EN4 22 95	A 1.5
	Depreciation adjustr									
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and o	on Form 10	10 or		
	state adjustments of								18	
Parl		10 Section Control of the Control of								
19	(a)	(b)	(c)	Î	((d)	(e)	(f)	ĺ	(g)
	Description	Date acquire	d Cost o			ization	R&TC	Perio		Amortization
	of property	(mm/dd/yyyy) other bas	SIS	allowed or in earlie		Section (see instr	percen	tage	for this year
10			1	4	iii odiiiic	or yours	(SGG IIIGH)	,	4	
dio.			+							
)							+	+		
<u> </u>								+		
20	Total Add the auser	into in column (m)		9			1	1	20	
20	Total amortization of								21	
21	Total amortization c	AND THE PARTY OF T	10.4 (0. 30.10) A 40.10 (0. 10.10)						21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is gi line 6. If line 21 is	reater than line 20, less than line 20	, enter ti enter the	ne difference e difference	e here and here and o	on Form 1 on Form 10	00 or 10 or		
	Form 100W, Side 2,								22	

CALIFORNIA FORM

TAXABLE YEAR

2019 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	1 199										
Corpo	ration name								Califor	nia corp	oratio	n number	
PAV	NS FOR PURPLE	HEARTS							339	3895	Ü		
Par		cpense Certain Pro											
1	Maximum deduction									1		\$25,00	10
2	Total cost of IRC Se									2			
3	Threshold cost of IR									3		\$200,00	0
4	Reduction in limitation									5			
<u>5</u>	Dollar limitation for t		act line 4 from line							5			
0	(a)	Description of property		(B) C	ost (business	use only)	(C) E	ected o	COST				
6													
-													
	Listad musically (also	ted IDC Cention 17	(Ot)			7							
7 8	Listed property (electronal elected cost of		1026				no 7			8			
9	Tentative deduction.	Description was an expensive and a part of the Part of	AND THE PROPERTY OF THE PROPER						CHANGE INDUCED NO.	9			_
10	Carryover of disallow									10			_
11	Business income lim									11			_
12	IRC Section 179 exp				1020	22/0			1	12			_
13							- Charles						
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation	n Deduction	Under R&T	Section	2435	6		100		
14	(a)	(b)	(c)		(d)	(e)	(f)			j)	8	(h)	
	Description of property	Date acquired	Cost or other basis		eciation wed or	Depreciation method	Life o	r	Deprecia		or	Additional first	ĺ
	or property	(mm/dd/yyyy)	บและเ มสรเร		wed or vable in	III EUIOU	rate		this	year		year depreciation	
				earlie	er years								
1_	IMAC	2/29/2016	3,961.		2,310.	S/L	ļ	5		79	_		
PTC PSY	1ACBOOKS	5/31/2016	16,530.		8,817.	S/L		5		3,30			
X	LITY EQUIPME	2/29/2016	3,496.		1,981.	S/L		5		69			
1 N	1ACBOOK	9/30/2016	2,371.		1,106.	s/L		5		47	_		
FLO	OORING	10/31/2016	5,539.		2,493.	S/L		5		1,10	8.		
15	Add the amounts in \$2,000. See instruct							5					
Par	t III Summary		<i>*</i>							10%			
16	Total: If the corporat IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or	-			vicusia decis			
	Additional first year Depreciation (if no e										6		
17	Total depreciation cl	THEOREM TO ANY AND THE PROPERTY OF THE				ACCUMANT CONTRACTOR				2000000	7		_
	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	he differenc	e here and	on Form	100	or				_
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and o	n Form	100 o	r				
	state adjustments or									1	8		
Par													_
19	(a)	(b)	(c)			d)	(e)		(f)			(g)	
	Description of property	Date acquire (mm/dd/yyyy			Amort allowed or		R&TC Sectio		Period percent:			Amortization	
	or property	(пппаалуууу) Other ba	313	in earlie		(see ins		percent	age		for this year	
V			0			and the second second second	10 To A 36 TO			-			_
				*									_
													_
													_
4													_
20	Total. Add the amou	ints in column (a).								20			
21	Total amortization cl								arcase warm was	21			_
	Amortization adjustn	AND THE RESERVE AND THE PERSON OF THE PERSON							Action Section 197				_
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and o	n Form	100 o	r	_			
	Form 100W, Side 2,	line 12								22			

2019 Corporation Depreciation and Amortization

3885

		•	.								
	ch to Form 100 or For	m 100W. FORM	4 199								
Corpor	ration name							Calit	ornia co	prporation	on number
PAV	NS FOR PURPLE	HEARTS						33	9389) 5	
Parl	l Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction								_		\$25,000
2	Total cost of IRC Se								_		
3	Threshold cost of IR										\$200,000
4	Reduction in limitation								_		
5	Dollar limitation for t		act line 4 from line						5		
6	(a)	Description of property	-	(b) C	ost (business i	use only)	(c) Elec	cted cost	_		
÷									_		
						747					
	Listed property (elec						200				
8	Total elected cost of										
9	Tentative deduction.									┷	
10	Carryover of disallov										
11	Business income lim					1000			11	- 3	
12 13	IRC Section 179 exp						7-70-000		12	-	
Parl	AT ALL AND AND A CONTRACT OF A STATE OF A ST	nd Election of Additi						MOSS			
2000 CO	2.2	NASA.	27 20	leciaciói	212.00		1 1000		/m\		(h)
14	(a) Description	(b) Date acquired	(c) Cost or	Depr	(d) reciation	(e) Depreciation	(f) Life or		(g) ciation	ı for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allo	wed or	method	rate		s year		year
		20. 30.000,000,000,000			vable in er years						depreciation
FFN	NCING	10/31/2016	4,285.	Carn	1,928.	S/L		5	Ω	57.	To the second se
	CURITY CAMERA		7,925.		3,434.	S/L		5	1,5	W2000 NV 201	
-	CING	11/30/2016	14 NO 100 CONTRACTOR 1		5,152.	V-92 VST204		5	2,3	1177 - 2007	
*	RD VAN	3/22/2017	11,890. 56,269.	9	TO THE STATE OF TH	S/L		cetti il			
					20,632.	S/L			11,2		
1	RD VAN	3/22/2017	54,946.	•	20,147.	S/L		<u> </u>	10,9	89.	18
	Add the amounts in \$2,000. See instruct										
Parl	t III Summary										<u> </u>
16	Total: If the corporal	tion is electing:	10	. 10		T 42/00					
	IRC Section 179 exp Additional first year	ense, add the amo debreciation under	R&TC Section 243	iine 15. 356. add	the amoun) or ts on line 1	5. column	s (a) and (h) or		
	Depreciation (if no e									16	
	Total depreciation cl									17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	on Form	100 or	İ		
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is i	necessary.).	*****	CKI KOMOO KK			18	
Parl	t IV Amortization		1401		state 94		154	79			
19	(a)	(b)	(c)			d)	(e) R&TC	(f			(g)
	Description of property	Date acquire (mm/dd/yyyy		School or	Amorti allowed or	ization : allowable	Section	Perio percer			Amortization for this year
	er moenemen	(2 (3.8.18.1.8.3.1	7.5.7 5	in earlie		(see insti		9-		ioi tilis year
							33				
7)											
20	Total. Add the amou	ints in column (g).							20		
21	Total amortization cl									1	
		A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	2 4 5 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A							1	
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 10	00 or	22020		
	Form 100W, Side 2,	line 12							22		

CALIFORNIA FORM

TAXABLE YEAR

2019 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	1 199								
Corpo	ration name								Califor	nia corporati	on number
PAV	NS FOR PURPLE	HEARTS							3393	3895	
Par	t Election To Ex	cpense Certain Pro	perty Under IRC S	ection 17	79						
1	Maximum deduction	under IRC Section	179 for California.							1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service		****	*****				2	
3	Threshold cost of IR									3	\$200,000
4	Reduction in limitation								and the same of th	4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line					1. 2015. 20		5	
6	(a)	Description of property		(b) Co	st (business	use only)	(c)	Elected	cost		
						575					
7	Listed property (elec										
8	Total elected cost of									8	
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.	andra take t	aana saa taa	and their terrebet	san tanan		constants	9	
10	Carryover of disallov								acceptable treats to 1	10	
11	Business income lim									11	
12	IRC Section 179 exp						7-23-200			12	
13	Carryover of disallov							040			
Par	25 25 25 25 25 25 25 25 25 25 25 25 25 2	nd Election of Additi	77 ST		NAME OF TAXABLE PARTY.	25 25	1 10	. 1	3	¥	12.1
14	(a) Description	(b) Date acquired	(c) Cost or		(d) eciation	(e) Depreciation		or	(g Deprecia		(h) Additional first
	of property	(mm/dd/yyyy)	other basis		ved or	method	ra		this		vear
	54 A 1755	10 20202000			able in						depreciation
FOL	RD VAN	9/01/2017	56,735.		r years	S/L		5	्य -	1,347.	
12 11000	RD VAN	9/01/2017	53,897.	0.00	.5,129. .4,372.	S/L		5	200	0,779.	
20 000	MACBOOK	2/28/2017	9 PT 2004 0.70 -5000	- 1	904.	S/L	-	5	1.	472.	
		and the second disease on the second	2,359.		43007 10		-	5		07 VI IV I	
	MACBOOK	5/31/2017	1,499.		500.	S/L	2	5		300.	_
10	CURITY SYSTEM		4,272.	<u> </u>	996.	S/L		5		854.	1.0
	Add the amounts in \$2,000. See instruct							15			
Par	t III Summary		20. 100								
16	Total: If the corporal	tion is electing:	10	. 15		T 42/20					
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	ine 15, 356. add	column (g the amoun) or ts on line 1	l5. colu	mns (g) and (h) or	
	Depreciation (if no e										
	Total depreciation cl	하시네네 발생하는 아이들을 내었다는 그런 사람들이 없다면 하나 하다.	하게 되었다.							17	
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16	, enter th	e differenc	e here and	l on Fo	rm 100	or or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	iess than line 16, lia depreciation am	enter the nounts ar	e used to	nere and determine i	on Forr net inco	n 100 me be	or efore		
	state adjustments or									18	
Par	t IV Amortization		1001		-1120 - 800		20				
19	(a)	(b)	(c)			d)	_(e	2_	_ (f)	u	(g)
	Description of property	Date acquire (mm/dd/yyyy			Amort allowed or		R& Sect		Period percenta		Amortization
	of property	(пппастуууу) Other ba	313	in earlie		(see i		percent	age	for this year
10							10				
din .											
,				1							
			<u> </u>								
				-				-+		-	
20	Total. Add the amou	ints in column (s)	- A				11			20	
0200000									ener tale to	21	
21	Total amortization c	AV COMPANY WATER WILLIAM CONTRACTOR OF THE	The state of the s							41	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6 If line 21 ic	reater than line 20 less than line 20	, enter the	e difference	e here and	i on Fo	rm 100 n 100	or or		
	Form 100W, Side 1,									22	
-				-	-			-			

2019 Corporation Depreciation and Amortization

3885

			-										
	ch to Form 100 or For	m 100W. FORM	1 199										
Corpo	ration name								Califor	nia corp	oratio	n number	
PAV	NS FOR PURPLE	HEARTS							339	3895	i		
Par	l Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179									
1	Maximum deduction			Contractor and the contractor						1		\$25,	000
2	Total cost of IRC Se									2			
3	Threshold cost of IR									3		\$200,	000
4	Reduction in limitation								contract month and	4			
5	Dollar limitation for t		act line 4 from line							5			
6	(a)	Description of property		(b) Cost (business i	use only)	(c) t	lected	cost				
										v.			
										·			
	2020 0 0 0 0 0 0 0	02 - 100 WW 97-97 1990 - 1000 - 1000	100. W.S.										
7	Listed property (elec												
8	Total elected cost of								,	8			
9	Tentative deduction.								The state of the s	9			
10	Carryover of disallov									10			
11	Business income lim					1000			4	11 12			
12 13	IRC Section 179 exp Carryover of disallov						Automotive TV			12			
Par		nd Election of Additi						2/12/	56				
22.00 mm	2.2	125.2	27 20	2000			1 101.00					(6)	
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Deprecia		(e) Depreciation	(f) Life		Deprecia	g) ation 1	for	(h) Additional fi	rst
	of property	(mm/dd/yyyy)	other basis	allowed	d or	method	rate		this			year	
	3.5 0.8 10000			allowab earlier y								depreciatio	n
1 N	MACBOOK	10/30/2017	2,058.	carnery	515.	S/L	-	5		41	2		
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	PROVEMENTS -	3/22/2017	14,138.	5	184.	S/L	+	5		2,82			
*	ROVEMENTS -	5/03/2017	17,357.	020	785.	S/L	-	5		3,47			
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15	Add the amounts in \$2,000. See instruct							15					
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	Total: If the corporat	tion is electing:											
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, col	lumn (g)	or or	_						
	Additional first year Depreciation (if no e										6		
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	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the di	fference	here and o	on Form	100 d	or				
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13	Description	Date acquire			Amorti	ization	(e) R&T		Period	or		Amortization	
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CALIFORNIA FORM

TAXABLE YEAR

2019 Corporation Depreciation and Amortization

3885

Part II Dependence of the Common Substance of the Comm	Atta	ch to Form 100 or For	rm 100W. FORM	4 199						
Part	Corpo	ration name						California co	orporatio	on number
1	PAV	NS FOR PURPLE	HEARTS					339389	95	
1	Par	t Election To Ex	xpense Certain Pro	perty Under IRC S	ection 179			-		
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1.1 zero or less, enter -0. 5 (a) Description of property. (b) Cert (business use ently) (c) Eleded cost 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property Add amounts in column (c) line 6 and line 7. 8 Total elected cost of IRC Section 179 property and line 17 line	-							1		\$25,000
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4 Reduction in limitation. Subtract line 3 from line 2. if zero or less, enter -0. 5 5 Dollar limitation for taxable year. Subtract line 4 from line 1. if zero or less, enter -0. 5 6 (a) Description of preparty (b) Cost (business use snly) (c) Elected cost (c) Elected cost (c) Elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from prior taxable years. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 12 IRC Section 179 expense deduction Additionel 9 and line 10, less line 12. 13 13 Agravity of disallowed deduction to 2020. Add line 9 and line 10, less line 12. 13 14 (a) Description Data acquired (cost or allowed or allow	3									\$200,000
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Total amortization claimed for federal purposes from federal Form 4562, line 44	·									
Total amortization claimed for federal purposes from federal Form 4562, line 44										
Total amortization claimed for federal purposes from federal Form 4562, line 44						_				
Total amortization claimed for federal purposes from federal Form 4562, line 44										
Total amortization claimed for federal purposes from federal Form 4562, line 44	10									
Total amortization claimed for federal purposes from federal Form 4562, line 44	20	Total. Add the amou	unts in column (g).			sansa saar saaraa	ner newer was	20		
Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	21							CONTROL (PROPE) AND DESCRIPTION	1	
Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or			DEL PUEDE DATE AND AND AND AND AND AND AND AND AND AND	2 4 5 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A 2015 A					1	
		Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the different	ce here and	on Form 100	or		
		Form 100W, Side 2,	line 12					22		

TAXABLE YEAR CALIFORNIA FORM

2019 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	M 199						-11	
Corpo	ration name							Califor	nia corporati	on number
PAV	NS FOR PURPLE	HEARTS						339	3895	
Par	l Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179					
1	Maximum deduction								1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service		******				2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation							remove the second second	4	
5_	Dollar limitation for		act line 4 from line						5	
6	(a)	Description of property		(b) C	ost (business i	use only)	(c) Elected	cost		
				<u> </u>						
	2020 0 0 0 0 0 0 0 0	os standardos sono Anno	ana we							
7	Listed property (elec									
8	Total elected cost of								8	
9	Tentative deduction.							The second second second	9	
10	Carryover of disallov								10	
11 12	Business income lin IRC Section 179 exp								12	
13	Carryover of disallow								12	
Par		nd Election of Addit						56		
14	(a)	(b)	(c)	l	(d)	(e)	(f)		1)	(h)
1.4	Description	Date acquired	Cost or	Depi	reciation	Depreciation		Deprecia		Additional first
	of property	(mm/dd/yyyy)	other basis		wed or	m ethod	rate	this	year	year
					wablein eryears					depreciation
TMF	PROVEMENTS -	11/13/2017	41,931.	14,4100	9,784.	S/L	5	\$	3,386.	
	110 / 11111111	11/10/201/	11,001.		5,701.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-										·
4.5	AMPONIO SELECTION CONTROL VICTOR	THE PROPERTY IN THE PARTY STATE			415	1000000- 2 00.0000000000000000000000000000000000		f.:	:	i fa
15	Add the amounts in \$2,000. See instruct									
Par	t III Summary	10113 101 11110 14, 00	мин (пу				10			
	Total: If the corporat	tion is electing:								Ī
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	, column (g)	or or	_			
	Additional first year Depreciation (if no e									
17	Total depreciation of	MANAGO AMERIKAN PENDEN PENDENGKAN PENDENGKAN PENDENGKAN PENDENGKAN PENDENGKAN PENDENGKAN PENDENGKAN PENDENGKAN			TANGER OF STREET	Commence of the Commence of th			22.95	TE:
	Depreciation adjustr								•••	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or								18	
Par		111 01111 100 01 1 0111	i 100 W, 110 aujusti	ilelit is i	iecessary.).				10	
19	(a)	(b)	(c)		((d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	r) other ba	sis	allowed or in earlie		Section (see instr)	percenta	age	for this year
· W					in earlie	, years	(300 11311)		-	
dio .							+		0	
,							+		-	
			-				+ +		_	
							+ +		_	
20	Tatal Addition						4	1	20	
20	Total. Add the amou							nerous new to	20	
21	Total amortization c	AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF THE PARTY STATE OF THE STATE					and the same of th	Z1		
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter t	he difference	e here and	on Form 100) or or		
	Form 100W, Side 1,								22	
	*									

California Statements

Page 1

PAWS FOR PURPLE HEARTS

45-3342634

Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
MARK QUATTROCCHI 636 5th Street Santa Rosa, CA 95401	Chairperson 2.00	\$ 0.	\$ 0.	\$ 0.
DAVE PHILLIPS 100 Mary Paige Lane Santa Rosa, CA 95404	Treasurer 2.00	0.	0.	0.
IT. COL JEFFREY CAMP 4523 Park Lake Terrace So Bradenton, FL 34029	MEMBER 1.00	0.	0.	0.
ROB RUTHERFURD, ESQUIRE 9475 Victoria Lane Windsor, CA 95492	Member 1.00	0.	0.	0.
COL. DAVID RABB 4624 Lucille Dr Virtual Office San Diego, CA 92115	MEMBER 1.00	0.	0.	0.
ROY HURD 3035 Cleveland Ave Santa Rosa, CA 95403	Member 1.00	0.	0.	0.
BONITA BERGIN 5401 Alta Monte Dr Santa Rosa, CA 95404	President & CEO 40.00	0.	0.	0.
JOHN LEMONDES 3390 Eager Road Jamestown, NY 13078	Member 1.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 2 Form 199, Part II, Line 17 Other Expenses

Advertising and Promotion		118,644.
BANK SERVIČE CHARGES.		68,408.
CONTRACT SERVICES		540,988.
DOG SUPPLIES.		139,723.
EQUIPMENT AND FURNITURE		22,786.
Insurance		32,593.
LICENSING FEES		199,457.
MAILING LISTS		157,177.
Office Expenses		3,067.
Other fees		751,022.
Postage and Shipping	1	1,152,745.
THE COMMENSATION SHOWS A STATE OF THE STATE		and community and of highly be

2019	California Statements	Page 2
	PAWS FOR PURPLE HEARTS	45-334263
Statement 2 (continued Form 199, Part II, Line 1 Other Expenses) ₇	
SUPPLIEŠTAXES AND LICENSES.	Tota	19,914. 7,171.
Statement 3 Form 199, Schedule L, Other Assets	Line 12	
DEPOSITSPrepaid Expenses an	nd Deferred Charges Total	42,849. 35,017. \$ 77,866.
Statement 4 Form 199, Schedule L, Other Liabilities	Line 18	
DEFERRED RENT	Total	86,179. \$ 86,179.

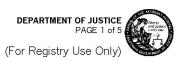
STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

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



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

				Check if:					
PAWS FOR PURPLE HEARTS			Change of address						
Name of Organization			Amended report						
List all DBAs and names the organization	uses or has used								
10201 OLD REDWOOD H	WY			State Charity F	Registra	tion Number <u>CT(</u>	0201552		
PENNGROVE, CA 94951 City or Town, State and ZIP Code				Corporation or	Organi.	zation No. <u>3393</u>	895		
707-238-5110									
Telephone Number	E-mail Add	dress		Federal Emplo	yer ID N	No			
ANNUAL	REGISTRATION R	RENEWAL FEE SCH Make Check Pay				01-307, 311, and 31	2)		
Gross Annual Revenue	<u>Fee</u>	Gross Annual Re	<u>venue</u>	<u>Fee</u>	Gross	Annual Revenue		F	ee
Less than \$25,000 Between \$25,000 and \$100,000	Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 mill Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Greater than \$50 million				d \$50 millio	n \$	150 225 300		
PART A – ACTIVITIES									
For your most recent full	accounting peri-	od (beginning	1/01/19	ending _	12/	31/19) list:			
Gross Annual Revenue \$	6,004,758	Noncash Cor	ntributions \$		0.	Total Assets \$	2,40	7,52	20.
		0.	·			6,363,556.			
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT									
Note: All questions must be a	nswered. If you	answer "yes" to an	y of the quest	ions below, you	u must a	attach a separate	page		
providing an explanation								Yes	No
During this reporting period, officer, director or trustee thereof,	were there any o either directly or	contracts, loans, leases r with an entity in v	or other financial which any sucl	transactions betw n officer, director or	reen the rtrustee h	organization and nad any financial i	any nterest?		X
2 During this reporting period,	was there any th	neft, embezzlemen	t, diversion or	misuse of the o	organizatio	n's charitable property	or funds?		X
3 During this reporting period,	were any organi:	zation funds used	to pay any pei	nalty, fine or jud	dgment?				X
4 During this reporting period, coventurer used?	were the service	s of a commercial fur	ndraiser, fundrai	sing counsel for	r charitab	le purposes, or comme	rcial		X
5 During this reporting period,	did the organiza	tion receive any go	overnmental fu	ınding?					X
6 During this reporting period,	did the organiza	tion hold a raffle fo	or charitable p	urposes?					X
7 Does the organization condu	uct a vehicle dona	ation program?							X
8 Did the organization conduction generally accepted accounting	t an independent ng principles for :	audit and prepare this reporting perio	audited financed?	cial statements	in acco	rdance with SEE STAT	EMENT 1	X	
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						X			
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
		ITA BERGIN		CEO					
Signature of Authorized Agent	Printed	Name		Title			Date		

2019	California Statements	Page 1
	PAWS FOR PURPLE HEARTS	
Statement 1 Form RRF-1, Part B, Line 8 Audited Finanical Statemen	ıts	
The Organization prepa	ares audited financial statements	

Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	6-Month Extension of Time. Only sub	mit origin	al (no copies needed).							
	ons required to file an income tax return other t 04 to request an extension of time to file incom			s, REMICs, and tr	usts must					
43C 1 OIIII 7 O	Name of exempt organization or other filer, see instructions.	Taxpayer identification	number (TIN)							
Type or										
print	PAWS FOR PURPLE HEARTS									
File by the		Number, street, and room or suite number. If a P.O. box, see instructions.								
due date for filing your	10201 Old Redwood Hwv	Two								
return. See	City, town or post office, state, and ZIP code. For a foreign ac	ddress, see instru	uctions.							
instructions.	Penngrove, CA 94951	Penngrove, CA 94951								
Enter the Re	eturn Code for the return that this application is	for (file a se	parate application for each return)		01					
Application Is For		Return Code	Application Is For		Return Code					
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07					
Form 990-BL	_	02	Form 1041-A		08					
Form 4720 (individual)	03	Form 4720 (other than individual)		09					
Form 990-PF		04	Form 5227		10					
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069				11						
Form 990-T	(trust other than above)	06	Form 8870		12					
Telephon If the org If this is check thi the exter	e No. ► 707-238-5110 ganization does not have an office or place of but for a Group Return, enter the organization's four is box ►	Fax No usiness in th ur digit Group check this b	e United States, check this box	this is for the who mes and TINs of a	le group,					
for the X If the tages are the second and the second are the sec	organization named above. The extension is fo calendar year 20 <u>19</u> or tax year beginning, 20 ax year entered in line 1 is for less than 12 mor	r the organiz _, and endir	ng, 20	al return						
	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions			3 a \$	0.					
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme			3 b \$	0.					
c Balan c EFTPS	se due. Subtract line 3b from line 3a. Include yo (Electronic Federal Tax Payment System). See	ur payment v e instructions	with this form, if required, by using	3 c \$	0.					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

TAXABLE Y	EAR Califor	nia e-f	ile Return	Autho	rizat	on for	^			FORM
2019	Exemp	t Orga	nizations							8 4 53- EO
Exempt Organiz	ation name								Identifying	number
	R PURPLE HEART		Woodella or Made 1990 1990							
	Electronic Return I								1	6,004,758.
Par Particulation	gross receipts (Form 19 gross income (Form 19									6,004,758.
	expenses and disburse	•								6,363,556.
Part II	Settle Your Accou	ınt Electr	onically for Ta	axable Ye	ar 2019)			1,000	
	ectronic funds withdra		Amount			b Withdra	wal date	(mm/dd/yy	уу) _	
Part III I	Banking Informati	i on (Have)	you verified the ex	xempt organ	ization's	banking ir	nformatio	n?)		
5 Routin 6 Accou					7 Type	of account:	: 🗌 сі	necking	Sa	vings
Part IV I	Declaration of Off	icer								
	he exempt organizatio or the amount listed o		t to be settled as	designated i	n Part I	I. If I check	Part II, I	Box 4, I au	thorize a	n electronic funds
return origin correspondir organization': Tax Board (I for the fee li statements b	es of perjury, I declare ator (ERO), transmitteng lines of the exempt is return is true, correct, ETB) does not receive ability and all applicate transmitted to the FTE fund is delayed, I auth	er, or interm corganization and comple full and tin ole interest by the ERC	nediate service pron's 2019 Californete. If the exempt onely payment of the and penalties. I and penaltier, or in TB to disclose to	ovider and the control of the contro	he amou return. filing a rganizat exempt ervice pr interme	unts in Part To the bes balance due tion's fee lia t organization ovider. If the ediate servi	t I above st of my k e return, I ability, th on return e process	agree with knowledge a understand e exempt of and accor ing of the e	the amo and belie that if the organizat npanying xempt or	unts on the f, the exempt e Franchise ion will remain liable I schedules and ganization's
Here	Signature of officer			10/11/2 Date	020	Title				
Part V I	Declaration of Ele	ctronic P	Peturn Origina	tor (FRO)	and D	aid Prons	ANDL SO	o instructio	nc	
I declare that the best of rorganization officer's sign forms and in Authorized exempt organunder penalistatements,	at I have reviewed the my knowledge. (If I ar 's return. I declare, ho ature on form FTB 84 of the state of the state of the state of the state of the state of the state of the state of the best of my ave knowledge.	above exern only an in owever, that 53-EO before le with the likeep form Forther is re that I have	mpt organization's ntermediate servic t form FTB 8453-E ore transmitting th FTB, and I have f FTB 8453-EO on fi later, and I will ma ve examined the	s return and ce provider, EO accurate is return to collowed all colle for four youke a copy avabove exem	that the I unders ly reflect the FTB other rec ears fro allable to pt organ	entries on stand that I ts the data; I have propurements m the due to the FTB upization's re	form FTE am not r on the re ovided the described date of the con reque	B 8453-EO esponsible eturn.) I have organizat d in FTB Pour ne return o st. If I am a	are com for revie ve obtain ion office ub. 1345, r four yea so the pa ying sche	wing the exempt ed the organization or with a copy of all 2019 Handbook for ars from the date the id preparer, edules and
	ERO's signature				Date		Check if also paid preparer	X Check self-		ERO's PTIN P0141147 5
ERO Must	Firm's name (or yours ⊾	WEWORSI	KI & ASSOCI.	ATES				•	Firm's FEII	1
Sign	if self-employed) and address	4660 LA JOLLA VILLAGE DR STE 825						33-0516783		
Under nonalties	of norium. I doclare that I ha	SAN DII		roturn and ago	omnanvina	cabodulos and	d statement	CA		92122
	of perjury, I declare that I ha t, and complete. I make this						u statellielle	s, and willed	ost of IIIA K	novaleuge allu beliel, tiley
ž.	Paid					Date	Ī		I	Paid preparer's PTIN
Paid	preparer's signature							Check if self-employed		
Preparer	100 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								Firm's FEII	4
Must	Firm's name (or yours if self-									
Sign	employed) and address	51							ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019