Change of Accounting Period Short Form Form 990-EZ

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		ne 2018 calenda	Go to www.irs.gov/Form990EZ for instructions and the latest inform	ation.		Inspection
В	Check if	f applicable:	r year, or tax year beginning 05-01 , 2018, and ending C Name of organization		12-31	. 20 1 8
ñ		change		D Emp		ication number
Ħ	Name ch		Paws Patrol Inc		0-553714	
	Initial ref	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		hone numbe	TOTAL DISCOURT CONTRACTOR OF THE PARTY OF TH
		turn/terminated				
	Amende		PO Box 1642	(5	520) 207-	4024
			City or town, state or province, country, and ZIP or foreign postal code		Exemption	1024
_	-	on pending	Green Valley, AZ 85622		per ►	
		nting Method:	☐ Cash ☐ Accrual Other (specify) ► H	Check ▶		rganization is not
	Websi		pawspatrol.petfinder.org		attach Sche	edule R
2	ax-ex	cempt status (c	neck only one) - 501(c)(3)), 990-EZ, or	
ı	-01111 C	or organization:	Corporation Trust Association Other		1,000 111,01	000-11).
(D-	Add IIn	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as:	sets		
(1 4	art I	numm (b)) are a	DUU,UUU OF MORE, file Form 990 instead of Form 990 EZ		2 4 .	76 70
Г	art i	Revenu	LAPENSES, and Changes in Net Assets or Fund Ralancos (see the			76,79
		OHOOK II L	ne organization used Schedule O to respond to any question in this Part I			.,
	1		sine, granto, and similar amounts received	2 12 12 12 12 12 12	1	
	2	Program serv	ice revenue including government fees and contracts		2	68,44
	3	Membership	dues and assessments		3	
	4	Investment in	come		4	
	5a	Gross amoun	t from sale of assets other than inventory			
	k	Less: cost or	other basis and sales expenses			
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and f	undraising events:		30	
•	а	Gross income	from gaming (attach Schedule G if greater than			
Revenue		\$15,000)	6a			
eve	b		from fundraising events (not including \$ of contributions	2		
œ		from fundraisi	ng events reported on line 1) (attach Schedule G if the			
		sum of such g	ross income and contributions exceeds \$15,000) 6b	8,347		
	С	: Less: direct ex	penses from gaming and fundraising events 6c	0,347		
1	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c) · · ·		20 21 20 2	6d	720 720 720
1	7a	Gross sales of	inventory, less returns and allowances		ou	8,347
	b	Less: cost of g	oods sold			
	С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue	(describe in Schedule O)		8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	76 700
- 1	10	Grants and sin	fillar amounts paid (list in Schedule O)		10	76,792
	11	Benefits paid to	o or for members		11	
S	12	Salaries, other	compensation, and employee benefits		12	
Expenses	13	Professional fe	es and other payments to independent contractors		13	
be	14	Occupancy, re	nt, utilities, and maintenance		14	340
ŭ	15	Printing, public	ations, postage, and shipping		15	8,334
	16	Other expense	s (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		16	1,316
	17	Total expense	s. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		17	48,028
0	18	Excess of (defi	cit) for the year (Subtract line 17 from line 9)		18	58,018
set	19	Net assets or f	and balances at beginning of year (from line 27, column (A)) (must agree with		10	18,774
AS		end-of-year figi	ure reported on prior year's return)		19	
Net Assets	20	Other changes	in net assets or fund balances (explain in Schedule O)		20	(12,878)
	21	Net assets or fi	and balances at end of year. Combine lines 18 through 20		21	
		ork Reduction	Act Notice, see the separate instructions.			5 , 896 rm 990-EZ (2018)

Part II Balance Sheets (see the instructions for Part Check if the organization used Schedule O to Check if the	o respond to any questi	(A) E			
2 Cash, savings, and investments 3 Land and buildings 4 Other assets (describe in Schedule O) 5 Total assets 6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)	(A) E	6,227 0 751	22 23	(B) End of year 19,994
2 Cash, savings, and investments 3 Land and buildings 4 Other assets (describe in Schedule O) 5 Total assets 6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)	(A) E	6,227 0 751	22 23	(B) End of year 19,994
4 Other assets (describe in Schedule O) 5 Total assets 6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)		0 751	23	
5 Total assets (describe in Schedule O) 5 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)		751		
6 Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O to	e with line 21)			24	
7 Net assets or fund balances (line 27 of column (B) must agree Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)		6.978		551
Part III Statement of Program Service Accomplish Check if the organization used Schedule O for	e with line 21)			25	20,545
Check if the organization used Schedule O to	e with line 21)		19,856	26	14,649
Office if the organization used Schedule O to	amonto (aca the inst		(12,878)	27	5,896
garage a doct conclude O it	o respond to any much	ctions for Part III)	_		
hat is the organization's primary exempt purpose? Spay and	respond to any quest	ion in this Part III		(Poquir	Expenses ed for section
escribe the exercise that	1 Neuter Feral Ca	ts		1	
escribe the organization's program service accomplishments for e	ach of its three largest pro	gram services,		E 030000100	B) and 501(c)(4) ations; optional for
s measured by expenses. In a clear and concise manner, describe ersons benefited, and other relevant information for each program	the continue and deleted the	number of		others.)	ations, optional for
Spay and Neuter Feral Cats, Rescue, Fost	uue.			Outers.)	
Eligible Pets	ter, Adopt Out				
(Grants \$) If this amoun	at includes for its				
) ii tilis amoun	nt includes foreign grants, o	check here	▶ 📋	28a	
(Grants \$) If this amount	at includes faustralia				
) ii tiis amoun	it includes foreign grants, c	heck here	••• ▶	29a	
(Grants \$					
) ii tiils amount	t includes foreign grants, cl	heck here	▶ 📗	30a	
10					
	t includes foreign grants, cl	heck here	▶ 🔲	31a	
Total program service expenses (add lines 28a through 31a)				32	C
Check if the organization used Schedule O to respond	oyees (list each one even i				
Grespond and Grespond	to any question in this Pa	T	• • • • • • •		• • • • • □
(a) Name and title	(b) Average	(c) Reportable	(d) Health benefits,		F-1
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emplo benefit plans, and	,,00	Estimated amount of their compensation
tti Hogan	devoted to position	(if not paid, enter -0-)	deferred compensati		and compensation
esident					
elyn Harrison	5.00	0		0	0
ce President					
irley Kagel	5.00	0		0	0
cretary					
cky Mournian	5.00	0		0	0
easurer					
200161	5.00	0		0	0
		1			
			·		
			·		

	1990-EZ (2018) Paws Patrol Inc	71.40	,	
P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	/148		Page
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			· · ·	<u>: L</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		v
34	were any significant changes made to the organizing or governing documents? If "Yes " attach a conformed	33	 	X
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25	change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			Δ
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
0	1 100, to line 30d, has the organization filed a Form 990-T for the year? If "No " provide an explanation in School 1- O	35b		27
С	vvas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice	-		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III	35c		Χ
30	and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			- 2 2
37 a	during the year? If "Yes," complete applicable parts of Schedule N	36		X
b b	37a			
38 a	- Same and the contract of the	37b		X
50 a	or were			
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а				
b	Initiation fees and capital contributions included on line 9			
	39h			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955			
b	, section 4955			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		X
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	10-		3.7
11	List the states with which a copy of this return is filed	40e		X
12 a	The organization's books are in care of http://www.	00.40	•	
	Located at PO Box 1642, Green Valley, AZ Telephone no. 520-2 ZIP+4 85622		24	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		es I	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
534	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Χ
•	If "Yes," enter the name of the foreign country			
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·			
1 -	Did the experientian maintain the state of t	,	Yes	No
+ a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
h	completed instead of Form 990-EZ	44a		X
J	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
c	completed instead of Form 990-EZ	44b		X
d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
u	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
5 a	explanation in Schedule O	44d		
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ_
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		X

	(2018) Paws Patrol Inc							
46 Did	the organization opensor disput				20-55	537148	Yes	Pag
toc	the organization engage, directly or indirectly, in	n political campaign activit	ies on behalf of or in oppo	sition				†
Part VI	andidates for public office? If "Yes," complete S Section 501(c)(3) Organizations	Schedule C, Part I				. 46		1 2
	All section 501(c)(3) organizations 50 and 51.	s must answer ques	tions 47 - 49b and 5	52, and comp	plete the t	tables for	line	S
	Check if the organization used Sc	nedule O to respon	d to any question in	this Part VI				٠,
47 Did	the organization annual in L. L. L						Yes	N
	the organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the t	ax				1
48 Is th	? If "Yes," complete Schedule C, Part II					. 47		
49a Did	e organization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E .			. 48		X
b If "Ye	the organization make any transfers to an exem	pt non-charitable related	organization?			. 49a		-
	was the related organization a section 527	organization?				. 49b		
	Prote this table for the organization's five highes	St compensated employee	s (other than officers dire	otoro trusta				
emp	loyees) who each received more than \$100,000	of compensation from the	e organization. If there is	none, enter "Nor	ne."			
		(b) Average	(c) Reportable	(d) Health ben				
	(a) Name and title of each employee	hours per week	compensation	contributions to e	mployee	(e) Estimated		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and compensati		other con	pensat	on
								-
NONE								
•								
							-	-
				I.				
f Total	number of other employees paid over \$100,000) · · · · · · •						
\$100	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."		an			
\$100	plete this table for the organization's five highest	t compensated independe there is none, enter "None	nt contractors who each r" (b) Type of service			Compensation		
\$100,	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."			Compensation		
\$100,	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."			Compensation		
\$100,	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."			Compensation		
\$100,	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."			Compensation		
\$100	plete this table for the organization's five highest ,000 of compensation from the organization. If t	t compensated independe there is none, enter "None	."			Compensation		
51 Comp \$100.	plete this table for the organization's five highest, 000 of compensation from the organization. If the compensation of the organization of the or	t compensated independe there is none, enter "None ctor	." (b) Type of service			Compensation		
\$100 \$100 SONE	plete this table for the organization's five highest, 000 of compensation from the organization. If the compensation from the organization. If the compensation of the organization is the compensation of the organization of the	t compensated independe there is none, enter "None ctor	." (b) Type of service			Compensation		
sid Comp \$100.	polete this table for the organization's five highest ,000 of compensation from the organization. If the compensation from the organization. If the compensation from the organization. If the compensation is a substitution of the contract of the compensation of the c	t compensated independenthere is none, enter "None ctor ecceiving over \$100,000 section 501(c)(3) organization	(b) Type of service		(c) (Compensation		
d Total r Did the	polete this table for the organization's five highest 1,000 of compensation from the organization. If the compensation from the organization. If the compensation from the organization. If the compensation from the organization contractors each independent contractors each inde	eceiving over \$100,000 section 501(c)(3) organization.	(b) Type of service		(c) (₩ voo	□ N	0
d Total r Did the complete penaltic	polete this table for the organization's five highest ,000 of compensation from the organization. If the ,000 of compensation from the organization. If the ,000 of compensation from the organization. If the ,000 of compensation from the organization compensation from the organization complete Schedule A? Note: All seleted Schedule A	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	I to the best of my	(c) (₩ voo	□ N	0
d Total r Did the complete penaltic	polete this table for the organization's five highest ,000 of compensation from the organization. If the compensation from the organization. If the compensation from the organization. If the compensation is a substitution of the contract of the compensation of the c	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	I to the best of my	(c) (₩ voo	N	0
d Total r Did the complete penalticue, correct, a	number of other independent contractors each reorganization complete Schedule A? Note: All set of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than official)	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	d to the best of my knowledge.	(c) (Yes	□ N	0
d Total r Did the complement correct, a	number of other independent contractors each reorganization completes Schedule A? Note: All sets of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officer)	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	d to the best of my knowledge.	▶ knowledge a	Yes	□ N	0
d Total r Did the complement correct, a	number of other independent contractors each recognization completes Schedule A? Note: All sets of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officer Patti Hogan, President	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	d to the best of my knowledge.	▶ knowledge a	Yes	N	0
d Total r Did the complement correct, a	number of other independent contractors each reorganization complete Schedule A? Note: All sets of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officer Patti Hogan, President Type or print name and title	eceiving over \$100,000 section 501(c)(3) organization, including accompanying society) is based on all information.	(b) Type of service	d to the best of my knowledge.	▶ knowledge a	Yes	N	0
d Total r 2 Did the complete, correct, a sign	number of other independent contractors each re organization complete Schedule A? Note: All seted Schedule A	eceiving over \$100,000 section 501(c)(3) organization, including accompanying so	(b) Type of service	d to the best of my knowledge.	▶ knowledge a	Yes	□ N	0
d Total r 2 Did the complete, correct, a sid	number of other independent contractors each reorganization complete Schedule A? Note: All seted Schedule A	ecceiving over \$100,000 section 501(c)(3) organization, including accompanying socer) is based on all information	(b) Type of service tions must attach a thedules and statements, and on of which preparer has any	I to the best of my knowledge.	knowledge a	Yes and belief, it is		0
d Total r Did the complete correct, a sign lere	number of other independent contractors each reorganization completes Schedule A? Note: All steted Schedule A	ecceiving over \$100,000 section 501(c)(3) organization, including accompanying socer) is based on all information of the pare signature	(b) Type of service	I to the best of my knowledge.	► knowledge a 02-07-20 if pployed p	Yes ind belief, it is 019		0
d Total reparer	number of other independent contractors each reorganization complete Schedule A? Note: All seted Schedule A	ecciving over \$100,000 section 501(c)(3) organization, including accompanying socer) is based on all information of the property signature CPA PC S Tiendas 103B	(b) Type of service	d to the best of my knowledge. Date Check self-em	► knowledge a 02-07-20 if pployed p	Yes ind belief, it is 019		0
d Total reparer aid reparer se Only	number of other independent contractors each reorganization completes address of each independent contractors each reorganization complete Schedule A? Note: All seted Schedule A	ecceiving over \$100,000 section 501(c)(3) organization, including accompanying socer) is based on all information of the pare signature CPA PC section 503B	(b) Type of service	d to the best of my knowledge. Date Check self-em	knowledge a	Yes and belief, it is 019		0
d Total r 2 Did the complete correct, a sign lere	number of other independent contractors each reorganization complete Schedule A? Note: All seted Schedule A	ecceiving over \$100,000 section 501(c)(3) organization, including accompanying socer) is based on all information of the pare signature CPA PC section 503B	(b) Type of service	of to the best of my knowledge. Date Check self-em Firm's EIN	► knowledge a 02-07-20 if pployed p	Yes and belief, it is 019		

Form 990-EZ (2018)

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization
Paws Patrol Inc

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	art	Reason for Public Cha	rity Status (All	organizations much			20-5537	148	
Th	e org	anization is not a private foundation be	ecause it is: (For line	s 1 through 10 short	complet	e this pa	art.) See instruction	ns.	
1		A church, convention of churches	or association of obur	s i tillough 12, check or	nly one box	.)			
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	Ē	A hospital or a cooperative hospital	sonios organizations	chedule E (Form 990 or	990-EZ).)				
4	Ē	i	erated in conjugation	described in section 170)(b)(1)(A)(ii	i).			
	_	A medical research organization op hospital's name, city, and state:	erated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the		
5		An organization operated for the be	nofit of a sell-						
		An organization operated for the be section 170(b)(1)(A)(iv). (Complete	The lit of a college or t	iniversity owned or opera	ated by a go	overnment	al unit described in		
6									
7	П	A federal, state, or local government	or governmental uni	t described in section 17	70(b)(1)(A)	v).			
		An organization that normally received	es a substantial part	of its support from a government	vernmental	unit or from	n the general public		
8	П	described in section 170(b)(1)(A)(v	i). (Complete Part II.)						
9	П	A community trust described in sect	ion 1/0(b)(1)(A)(vi).	(Complete Part II.)					
-	Ц	An agricultural research organization	described in section	n 170(b)(1)(A)(ix) opera	ted in conju	nction with	a land-grant college		
		or university or a non-land-grant col university:	lege of agriculture (s	ee instructions). Enter th	e name, cit	y, and state	e of the college or		
10	X		00: (1) mans th 00	4/00/ 6/1					
		,	es. (1) more man 33	1/3% of its support from	ontribution	ns, memb	ership fees, and gross		
		receipts from activities related to its	exempt functions - si	ubject to certain exception	ons, and (2)	no more t	han 33 1/3% of its		
		support from gross investment incor	ne and unrelated bus	siness taxable income (le	ess section	511 tax) fr	om businesses		
11	П	acquired by the organization after Ju	ated evaluation to to	tion 509(a)(2). (Comple	te Part III.)				
12	Ħ	An organization organized and opera	ated exclusively to tes	t for public safety. See se	ection 509	a)(4).			
		An organization organized and opera	aled exclusively for the	ne benefit of, to perform	the function	s of, or to	carry out the purposes		
		of one or more publicly supported org	2d that described	in section 509(a)(1) or	section 50	9(a)(2). Se	e section 509(a)(3).		
	а	Check the box in lines 12a through 1	20 triat describes the	e type of supporting orga	inization an	d complete	e lines 12e, 12f, and 12	g.	
		Type I. A supporting organization	o power to regularly	a, or controlled by its sur	oported orga	anization(s), typically by giving		
		the supported organization(s) the supporting organization. You mu	e power to regularly a	Sections A and B	ty of the dire	ectors or tr	ustees of the		
	b	Type II. A supporting organization	n supervised or centr	, Sections A and B.					
		Type II. A supporting organizatio	inporting organization	oned in connection with i	ts supporte	d organizat	ion(s), by having		
		control or management of the su organization(s). You must comp	oloto Part IV Section	o A and C	rsons that c	ontrol or m	nanage the supported		
	С	Type III functionally integrated	A supporting organi	rstice exerted in					
		its supported organization(s) (see	instructions) Vous	zation operated in conne	ction with, a	and function	nally integrated with,		
	d	its supported organization(s) (see	rated A supporting of	rassization executed in	sections A,	D, and E.			
		- The miner famound any micegi	The organization as	rganization operated in c	onnection v	vith its supp	ported organization(s)		
		that is not functionally integrated requirement (see instructions). You	ou must complete E	Part IV Sections A and I	stribution re	quirement	and an attentiveness		
	е	Check this box if the organization	received a written o	lotermination from the U	D, and Parl	: V.			
		Check this box if the organization functionally integrated, or Type II	I non-functionally into	parated supporting asset	ks that it is	a Type I, T	ype II, Type III		
	f	Enter the number of supported organ	izations		lization.				
	g	Provide the following information abo							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	Carlo de la		T		
			(11) 2.11	(described on lines 1-10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	docum	-	instructions)	instructions)	
					Yes	No	-		
(A)					103	140			
\^)									
(B)					T				
(C)									
(D)					 				
(E)									
Tota	l								

Part II

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

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

Cal	endar year (or fiscal year beginning in)	(a) 2014	1110015				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	1 1 1 0017		
7	Amounts from line 4	(4) 25 1 1	(6) 2010	(c) 2016	(d) 2017	(e) 2018	(f) Total
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						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10		7,000				
2							
3	Gross receipts from related activities, etc. (see	C DATE STATE OF THE PERSON OF				12	
•	First five years. If the Form 990 is for the organ organization, check this box and stop here	nization's first, sec	cond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Public Sup	port Percent	age		• • • • • • • • •		· · · · · > []
4	Public support percentage for 2018 (line 6, colu					14	
5	Public support percentage from 2017 Schedule	A, Part II, line 14	1			15	%
6a	33 1/3% support test - 2018. If the organization	did not check th	e box on line 13, and	d line 14 is 33 1/3%	or more check this	, 13	%
	box and stop here. The organization qualifies a	s a publicly suppo	orted organization		· · · · · · · · · · · · · · · ·	•	- -
b	33 1/3% support test - 2017. If the organization	did not check a	box on line 13 or 16	a, and line 15 is 33	1/3% or more chec	· · · · · · · · · · · · · · · · · · ·	
	this box and stop here. The organization qualified	es as a publicly s	upported organization	on	· · · · · · · · · · · · ·		ъ П
7a	10%-facts-and-circumstances test - 2018. If the	ne organization d	id not check a box o	on line 13, 16a, or 1	6b and line 14 is		
	10% or more, and if the organization meets the	facts-and-circum	stances" test, check	this box and ston	here Explain in		
	Part VI how the organization meets the "facts-a	nd-circumstance	s" test. The organiz	ation qualifies as a	publicly supported		
	organization				· · · · · · · · · · · ·		ь п
b	10%-facts-and-circumstances test - 2017. If the	ne organization d	id not check a box o	n line 13, 16a, 16h	or 17a. and line		
	15 is 10% or more, and if the organization meets	the "facts-and-c	ircumstances" test.	check this box and	stop here		
	Explain in Part VI how the organization meets the	ne "facts-and-circ	cumstances" test. Ti	ne organization qua	alifies as a publicly		
	supported organization				····		ь п
8	Private foundation. If the organization did not o	heck a box on lin	e 13, 16a, 16b, 17a,	or 17b, check this	box and see		
	instructions						▶ □

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

(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.)

	ction A. Public Support				omplete Part II.	7	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					(5)-5.0	(i) rotar
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	68,733	81,613	57,989	61,422	68,445	338,20
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					7.33	330,20
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	68,733	81,613	57,989	61 422	60 115	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		92/923	37,989	61,422	68,445	338,202
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · ·						
8	Public support. (Subtract line 7c from						
202	tion B. Total Support						338,202
	The state of the s						550,202
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		68,733	81,613	57,989	61,422	68,445	338,202
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1 700					
	Total support. (Add lines 9, 10c, 11.	1,769	4,523	4,208	16,621	8,347	35,468
	and 12.) · · · · · · · · · · · · · · · · · · ·	70,502	86,136	62,197	78,043	76,792	272 670
,	First five years. If the Form 990 is for the organi organization, check this box and stop here		d, third, fourth, or fift	h tax year as a sec	tion 501(c)(3)		373,670
Sect	tion C. Computation of Public Sup	port Percenta	ge				· · · · • U
5	Public support percentage for 2018 (line 8, colur	nn (f), divided by lir	ne 13, column (f))			15	90.51 %
6	Public support percentage from 2017 Schedule	A, Part III, line 15				16	90.31 %
	tion D. Computation of Investment	Income Perce	entage				90.73 70
7	nvestment income percentage for 2018 (line 100	c, column (f), divided	by line 13, column	(f)) · · · · ·		17	0.00 %
3 1	nvestment income percentage from 2017 Sched	ule A, Part III, line 1	7			18	0.00 %
9a :	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box and	n did not check the t stop here. The org	oox on line 14, and li anization qualifies a	ine 15 is more than s a publicly support	33 1/3%, and line		▶ 🏻
b ;	33 1/3% support tests - 2017. If the organization ine 18 is not more than 33 1/3%, check this box a	n did not check a bo and stop here . The	x on line 14 or line 1 organization qualifie	9a, and line 16 is n	nore than 33 1/3%,	and	
0 F	Private foundation. If the organization did not ch	neck a box on line 1	4, 19a, or 19b, chec	k this box and see	instructions		
						The second secon	

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a		Yes
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1	
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2	
3c 4a 4b 4c 5a 5b 5c 66 7 8 9a 9b 9c	3a	
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3b	
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с	
4c 5a 5b 5c 6 7 8 9a 9b 9c	4a	
5a 5b 5c 6 7 8 9a 9b 9c	4b	
5b 5c 6 7 8 9a 9b	4c	
6 7 8 9a 9b	5a	
7 8 9a 9b		
9a 9b 9c	6	
9a 9b 9c	7	
9b	8	
9c	9a	
	9b	
10a	9с	
	l0a	

11	Has the organization acconted a sift or south to the		Yes	No
			14.6	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
Sec	etion B. Type I Supporting Organizations	11c		
1	Did the directors to the		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1888		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	- powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Vos." oxplain in Bort			
	VI now providing such benefit carried out the purposes of the supported organization(s) that operated			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the terror of the organization's directors or trustees during the terror of the organization's directors or trustees during the organization of the organizatio		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		200	
Sec	tion D. All Type III Supporting Organizations	1		
	DUL .	T	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst.			
а	The organization satisfied the Activities Test. Complete line 2 below.	ruction	s).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	a inetri	iction	e)
2	Activities Test. Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities.	2a		
~	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engagization (in the organization).			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	A	N	n in Part VI). See
Section A - Adjusted Net Income	zations	must complete Section (A) Prior Year	(B) Current Year
Net short-term capital gain			(optional)
2 Recoveries of prior-year distributions	1 2		
Other gross income (see instructions)			
4 Add lines 1 through 3.	3		
5 Depreciation and depletion	4		
6 Portion of operating expenses paid or incurred for production or	5		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
	8		
Section B - Minimum Asset Amount 1 Aggregate fair market value of all non exempt use assets (see		(A) Prior Year	(B) Current Year (optional)
33. 33. 10 market value of all non-exempt-use assets (see			(op.norical)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integrate	ad Typo III ounnostica	
instructions).	cgrati	a Type III supporting	organization (see

Sch	art V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	20-55	37148 Page 7
S	ection D - Distributions	(o) oupporting Organi.	zations (continued)	
				Current Year
_1	to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	- Partition and the expenses paid to accomplish exempt purpose	ses of supported organizat	ions	
_4		- Provide organizat	10110	
_ 5	abbroval 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 t	he organization is respons	ivo	
	(provide details in Part VI). See instructions.	- gameation to respons	ive	
_ 9	Section C. line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	- 10 modification and an additional section C. line b			Amount for 2016
2	- 1 dia i da i di i di i y da i di i di i y da i di i di			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	and the difference carry over, if arry, to 2016			
-	From 2013			
	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	ostryovor morn zo ro not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
.1599				

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization **Schedule of Contributors**

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

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

OMB No. 1545-0047

2018

Filers of: Soction: Form 990 or 990-EZ Soft(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 528 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-E2). Part II, line 13, 169, or 169, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5.000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1%, or (ii) Form 990 or 990-EZ, line 1. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions or force than \$1,000 exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such cont	Paws Patrol Inc		Employer identification number
Filors of: Section: Form 990 or 990-EZ Sol(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 528 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of more than \$1,000 or (12) 2% of the amount on (i) Form 990, Part VIII, line 1to, or (ii) Form 990-EZ, line 1. Complete Parts I and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 or sections by for religious, charitable, elementicable, etc., purposes, but no such contributor, during the year, contributions acculately for religious, charitable, etc., purposes, but no such contributor, during the year, contributions acculately for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during th		ne):	20-5537148
Form 990 or 990-EZ	71- (
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contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	For an organization d	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fron	n any one
Interary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	contributor, during the	year, total contributions of more than \$1,000 exclusively for religious, charitable, scient	tific.
"N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	literary, or educationa	I purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e)	ntering
contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	"N/A" in column (b) in	stead of the contributor name and address), II, and III.	
contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	П г		
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during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	contributor, during the	year, contributions exclusively for religious, charitable, etc., purposes, but no such	
General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year	during the year for an	exclusively religious, charitable, etc., purpose Double several to a contributions that were re	eceived
totaling \$5,000 or more during the year \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	General Rule applies	to this organization because it received papers unit complete any of the parts unless the	ne
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	totaling \$5,000 or mor		
990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	3,12,22,21,111		\$
990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	m 990
	990-EZ, or 990-PF), but it mus	st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form	1,990-FZ or on its
Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990-PF, Part I, line 2, to	certify that it doesn't meet the filing requirements of Schedule B (Form 990. 990-EZ. of	or 990-PF).

Paws Patrol Inc

Employer identification number 20-5537148

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Vicky Mournian 5933 S Meadow Hills Loop Green Valley, AZ 85622	\$ <u>5,900</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Paws Patrol Inc						loyer identification numb	ber
Part I Fundraising Activitie	s. Complete if	the organ	ization an	swered "Yes" on	Form 990 Ps	20-5537148 art IV line 17	
- TOTH SOUTE HIELS ALE II	or reduired to co	omplete this	s nart			artiv, line 17.	
1 Indicate whether the organization rai	sed funds through	any of the fo	llowing activit	ies. Check all that ann	lv		
a Iviali solicitations		e	Solicitation	of non-government gra	nte		
b Internet and email solicitations		f 🗀	Solicitation	of government grants	arits		
c Phone solicitations		g 🗀		draising events			
d In-person solicitations				a dioning events			
2a Did the organization have a written o	r oral agreement v	vith anv indivi	dual (includin	a officers directors to	uata		
or key employees listed in Form 990,	Part VII) or entity	in connection	with profess	ional fundraising sond	0002	П.	
b If "Yes," list the 10 highest paid individ	duals or entities (fu	undraisers) pu	ursuant to an	reements under which	the fundacionalis	∐ Yes ∐ No	,
compensated at least \$5,000 by the	organization.	, , , , , , , , , , , , , , , , , , ,	a a i i i i a a g	Coments under Willer	the fulldraiser is	to be	
(i) Name and address of individual		(iii) Did fun	draiser have	T	(v) Amount pai	dto	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts	(or retained b	(VI) Amoun	
		contrib	outions?	from activity	fundraiser listed	d in (or retained organization)	
		Yes	No		col. (i)		
1	-						
2							
3							
4							
5					**		
6					***************************************		
7							
8							
0							
9							
0		-					
					540		
otal							
	· · · · · · · · · · · · · · · · · · ·						
3 List all states in which the organization registration or licensing.	is registered or lice	ensed to solic	cit contribution	ns or has been notified	it is exempt from		
registration of licensing.							

				107-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

	art I	Fundraising Events. Com	plete if the organization	n answered "Vee" on Fe	20·	-5537148 Pa
		Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than		and gross income on For	m 990, Part IV, line 18, o	r reported more
	Т	gross receipts greater than	n \$5,000.	and groot motifie off Pol	ill 990-EZ, lines 1 and 6b	. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
- 2.			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
nue		0		(====, ,,p=)	(total number)	
Revenue	1	Gross receipts				
-	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es	6	Rent/facility costs				
Sesuediza Delices	7	Food and beverages				
מני	8	Entertainment				
7						
	9	Other direct expenses				
	10	Direct expense summary. Add lines	1 through 0 in column (d)			
	11	Net income summary. Subtract line 1	10 from line 3, column (d)			
ar	rt III	Gaming. Complete if the or	rganization answered "	Yes" on Form 990 Part	W line 19 or reported me	
_		than \$15,000 on Form 990	-EZ, line 6a.	and an arm over and	iv, mic 10, or reported mic	ле
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
	_					
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs · · · ·				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	7 [Direct expense summer: Add the	the state of the s			
	•	Direct expense summary. Add lines 2	urrough 5 in column (d)			
	8	Net gaming income summary. Subtra	ct line 7 from line 1, colum	n (d)		
	⊏nte	r the state(s) in which the organization	n conducts gaming activitie	es:		•
,	If "No	e organization licensed to conduct gar o," explain:	ming activities in each of the	nese states?		··· Yes 🗌 No
	Were	any of the organization's gaming lice	enses revoked, suspended	or terminated during the tax	year?	· · · 🗌 Yes 📗 No
1	It 11/1					
)	If "Ye	s," explain:				
	If "Ye	5, ехріані.				

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Paws Patrol Inc

► Attach to Form 990 or 990-EZ.

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

Inspection Employer identification number

100001110		20-553714	48
01. Description of other expenses (Part I, line 16)		
Description	Amount		
Insurance	859		
Food/Cat Items	39,998		
Office Expenses	281		
Advertising	4,740		
Equipment Maintenance	279		
Bank and Credit Card Charges	1,596		
Depreciation	200		
Subscriptions	75		
02. Description of other assets (Par	ct II, line 24)		
Category	Beginning of Year	End of Year	
Equipment, net of depreciation	751	551	
			-
Description of total liabilities	(Part II, line 26)		
Category	Beginning of Year	End of Year	
Credit Cards Payable	18,070	14,649	
Oue to P Hogan	1,786	0	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 179

Form 4562 (2018)

	D		Dudines.	of dollarly to write	ch this form relates			Identifying number
	ws Patrol Inc		FC	RM 990	- 1			20-5537148
Pa	rt I Election To Expe	nse Certain Pr	operty Under Sec	tion 179				120 3337140
	Note: If you have ar	ny listed property,	complete Part V bet	ore you com	plete Part I.			
1	Maximum amount (see instruction	ns)					1	
2	Total cost of section 179 property	y placed in service (see instructions) .				2	
3	Threshold cost of section 179 pro	operty before reduct	tion in limitation (see ins	tructions)			3	
4	Reduction in limitation. Subtract	line 3 from line 2. If:	zero or less, enter -0-				4	
5	Dollar limitation for tax year. Sub-	tract line 4 from line	1. If zero or less, enter	-0 If married	filing	D (5) (5)	-	
	separately, see instructions · ·						5	
6	(a) Description of	of property		(business use on		cted cost	1 3	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 2.16	cied cost		
7	Listed property. Enter the amount	from line 29 .		7	7			
8	Total elected cost of section 179		nts in column (c), lines (120 S TS	8	
9	Tentative deduction. Enter the sm	aller of line 5 or line	8				9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter	the smaller of busin	ness income (not less th	an zero) or lin	e 5 Soo instru	tions.		
12	Section 179 expense deduction.	Add lines 9 and 10	but don't enter more tha	n line 11			11	
13	Carryover of disallowed deduction	n to 2019 Add lines	9 and 10 less line 12	► 1	2	• • •	12	
Note:	Don't use Part II or Part III below	for listed property. In	nstead use Part V		3	*** ** ***		
Par	t II Special Depreciat	ion Allowance	and Other Depre	ciation (D	on't include l	iotod pr	0004	· Carlanta (
14	Special depreciation allowance for	or qualified property	(other than listed propor	ty) placed in a	on tincidde i	isted pr	operty	. See instructions.)
	during the tax year. See instruction		· · · · · · · · · · · · · · · ·					
15	Property subject to section 168(f)						14	
16	Other depreciation (including ACF						15	
			lude listed property	Coo inaterrati		• • • •	16	
Par								
Par	t III MACRS Deprecia	TOO (DOILE			ons.)			
			Section /	4				
17	MACRS deductions for assets pla	ced in service in tax	Section A x years beginning before	2018			17	200
17 18	MACRS deductions for assets pla If you are electing to group any as	aced in service in tax esets placed in servi	Section A x years beginning before ice during the tax year in	2018 · · to one or more	e general		17	200
17 18	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here	ced in service in tax sets placed in servi	Section A x years beginning before ice during the tax year in	2018 · · · to one or mor	e general	п		
17 18	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here	seed in service in tax sets placed in servi 	Section Ax years beginning before ice during the tax year ir	2018 · · · to one or more	e general	п		
17 18	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here	esets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general	п	ciatio	n System
17 18	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here Section B - Assets (a) Classification of property	seed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more	e general ▶ the General	Depre	ciatio	
17 18	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here Section B - Assets (a) Classification of property 3-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general ▶ the General	Depre	ciatio	n System
17 18 19a b	MACRS deductions for assets platif you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general ▶ the General	Depre	ciatio	n System
17 18 19a b	MACRS deductions for assets plat of the second seco	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general ▶ the General	Depre	ciatio	n System
17 18 19a b c	MACRS deductions for assets pla If you are electing to group any as asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general ▶ the General	Depre	ciatio	n System
17 18 19a b c d	MACRS deductions for assets plat if you are electing to group any assets accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	2018 · · · to one or more . · · · · Year Using	e general ▶ the General	Depre	ciatio	n System
17 18 19a b c d e f	MACRS deductions for assets platifyou are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	Year Using (d) Recovery period	e general ▶ the General	Depre	ciatio	n System
17 18 19a b c d e f	MACRS deductions for assets plat if you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	Year Using (d) Recovery period	e general the General (e) Convention	Depre (f) Metr	ciatio	n System
17 18 19a b c d e f g	MACRS deductions for assets plat of you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	Year Using (d) Recovery period 25 yrs. 27.5 yrs.	e general the General (e) Convention	Depre	ciatio	n System
17 18 19a b c d e f g	MACRS deductions for assets plat of you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	Year Using (d) Recovery period	e general the General (e) Convention	Depre (f) Metr	ciatio	n System
19a b c d e f g h	MACRS deductions for assets plat of you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real	seets placed in service in tax seets placed in servi 	Section A x years beginning before ice during the tax year ir	Year Using (d) Recovery period 25 yrs. 27.5 yrs.	e general the General (e) Convention	(f) Meth	ciatio	n System
19a b c d e f g h	MACRS deductions for assets plat of you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 25-year property Residential rental property Nonresidential real property	Placed in Service in tax seets placed in Service (b) Month and year placed in Service	Section Ax years beginning before the during the tax year in tax year in the tax year in tax year. (c) Basis for depreciation (business/investment use only-see instructions)	2018 to one or more Year Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e general the General (e) Convention MM MM MM MM	Depre	ciatio	n System (g) Depreciation deduction
117 118 119a b c d e f g h	MACRS deductions for assets plat of you are electing to group any assasset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 28-year property Residential rental property Nonresidential real property Section C - Assets PI	Placed in Service in tax seets placed in Service (b) Month and year placed in Service	Section Ax years beginning before the during the tax year in tax year in the tax year in tax year. (c) Basis for depreciation (business/investment use only-see instructions)	2018 to one or more Year Using (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e general the General (e) Convention MM MM MM MM	Depre	ciatio	n System (g) Depreciation deduction
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