## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2018 or tax year beginning 2018, and ending 20 JULY 1 JUNE 30 Name of foundation A Employer identification number 27-0871188 **HEALTHY PAWS FOUNDATION** Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) P.O. BOX 50034 203-278-2013 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ **BELLEVUE, WA 98015** G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return ☐ Amended return 2. Foreign organizations meeting the 85% test, Address change ☐ Name change check here and attach computation If orivate foundation status was terminated under H Check type of organization: 
☑ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method 
☐ Cash ☐ Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 91,420 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) 402,469 2 Check ► ☐ if the foundation is not required to attach Sch. B. 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents . Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . 9 Income modifications 10a Gross sales less returns and allowances Less. Cost of goods sold . . C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 380 and Administrative Other professional fees (attach schedule) . . . 17 18 Taxes (attach schedule) (see instructions) . . Depreciation (attach schedule) and depletion . 20 21 Travel, conferences, and meetings . . . . . Printing and publications . . . . Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . 25 409,500 Contributions, gifts, grants paid . . . 409,500 26 Total expenses and disbursements. Add lines 24 and 25 409,880 409,500 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -7,411 **Net investment income** (if negative, enter -0-) .

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-) . .

Cat No 11289X

Form 990-PF (2018)



Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year		
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash – non-interest-bearing	98,831	91,420	91,420		
	2	Savings and temporary cash investments		•			
	3	Accounts receivable ►					
		Less. allowance for doubtful accounts ▶					
	4	Pledges receivable ▶	' <u>f</u>				
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	1	disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶					
		Less allowance for doubtful accounts ▶					
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments—U.S and state government obligations (attach schedule)					
	ь	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment. basis ▶					
		Less. accumulated depreciation (attach schedule) ▶			<del></del>		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶					
		Less. accumulated depreciation (attach schedule) ▶			·		
	15	Other assets (describe ►)			<del></del>		
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item i)	98,831	91,420	91,420		
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
Ë	19	Deferred revenue			i		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1		
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ►)					
	23	Total liabilities (add lines 17 through 22)					
<b>'</b>		Foundations that follow SFAS 117, check here ▶ □			,		
alances		and complete lines 24 through 26, and lines 30 and 31.	ļ		į		
au	24	Unrestricted	98,831	91,420			
ē	25	Temporarily restricted					
d B	26	Permanently restricted					
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □	i		1		
Ē		and complete lines 27 through 31.	1				
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
Į,	30	Total net assets or fund balances (see instructions)					
Ze.	31	Total liabilities and net assets/fund balances (see	ĺ	!	1		
		instructions)	98,831	91,420			
	rt III	Analysis of Changes in Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·			
1		I net assets or fund balances at beginning of year-Part II, colur					
		of-year figure reported on prior year's return)	<u>1</u>	98,831			
2		r amount from Part I, line 27a		-7,411			
3		r increases not included in line 2 (itemize) ▶					
4		lines 1, 2, and 3		4	91,420		
5	Decr	reases not included in line 2 (itemize)		5			
6	5 Decreases not included in line 2 (itemize) ► 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 91,420						

Part IV Capital Gains and Losses for Tax on Investment Income						
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) How acquired P—Purchase D—Donation (m)					(d) Date sold (mo , day, yr )
<u>1a</u>						
<u> </u>	<del></del>					
<u>c</u>	<del></del>		<del></del>			<del>                                     </del>
<u>d</u> e`						<del></del>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) s (f) minus (g))
а						
<u>b</u>						
<u>C</u>	·····					<del></del>
<u>d</u>	<del></del>					<del></del>
<u>e</u>	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69		
	Complete only for assets sho	<del></del>		s of col (i)		iol (h) gain minus iot less than -0-) <b>or</b>
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(j), if any		(from col (h))
a	<u> </u>					<del></del>
b						
c						
d						
<u>e</u>						
2	Capital gain net income or		so enter in Pai inter -0- in Par		2	<u> </u>
3	If gain, also enter in Part	n or (loss) as defined in sections 1 I, line 8, column (c). See instruct	ions. If (loss),		3	
Part		er Section 4940(e) for Reduc		et Investment		<del>-</del>
Was ti	s," the foundation doesn't q	e this part blank. section 4942 tax on the distributa ualify under section 4940(e). Do n unt in each column for each year;	ot complete th	nis part.		☐ Yes ☑ No
	(a)		See the mstru		iking any entries	(d)
Cale	Base period years ndar year (or tax year beginning in)	<del></del>		noncharitable-use as	sets (col (b	stribution ratio ) divided by col (c))
	2017 2016	184,			3,050	1.44
	2015	<del></del>	250		),085 ),085	1.07 
<del></del>	2014		000	<del></del>	9,550	1.2
	2013		750		2,462	6.8
2	Total of line 1, column (d)				. 2	10.88
3	•	for the 5-year base period—dividual undation has been in existence if		-	. <b>3</b>	2.176
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5					197,000
5	Multiply line 4 by line 3					428,672
6	Enter 1% of net investmen	6	0			
7	Add lines 5 and 6				. 7	428,672
8	Enter qualifying distribution If line 8 is equal to or grea Part VI instructions.	ns from Part XII, line 4 ter than line 7, check the box in F	 Part VI, line 1b	 , and complete ti	. 8 nat part using a	409,500 1% tax rate. See the
	rait vi instructions.			<del></del>		Form <b>990-PF</b> (2018)

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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ıctio	ns)			
1a				1			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
_	here ▶ □ and enter 1% of Part I, line 27b						
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of						
_	Part I, line 12, col. (b).						
2							
3	Add lines 1 and 2						
4							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5						
6	Credits/Payments:						
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a						
b	Exempt foreign organizations—tax withheld at source 6b			· 1			
c	Tax paid with application for extension of time to file (Form 8868) . 6c						
d	Backup withholding erroneously withheld 6d			j			
7 7	Total credits and payments. Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax   Refunded   11						
	VII-A Statements Regarding Activities						
			Yes	No			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	163	- <del></del>			
	participate or intervene in any political campaign?	1a					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	46		/			
	instructions for the definition	1b		<u> </u>			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			ì			
_	published or distributed by the foundation in connection with the activities.	1c		<del>_</del> _			
	c Did the foundation file Form 1120-POL for this year?						
a	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			- 1			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- 1			
_	on foundation managers ▶ \$			بـ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>			
	If "Yes," attach a detailed description of the activities.			l			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a					
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5					
	If "Yes," attach the statement required by General Instruction T.	i 1		- 1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or	i i		- {			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	~				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			1			
	WASHINGTON			1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<b>V</b>				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
-	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9	~	_			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10		•			

Part	: VII-A	Statements Regarding Activities (continued)			
				Yes	No
11		time during the year, did the foundation, directly or indirectly, own a controlled entity within the ig of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		,
12		e foundation make a distribution to a donor advised fund over which the foundation or a disqualified had advisory privileges? If "Yes," attach statement. See instructions	12		,
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
		e address WWW.HEALTHYPAWSFOUNDATION.ORG			
14	The bo		3-278-		<del>-</del> -
	Locate	d at ► 11120 NE 33TH PL SUITE 200, BELLEVUE, WA ZIP+4 ►	9800	4	
15		n 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	•	•	
		ter the amount of tax-exempt interest received or accrued during the year		V	
16		time during calendar year 2018, did the foundation have an interest in or a signature or other authority	40	Yes	No
		bank, securities, or other financial account in a foreign country?	16		· -
	the fore	e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of eign country ▶			
Part	VII-B	<u> </u>			
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	_	the year, did the foundation (either directly or indirectly).			
		gage in the sale or exchange, or leasing of property with a disqualified person? Yes			] !
		row money from, lend money to, or otherwise extend credit to (or accept it from) a			1 1
		qualified person?			) ]
		nish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
		r compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No nsfer any income or assets to a disqualified person (or make any of either available for			]
		benefit or use of a disqualified person)?			
		ee to pay money or property to a government official? (Exception. Check "No" if the		!	] ]
		ndation agreed to make a grant to or to employ the official for a period after			
		nination of government service, if terminating within 90 days.)			] ]
b		answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
		tions section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organia	zations relying on a current notice regarding disaster assistance, check here			1
С		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		ot corrected before the first day of the tax year beginning in 2018?	1c		~
2		on failure to distribute income (section 4942) (does not apply for years the foundation was a private ng foundation defined in section 4942(j)(3) or 4942(j)(5)).	!		
а		end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
		t XIII) for tax year(s) beginning before 2018?			
		" list the years ▶ 20, 20, 20, 20			{
b		are any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
		g to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to s listed, answer "No" and attach statement—see instructions)	<u> </u>		لــــا
	•	· ·	2b		<del></del> -
С		rovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			] }
3a	Did the	foundation hold more than a 2% direct or indirect interest in any business enterprise	l		
-		time during the year?			
h	-	" did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
U		ified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			[ [
		-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		tion had excess business holdings in 2018.)	3b		
4a	Did the	foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the	foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitat	ole purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		~

Par	Statements Regarding Activities	s tor v	vnich Form	4/20	мау ве н	equire	ed (contil	nuea)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	✓ No	·		
	(2) Influence the outcome of any specific public		-			-	_	<b></b>			
	directly or indirectly, any voter registration dri						=	✓ No			
	(3) Provide a grant to an individual for travel, stu						☐ Yes	✓ No	'		
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions			-			Yes	□ N-			
	(5) Provide for any purpose other than religious,						_	<b>∠</b> No	'		
	purposes, or for the prevention of cruelty to o							✓ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the						_				
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regarding		_					▶□			
С	If the answer is "Yes" to question 5a(4), does to	•				the tax		_			
	because it maintained expenditure responsibility							☐ No			
	If "Yes," attach the statement required by Regula	ations s	section 53.49	45-5(d)	١.						
6a			•								
	on a personal benefit contract?						☐ Yes	✓ No			
b	Did the foundation, during the year, pay premium	ns, dire	ectly or indire	ctly, on	a personal	benefi	t contract	? .	6b	]	~
	If "Yes" to 6b, file Form 8870.					_	_	_			
	At any time during the tax year, was the foundation a						∐ Yes	_	I—		
ь	If "Yes," did the foundation receive any proceeds							ገ? .	7b		
8	Is the foundation subject to the section 4960 tax remuneration or excess parachute payment(s) du							[2] Na			
Par	t VIII Information About Officers, Direct										
, ai	and Contractors	1013,	ilustees, i	Junqu	aon man	.gc. 5,	inginy i	u.u L	inploy	· · · · · · · · · · · · · · · · · · ·	
1	List all officers, directors, trustees, and found	ation r	managers ar	d their	compens	ation. S	See instru	uctions			
	(a) Name and address	(b) Titl	e, and average irs per week ed to position	(c) Co	mpensation lot paid, ter -0-)	(d) ( emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse aco	
ROBE	RT JACKSON	CEO	<u> </u>								
PO BO	OX 50034 BELLEVUE, WA 98015				0			0			0
					<del></del>						
••••											
2	Compensation of five highest-paid employee "NONE."	s (oth	er than tho	se incli	uded on li	ne 1—:	see instr	uction	s). If no	one, d	enter
			/b) Title and a	weraco			(d) Contribu				
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	employee plans and o compens	deferred	(e) Expe other a	nse acc allowan	
NONE											
_							<u> </u>				
							1				
			L								
<b>-</b> -											
			<del> </del>				<u> </u>				
·				i							
			<del>                                     </del>								
·	······										
Total	number of other employees paid over \$50,000 .		<del></del>		<u> </u>		L	. •			
· viai	number of other employees paid over woo,000 .	<u> </u>	<u> </u>	<u> </u>	<del></del>	<del></del>	<del></del>	<u> </u>			

Par	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
<b></b>		
Total	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	ADOPTION GROUP SUPPORT TO ANIMAL RESCUE AND ANIMAL ADOPTION AGENCIES	
		409,500
2		-
•		<del> </del>
3		ļ
4		
-		
Par	IX-B Summary of Program-Related Investments (see instructions)	
De	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
•		<u> </u>
2		
All	other program-related investments. See instructions	
3		
		1
Total	Add lines 1 through 3	
		Form <b>990-PF</b> (2018)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	ign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	200,000
c	Fair market value of all other assets (see instructions)	1c	200,000
d	Total (add lines 1a, b, and c)	1d	200,000
e	Reduction claimed for blockage or other factors reported on lines 1a and	<del></del>	200,000
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	200,000
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	<del>-</del>	200,000
•	instructions)	4	3,000
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	197,000
6	Minimum investment return. Enter 5% of line 5	6	9,850
Part			
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	<del> </del>
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	7	
	line 1	/7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	409,500
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	l
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	409,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	409,500
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	
			Com QQQ DE (0010)

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018.				
a	Enter amount for 2017 only				
р	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018: From 2013				/
a b	From 2014		,		
c	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII, line 4. ▶ \$				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				
e	Remaining amount distributed out of corpus		/	<del></del>	
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			_	
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 49/42(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2013 not applied on Jine 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:			-	
а	Excess from 2014				ł
b	Excess from 2015				1
2	Excess from 2016				
	Excess from 2017				j

Part	XIV Private Operating Founda	tions (see instru	ctions and Part V	/II-A guestion 9		rage 10
	If the foundation has received a ruling				<u> </u>	
	foundation, and the ruling is effective fo	-		- 1	AUGUST	26 2000
b	Check box to indicate whether the four	•				3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	operating roundation	Prior 3 years	011011 EJ 4042U/	0) 01
	income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for each year listed		6,403	5,565	3,001	24 910
b		9,850				24,819
C	85% of line 2a	8,373	5,443	4,730	2,551	21,097
Ŭ	line 4 for each year listed	400 500	104 000	110 110	22,250	734,944
d	Amounts included in line 2c not used directly	409,500	184,082	119,112	22,250	734,944
•	for active conduct of exempt activities .					
е	Qualifying distributions made directly	<del></del>				
-	for active conduct of exempt activities					
	Subtract line 2d from line 2c	409,500	184,082	119,112	22,250	734,944
3	Complete 3a, b, or c for the	409,300	104,002	119,112	22,230	734,344
•	alternative test relied upon:					
а	"Assets" alternative test—enter.	1	1	Ì	ľ	
a	(1) Value of all assets	91,420	98,831	107,724	76,694	374,669
	(2) Value of assets qualifying under	51,420	30,031	107,724	70,094	3/4,009
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					<del></del>
	of minimum investment return shown in Part X, line 6 for each year listed	6,570	4,269	3,712	2,002	16,553
С	"Support" alternative test—enter:	3,5.5	- ,,-	9,		
_	(1) Total support other than gross		1			
	investment income (interest,			i		
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)	[				
	(2) Support from general public					
	and 5 or more exempt		}	i		
	organizations as provided in section 4942(j)(3)(B)(III)		1			
	(3) Largest amount of support from					
	an exempt organization	]				
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete thi	s part only if th	e foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instruction	s.)	<del></del>		
1	Information Regarding Foundation	-				
а	List any managers of the foundation					
	before the close of any tax year (but o	only if they have co	ntributed more tha	ın \$5,000). (See se	ection 507(d)(2).)	
NONE						
b	List any managers of the foundation					ge portion of the
	ownership of a partnership or other ei	itity) of which the f	oundation has a it	0% or greater inte	rest.	
NONE			<del></del>			
2	Information Regarding Contribution			_		
	Check here ► ☑ If the foundation					
	unsolicited requests for funds. If the f	_	iπs, grants, etc., to	o individuals or or	ganizations under	other conditions,
	complete items 2a, b, c, and d. See in		f No.	<u> </u>		
а	The name, address, and telephone nu	imber or email add	ress of the person	to wnom applicat	ions snould be ad	aressea:
	The form in which applications should	L be submitted and	information and m	natorials thou shou	ıld ınclude	
b	The form in which applications should	i de submilleu and	imormation and fi	iateriais triey Silot	na moidde.	
	Any submission deadlines:	<del></del>				<del></del>
·	rang dabinidation deductions.					
d	Any restrictions or limitations on av	vards, such as by	geographical are	as, charitable fie	lds, kinds of inst	itutions, or other
	factors:					

Form 9	90-PF (2018)				Page 11
Par		tinued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fut	ture Payment	<del></del>
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
	Total	<u> </u>		<u> ▶ 3</u>	la
b	Approved for future payment				
	Total	<del></del>			)b

150	rt XVI-A	Analysis of Income-Producing A	ctivities				
Ente	r gross an	nounts unless otherwise indicated.		Isiness income	Excluded by sect	ion 512, 513, or 514	(e)
1	Program	service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	_				1		
	_						
	4						
	е				<b></b>		
	f				<u> </u>		<u> </u>
		and contracts from government agencies	ļ				
2		ship dues and assessments					
3		n savings and temporary cash investments					
4		s and interest from securities			<del></del>		
5		Il income or (loss) from real estate:			-		
		financed property			<del>                                       </del>		
		ebt-financed property			<del>                                     </del>		
_		Il income or (loss) from personal property			<del></del>		
7		estment income		ļ. <u> </u>	<del> </del>		
8 9	-	oss) from sales of assets other than inventory me or (loss) from special events	<b>—</b>		<del>                                     </del>		
10		of tor (loss) from sales of inventory		<del></del>	<del> </del> -		
11		renue: a			<del> </del>		
• •	<b>L</b>						
					<del> </del>		
	الد		1	-	1	<del> </del>	
	•						
12	Subtotal.	Add columns (b), (d), and (e)					
13	Total Ad	ld line 12 columns (b) (d) and (e)				13	
	i Otal. Au	13 mile 12, columns (b), (d), and (c)					
(See	workshee	t in line 13 instructions to verify calculation	าร.)				
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	t in line 13 instructions to verify calculation	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
See Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
Pa	workshee	Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		

Form 99		·						<del></del> .					ige 13
Part	XVII	Informatio Organizati	n Regarding Tran	isfers to	o and Trans	sactions	and Re	elationshi <sub>l</sub>	os With I	Nonchari	itable	Exe	
1	ın se		directly or indirectly of their than section									Yes	No
а			porting foundation to	a nonci	haritable exer	mpt orga	nization o	of:					
_		ash									1a(1)		~
	(2) 0	ther assets .								•	1a(2)		~
b		r transactions:											
	(1) S	ales of assets to	a noncharitable exe	mpt org	anızatıon .						1b(1)		٧
	(2) P	urchases of asse	ets from a noncharita	able exe	mpt organizat	tion					1b(2)		>
	(3) R	ental of facilities	, equipment, or othe	r assets			•			•	1b(3)		1
	(4) R	eimbursement a	rrangements								1b(4)		~
	(5) L	oans or loan gua	ırantees	•							1b(5)		~
			ervices or membersh	-	_						1b(6)		>
С		_	equipment, mailing lis				-				1c		_
d			of the above is "Yes										
			ther assets, or servi										
4.11		<u>-</u>	on or sharing arrang										
(a) Line	no (	b) Amount involved	(c) Name of noncr	naritable ex	cempt organization	on	(a) Descrip	otion of transfe	rs, transactio	ons, and snar	ing arra	ingeme	ints
	-												
	$\rightarrow$												
<del></del>	$\dashv$		<del></del>										
	+												
		<del> </del>	<u> </u>										
	-		<del> </del>					<del></del>		<del></del> -			
	-		<del></del>										
	-+												
			<u> </u>										
	-	<del></del>	<del> </del>					<del></del>					
	-+												
				<del></del>									
	-+		<del> </del>										
		<del></del>											
2a	Is the	foundation dire	ectly or indirectly af	ffiliated v	with or relati	ed to, or	ne or mo	re tax-exer	not organ	izations			
			501(c) (other than see						-		⊒ Ye	s 🗸	No
b	If "Ye	s," complete the	e following schedule							•	_	_	
	(a) Name of organization				(b) Type of organization				(c) Description of relationship				
								-					
					-								
											_		
			declare that I have examine							f my knowledg	ge and t	elief, it	is true,
Sign	corre	ct and complete theci	laration of preparer (other tha	an taxpayer)		- k	wnich prepa	rer nas any knov	wieage	May the IR			
Here				with the pre See instruct									
	Sign	ature of officer or true	stee		Date	Title				<u> </u>	<u> </u>		
Paid	/	Print/Type preparer	's name	Prepare	r's signature			Date	Chec	k ☐ if P	TIN		_
Prepa	arer self-employed												
Use (		Firm's name ▶							Firm's EIN	<u> </u>			
	- · · · · <i>,</i>	Firm's address ▶			<u> </u>			j	Phone no				
										For	m <b>99</b> (	)-PF	(2018)

#### 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

**Employer identification number** 

**HEALTHY PAWS FOUNDATION** 27-0871188 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and ill. 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,

Name of organization

HEALTHY PAWS FOUNDATION

27-0871188

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	AON FOUNDATION P.O. BOX 81200 CHICAGO, IL 60681	\$402,469	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(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				
(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				

Name of organization

Employer identification number

**HEALTHY PAWS FOUNDATION** 27-0871188

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

Name of org	ganization			Employer identification nun	ıber		
	PAWS FOUNDATION	<del> </del>	<del></del>	27-0871188			
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for the	r the year from any one itions completing Part III he year. (Enter this inforr	e contributor. ( , enter the total mation once. Se	Complete columns (a) through (e) as of exclusively religious, charitable, of	nd		
	Use duplicate copies of Part III if ad	ditional space is needed	<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is hel	d		
		•••••			<b>-</b> -		
_		(e) Transfer of	of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee			
					<b></b> -		
					<b>-</b>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is hel	d		
					<del>-</del>		
			·				
-		•••••••					
-	(e) Transfer of gift						
	Transferee's name, address, a	ship of transferor to transferee					
] -							
1.							
					<b></b> -		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	d		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
					<b>-</b> -		
1		<u> </u>					

# Healthy Paws Foundation 12 Months ended 6/30/19

27-0871188

Part I Line 1

**Contributions** 

Aon Foundation \$402,469

PO Box 81200 Chicago, IL 60681

Column (A) Column (D)

Part I Line 16

Accounting Fees

Hagen, Kurth, Perman & Co 380

Part I Line 23

**Other Expenses** 

Column (A) Column (D)

Total **\$380 \$0**