EXTENDED TO NOVEMBER 15, 2016

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

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

and ending

Inspection

B c	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	PAWS NEW ENGLAND			
H	chang Name chang			26-0	283856
	Initial return		Room/suite	+	
F	Final return	15 WHITTHE DIACE	1100111/3uito		620-9144
	termin ated			G Gross receipts \$	428,726.
	Amen			H(a) Is this a group re	
	Applic	•		for subordinates	
	pendi	875 COUNTRY CREEK DR, SALINE, MI 48176	6	H(b) Are all subordinates in	
T 7	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	⊣ ` ´	list. (see instructions)
		e: WWW.PAWSNEWENGLAND.COM		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: MA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: WE RI	ESCUE	ABANDONED, N	EGLECTED,
Governance		AND ABUSED DOGS AND PROVIDE THEM WITH VET	rerin <i>i</i>	ARY CARE, FOO	D AND A
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets.
ŏ	I			3	8
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			0
ies	I	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0
Acı		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
		0 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 193,171.	Current Year 217,389.
Revenue		Contributions and grants (Part VIII, line 1h)		266,760.	211,337.
	I	Program service revenue (Part VIII, line 2g)		200,700.	0.
æ	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		459,931.	428,726.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	33.		
û	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		443,547.	440,930.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		443,547.	440,930.
	19	Revenue less expenses. Subtract line 18 from line 12		16,384.	-12,204.
t Assets or nd Balances			Ве	eginning of Current Year	End of Year
alan	20	Total assets (Part X, line 16)		33,624.	20,776.
ot As	21	Total liabilities (Part X, line 26)		1,759.	1,115.
ŽĒ		Net assets or fund balances. Subtract line 21 from line 20		31,865.	19,661.
		Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
uue,	, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of wil	iicii preparei	l lias ally kilowieuge.	
Sig	n	Signature of officer		I Date	
Sigi Her		KELLY PARKER, EXECUTIVE DIRECTOR			
1101	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid	i	ROBB D. MORTON, CFM, CMA,		if self-employe	D00017527
Prep	parer		LLP	Firm's EIN	13-4260189
Use	Only	Firm's address 48 BAY ROAD, PO BOX 374			
		HADLEY, MA 01035		Phone no.41	3-587-0099
May	the II	AS discuss this return with the preparer shown above? (see instructions)			X Yes No

Page **2**

Pai	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE RESCUE ABANDONED, NEGLECTED, AND ABUSED DOGS AND PROVIDE THEM WIT	
	VETENNARY CARE, FOOD, AND A SAFE PLACE TO STAY WHILE THEY RECUPERATE	•
	WHEN THEY ARE READY FOR ADOPTION, WE PLACE THEM INTO LOVING HOMES.	
	PAWS HAS RESCUED OVER 6,500 DOGS SINCE OUR ORGANIZATION WAS CREATED.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	
	IN 2014 COMPLETED 692 ADOPTIONS ALL HOMES WERE THOROUGHLY SCREENED V	IA
	ADOPTION APPLICATIONS AND HOME VISITS. ALL ADOPTIONS WERE COMPLETED	
	WITH ADOPTION CONTRACTS CLEARLY STATING THE EXPECTATIONS OF OUR	
	ORGANIZATION. ADOPTERS ARE ARMED WITH DESIGNATED VOLUNTEERS IN THE	
	ORGANIZATION TO APPROACH WITH ANY CHALLENGES THAT ARISE. OUR WEBSITE	
	HAS A DESIGNATED RESOURCE SECTION TO HELP WITH COMMON BEHAVIORAL AND	
	MEDICAL ISSUES. IF SIGNIFICANT CHALLENGES OCCUR, PAWS WILL ALWAYS TA	KE
	BACK THE DOG TO ENSURE THAT OUR OVER-BURDENED SHELTER SYSTEM IS NOT	
	FURTHER STRESSED BY ANIMALS THAT ARE PAWS @LUMNIOUR ORGANIZATION	
	ALSO HAS CLOSE TIES WITH SOME OF THE MOST SUCCESSFUL TRAINERS IN NEW	
	ENGLAND WHO HAVE AIDED MANY OF OUR ADOPTIVE HOMES THAT ARE STRUGGLING	<u> </u>
	WITH BEHAVIORAL CHALLENGES. PAWS NEW ENGLAND PRIDES ITSELF FOR	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	IN 2014, PAWS SAVED 826 DOGS FROM BEING EUTHANIZED. MOST OF THESE	
	ANIMALS WERE SET TO BE DESTROYED IN HIGH KILL SHELTERS DUE TO LACK OF	<u>F</u>
	SPACE. THE MAJORITY OF THE DOGS WERE HIGHLY ADOPTABLE ANIMALS THAT	
	SIMPLY NEEDED BASIC VETERINARY CARE AND A SAFE PLACE TO STAY WHILE T	
	ORGANIZATION UTILIZED ITS MULTIPLE RESOURCES TO FIND AN ADOPTIVE HOM	
	APPROXIMATELY 25% OF THE DOGS PULLED FROM HIGH-KILL SHELTERS WERE PAI	<u>RT</u>
	OF OUR SECOND CHANCE PROGRAM.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	2013 SAW THE ADVENT OF THE OWEN FUND, OA FUND SPECIALLY DESIGNED TO	
	OFFSET THE STAGGERING MEDICAL COSTS ASSOCIATED WITH RESCUING DOGS	
	VICTIMIZED BY TRAUMA WHO SUFFER FROM AN ARRAY OF MEDICAL ISSUES. THE	
	OWEN FUND WAS CREATED TO HONOR THE INSPIRING SPIRIT AND BRAVERY OF A	
	YOUNG PUP WHO BEAT THE ODDS. HE ARRIVED TO TIPTON COUNTY ANIMAL CONT	_
	AS JUST A PUPPY WITH ONE OF THE WORST CASES OF GENERALIZED MANGE THA	Г
	OUR RESCUE GROUP HAD EVER SEEN. ALL TOO OFTEN, A DOG LIKE OWEN WOULD	
	HAVE BEEN EUTHANIZED IN A OVERCROWDED SHELTER WITHOUT FANFARE. ANOTH	
	VICTIM ABUSE AND NEGLECT WHO ENDURED THE WORST OF HUMANITY AND THEN I	MET
	A TRAGIC AND UNTIMELY END BECAUSE NO ONE HAD THE TIME, ENERGY, OR	
	RESOURCE TO TAKE IN SUCH A DAMAGEDODOG. PAWS NEW ENGLAND HAS ALWAYS	
	BELIEVED THAT THESE ARE THE DOGS THAT ARE THE FABRIC OF OUR	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 433,644.	
	_ ^^	1 1001 -

Form 990 (2015) PAWS NEW ENG Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40,		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\vdash \vdash \vdash$	X
	, 1 , , ,	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	11h		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-25
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.0	complete Schedule G, Part III	19		Х
		5	000	

Form 990 (2015) PAWS NEW ENGLAND Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 21 21 22 23 24 25 26 26 27 28 28 29 20 20 20 21 21 22 23 24 25 26 26 26 27 28 28 29 20 20 20 21 22 23 24 25 26 26 26 27 28 29 20 20 20 21 22 23 24 25 26 26 26 27 28 29 20 20 20 21 22 23 24 25 26 26 26 26 27 28 29 20 20 20 20 21 22 23 24 25 26 26 26 27 28 29 20				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III 22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 24 Did the organization schedule I, Parts I and III 25 Schedule J. 26 Line Grant IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 27 Line Grant IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 28 Line Grant IX, column (A), line 27 if "Yes," complete Schedule IX, answer lines 240 through 240 and complete Schedule IX, III in IX, and IX, an	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$a bout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV, and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K If "No", go to line 25s 10 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 21 Did the organization manitain an escrow account other than a refunding escrow at any time during the year of the organization and as an *On behalf off issuer for bonds outstanding at any time during the year? 22 Did the organization act as an *On behalf off issuer for bonds outstanding at any time during the year? 23 Did the organization act as an *On behalf off issuer for bonds outstanding at any time during the year? 24 Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25 Section 501(28), 501(4)(4), and 501(4)(29) organizations. Out the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, substantial contributors or any classified person of any of these persons? If "Yes," complete Schedule L, Part	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 3 Did the organization area "Yes" to Part IVI, Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 3 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year' 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b X 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, lightest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees or a family member of air any of these persons? If "Yes," complete Schedule L, Part IV 25b A family member of air current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 20 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 21 Al Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 22 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 23 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25 It is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 26 It is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person of the schedule L, Part II 27 Did the organization report any amount on Part X, in 5, 6, or 22 for receivables from or payables to any current or former officer, usutess, key employees, highest compensated employees, or discqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 A Was the organization report any amount on Part X, in 6, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employ		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusteess, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization arian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization as disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b X 27d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, prior persons? If "Yes," complete Schedule L, Part II 28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee threef, a grant as transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions? 27d A current or former offic	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions; and current or former officer, director, trustee, or key employee (Ir "Yes," complete Schedule L, Part IV 28a X 3 X 3 Did the organization have a transaction of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employees, or displaced in quality of the organization related to any to the schedule L, Part IV 28b X 3 X 3 Did the organization action aparty to a business transaction with near the organization action aparty to a business transaction with near the organization action aparty to a business transaction with near the organization action aparty to a business transaction with near the organization action aparty to a business transaction with near the organization action aparty to a business transaction with near the organization and the organiza		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Zhab Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Zhab Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Zhab Zh		Orbital India	23		Х
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/S), 501(c/K), and 501(c/X29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L. Part 1 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L. Part 1 25b Schedule L. Part 1 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-EZ? If "Yes," complete Schedule L. Part 1 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, indisent contributor or employee thereof, a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X Did the organization and accurrent or former officer, director, trustee, or key employee? If "Y	24a				
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29	28				
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	С				37
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contributions? If "Yes," complete Schedule M 30	29		29		<u> </u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	30				٠,,
If "Yes," complete Schedule N, Part I 31			30		<u> </u>
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Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33				
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	b				
			35b		
If "Vos " complete Schodule P. Part V. line ?	36				
II Tes, Complete Schedule II, Fait V, III e 2		If "Yes," complete Schedule R, Part V, line 2	36		Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		v
	to file Form 8282?	 I	 I	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		200 10	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining dense advised funds. Did a dense advised funds printering dense advised funds are required funds.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the appropriate proprietion makes a distribution to a decay depart during a valeted payons.			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		/02 ··
				Form	1 990	(2015

532005 12-16-15 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KELLY PARKER - 617 620-9144			
	875 COUNTRY CREEK DRIVE, SALINE, MI 48176			

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	mpei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	Ĭ		(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	nless person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	┢	Jer an	uaa	iii ecit	Ji / if US	(66)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mpen		(** 2) 1000 (**100)		and related
	below	iduali	Institutional trustee	<u></u>	Key employee	est co oyee	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) KELLY PARKER	35.00									
COFOUNDER, EXECUTIVE DIREC		Х		Х				0.	0.	0.
(2) JOANNE HUTCHINSON	35.00									
COFOUNDER, DIR OF OPNS		Х		Х				0.	0.	0.
(3) DIANE GENDRON	15.00									
MO LIASON		Х						0.	0.	0.
(4) BECKY CLOUTIER	35.00									
CO-FOSTER COORDINATOR		Х						0.	0.	0.
(5) MELISSA RODAS	15.00									
MEDIA RELATIONS		Х						0.	0.	0.
(6) RIKKI-LEIGH GAUDET	25.00									
DIR OF ACCOUNTING		Х						0.	0.	0.
(7) DEBRA TESTA	35.00									
CARETAKER		Х						0.	0.	0.
(8) JENN JOHANESSEN	35.00							_	_	_
DIR OF VETERINARY CARE		Х						0.	0.	0.
		-								
		<u> </u>	_	_		_	<u> </u>			
		-								
		-								
		-								

rai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>/ees</u>	<u>, an</u>	<u>a Hı</u>	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	ions compensatio			e ion ed
			-											
			-											
			-											
	Sub-total Total from continuation sheets to Part V								0.		0.			0
d	Total (add lines 1b and 1c)								0.		0.			0
	Total number of individuals (including but no compensation from the organization	not limited to tr	10Se	IISTE	∍a ai	DOV	e) wi	no re	eceived more than \$100	J,000 of reportable	e 		Yes	No
3	Did the organization list any former officer,												res	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	· · · · · · · · · · · · · · · · · · ·			3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a	accrue compe	nsat	tion f	from	n any	y unr			idual for services		4		X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or su	uch ,	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business	address	N	ONI	Ε				(B) Description of s	services	С	(C ompe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
												Form	990 (2	2015

		(10:0)	NEW ENGI	AND			26-0283	856 Page 9
Pa	rt V							
		Check if Schedule O conta	ains a response	or note to any line		/ <u>-</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a Federated campaigns	1a					
ar our	-	b Membership dues	1b					
S, (c Fundraising events	1c					
a ii		d Related organizations						
imi,		e Government grants (contribution	· -					
it is	1	f All other contributions, gifts, grant						
혈취		similar amounts not included abov	/e 1f	217,389.				
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contributions included in lines	1a-1f: \$		045 200			
<u>a</u>		h Total. Add lines 1a-1f			217,389.			
		ADODUTON DONAUT	OMG	Business Code	211 227	011 227		
Program Service Revenue	2 :			900099	211,337.	211,337.		
ue n		b						
m S		c _.						
gra Re	(d						
Pr		• All other program conting rough						
_	1	f All other program service rever g Total. Add lines 2a-2f			211,337.			
$\overline{}$	3	Investment income (including			211/33/1			
	Ü	other similar amounts)	•					
	4	Income from investment of tax		. г				
	5	Royalties		· · · ·				
		,	(i) Real	(ii) Personal				
	6	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	١	b Less: cost or other basis						
		and sales expenses		\perp				
		c Gain or (loss)		<u> </u>				
		d Net gain or (loss)		·····				
ne	8	a Gross income from fundraising						
ven		including \$						
Be		contributions reported on line	•					
Other Revenue		Part IV, line 18 b Less: direct expenses						
₽		c Net income or (loss) from fund		>				
		a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gami						
		a Gross sales of inventory, less i						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
Ī	11 :	a						
	- 1	b						
		С						
		d All other revenue						
	•	e Total. Add lines 11a-11d		▶ [100 = 05	044 005		

Total revenue. See instructions.

428,726.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX. Do not include amounts reported on final s6, 78, 89, 89, and 109 of Part VIII. Total expenses I Grants and other assistance to domestic organizations and somestic governments. Ser Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to domestic individuals. See Part IV, line 25. Grants and other assistance to domestic individuals. See Part IV, line 25. Grants and other assistance to domestic individuals. See Part IV, line 25. Grants and tother assistance to domestic individuals. See Part IV, line 25. Grants and tother assistance to disconfilling individuals. See Part IV, line 25. Grants and tother assistance to disconfilling individuals. See Part IV, line 25. Other satisfacts and vages Progression of current offices, directors, trustees, and contributions (include section 4010); and persons descrated in saction 4886(x/3)(b). Other employee benefits Payrol taxes Person para accusas and contributions (include section 4010); and 40(30) engings contributions) Payrol taxes Payrol taxes Progressional fundraising services. See Part IV, line 17. I Investment management fees. O Accounting. I begal O Accounting. I conting. O Companies. O Companies. Progrants of travel or instratiniment expenses for any feeton control, depetion, and amontization manual. Progrants of travel or instratiniment expenses for any feeton control, depetion, and amontization manual. Progrants of travel or instratiniment expenses for any feeton public officials. O Companies. O Companies	Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
70, 80, 98, and 10th of Part VIII. Grants and other assistance to domestic organizations and domestic organizations and domestic povernments. See Part IV, line 12 and the comments of the co	Do		(A)	l (B)	(C)	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to foreign individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Bennetits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation not included above, to disqualified persons (as direction 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(8) 7 Other satisfies and vages Peesion plan accruals and contributions (include section 40 (f)(4) and 43(5) employer contributions) 9 Other employee benefits 10 Payoril taxes 10 Payoril taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Lobbying 15 Foots for services (non-employees): 15 Royalite 16 Lobbying 17 Investment management foes 18 Jegal 19 Contribution of the service			Total expenses	Program service	Management and	Fundraising
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FOOD/SUPPLIES/TRAINING/ 133,175. 133,175.		amount, list line 24e expenses on Schedule 0.)				
TRANSPORT BANK FEES All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а			208,307.		
BANK FEES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b					
e All other expenses 7,105. 6,762. 310. 33. 25 Total functional expenses. Add lines 1 through 24e 440,930. 433,644. 7,253. 33. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С			85,400.	C 042	
Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				6 760		22
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		·				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-	440,330.	433,044.	1,433.	33.
educational campaign and fundraising solicitation.	∠0	, , , , ,				
		1 7 7 1				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		33,624.	1	20,776.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensations	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
ফ		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	The state of the s		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		33,624.	16	20,776.
	17	Accounts payable and accrued expenses		1,759.	17	1,115.
	18	Grants payable	•	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ý	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee				
apil		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	_		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	*			
		0 1 1 1 0			25	
	26	Total liabilities. Add lines 17 through 25		1,759.	26	1,115.
		Organizations that follow SFAS 117 (ASC 958				
S		complete lines 27 through 29, and lines 33 ar				
ű	27	Unrestricted net assets		31,865.	27	19,661.
ala	28	Temporarily restricted net assets			28	
g B	29				29	
<u>.</u> 5		Organizations that do not follow SFAS 117 (A				
卢		and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds	Г		30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	_		32	
	33	Total net assets or fund balances		31,865.	33	19,661.
	34	Total liabilities and net assets/fund balances		33,624.		20,776.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	8,7	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2			30.
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	1,8	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	9,6	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PAWS NEW ENGLAND

Employer identification number 26-0283856

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect i						
3		A hospital or a cooperative					i)	
4	Ħ	A medical research organiz						the hospital's name
7		city, and state:	ation operated in co	njanotion with a noopita	1 400011500	3 111 000010	ii ii o(b)(i)(i-)(iii). Liitoi	the hoopital o hame,
_			or the benefit of a co	llaga or university owner	d or operat	tod by a g	avaramantal unit dagarik	and in
5		An organization operated for		mege of difficersity owner	u or opera	ted by a gi	overninental unit descrit	Jeu III
_		section 170(b)(1)(A)(iv). (C	•					
6	Н	A federal, state, or local gov	-					
7	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
_	v	section 170(b)(1)(A)(vi). (C						
	X	A community trust describe						
9		An organization that norma						
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment							
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.							
		See section 509(a)(2). (Cor						
10	Н	An organization organized a	•	•	-			
11	Ш	An organization organized a	•	•	•		•	
		more publicly supported or						Check the box in
		lines 11a through 11d that	* *			-	_	
а			•	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	-					
b			•					•
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
f		er the number of supported o						
g		vide the following information			Viv.) la tha a	rganization	(-) A	(-d) A f
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization		above (see instructions))	governing o		instructions)	instructions)
					Yes	No	,	,
[ota								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	244,408.	348,682.	447,989.	459,931.	278,220.	1,779,230.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	044 400	240 600	445 000	450 021	070 000	
4	Total. Add lines 1 through 3	244,408.	348,682.	447,989.	459,931.	278,220.	1,779,230.
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)						1 550 000
6	Public support. Subtract line 5 from line 4.						1,779,230.
	• •	(-) 0044	(I-) 0040	/-\ 0040	(-1) 004.4	(-) 0045	(6) T-+-I
	ndar year (or fiscal year beginning in)	(a) 2011 244, 408.	(b) 2012 348,682.	(c) 2013 447, 989.	(d) 2014 459,931.	(e) 2015 278, 220.	(f) Total 1,779,230.
	Amounts from line 4	244,400.	340,002.	447,303.	439,931.	210,220.	1,779,230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
0	and income from similar sources Net income from unrelated business						
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,779,230.
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
13	First five years. If the Form 990 is for			d fourth or fifth ta			
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2015 (ine 6, column (f) d	ivided by line 11, c	column (f))		14	L00.00 %
15	Public support percentage from 2014					15	L00.00 %
16a	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2014. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	t VI how the organ	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>;</u>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	ization'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						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0011	(h) 0010	/a\ 0010	(4) 0014	(a) 001E	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2015 (15	<u>%</u>
	Public support percentage from 2014					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
ļ	2		
	3a		
	3b		
	_		
-	3c		
	4a		
	Iu		
	4b		
L	4c		
	5a		
	5b		
Ī	5c		
	6		
-	7		
	8		
	J		
	9a		
	9b		
ļ	9c		
	30		
	10a		
Ī			
m 00	10b	10-E7	2015

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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			
	·			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? Provide details in <i>Part VI</i> .	За		
b				
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for 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			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion 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-functional	y-integrat	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2015

Par	ιv	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - D	istributions			Current Year
1	Amount	s paid to supported organizations to accomplish exer	mpt purposes		
2	Amount	s paid to perform activity that directly furthers exemp	t purposes of supported		
	organiza	tions, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amount	s paid to acquire exempt-use assets			
5	Qualified	d set-aside amounts (prior IRS approval required)			
6	Other di	stributions (describe in Part VI). See instructions.			
7	Total ar	nual distributions. Add lines 1 through 6.			
8	Distribu	ions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide	details in Part VI). See instructions.			
9	Distribu	able amount for 2015 from Section C, line 6			
10	Line 8 a	mount divided by Line 9 amount			
Secti	on E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distribu	able amount for 2015 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2015			
	(reasona	able cause required-see instructions)			
3	Excess	distributions carryover, if any, to 2015:			
а					
b					
С					
d	From 20	13			
е	From 20	14			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2015 distributable amount			
i	Carryov	er from 2010 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	ions for 2015 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2015 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remaini	ng underdistributions for years prior to 2015, if			
	any. Sul	otract lines 3g and 4a from line 2 (if amount			
	greater	han zero, see instructions).			
6	Remaini	ng underdistributions for 2015. Subtract lines 3h			
	and 4b	rom line 1 (if amount greater than zero, see			
	instructi	ons).			
7	Excess	distributions carryover to 2016. Add lines 3j			
	and 4c.				
8	Breakdo	wn of line 7:			
а					
b					
С	Excess	from 2013			
d	Excess	from 2014			
е	Excess	rom 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

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

OMB No. 1545-0047

2015

PAWS NEW ENGLAND

Employer identification number

26-0283856

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Name of organization Employer identification number

PAWS NEW ENGLAND 26-0283856

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LORRAINE LEVINE 6 SAWYER ROAD WELLESLEY, MA 02482	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE KARL & JOYCE GLADSTONE FOUNDATION 105 FOX HILL ROAD NORTH ANDOVER, MA 01845	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GEORGE & DOMINIQUE PERRIN FOUNDATION 609 BEAVERTAIL ROAD JAMESTOWN, RI 02835	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

PAWS NEW ENGLAND

26-0283856

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	
		- - - - - \$	990, 990-EZ, or 990-PF) (2015	

Name of organization Employer identification number 26-0283856 PAWS NEW ENGLAND Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Name of the organization

PAWS NEW ENGLAND

Employer identification number 26-0283856

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SAFE PLACE TO STAY WHILE THEY RECUPERATE. WHEN THEY ARE READY FOR

ADOPTIONS WE PLACE THEM IN LOVING HOMES.

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

MAINTAINING A RELATIONSHIP WITH OUR ADOPTIVE FAMILIES THAT BEGINS THE

DAY OF THE ADOPTION AND LASTS THE LENGTH OF THE ADOPTIVE DOG® LIFE.

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

ORGANIZATION AND THOROUGHLY DESERVING OF EVERY LAST RESOURCE WE CAN

SUMMON FOR THEM. OWEN® STORY DEMONSTRATES THE PAWS UNWAVERING

COMMITMENT. WHEN THEIR WAS NO SPACE FOR OWEN IN LOCAL TN FOSTER HOMES,

OUR VOLUNTEER FLEW TO GET HIM AND DROVE HIM 900 MILES BACK TO AN OPEN

FOSTER SPOT. TAKING ON SPECIAL NEEDS DOGS LIKE OWEN CAN REQUIRE

THOUSANDS OF DOLLARS IN VETERINARY, TRAINING, AND TRANSPORT COSTS. THE

OWEN FUND WAS CREATED TO ENSURE THAT DOGS LIKE OWEN WOULD ALWAYS HAVE

THE RESOURCES THEY NEED TO LIVE A HAPPY AND HEALTHY LIFE.

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

PAWS SENDS OUT AN EMAIL TO ITS BOARD MEMBERS WITH THE 990 ATTACHED. BOARD
MEMBERS ARE ENCOURAGED TO EMAIL BACK WITH ANY COMMENTS, CHANGES, OR
SUGGESTIONS

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

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, VIA OUR

WEBSITE, AND THROUGH GUIDESTAR.ORG

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Schedule O (Form 990 or 990-EZ) (2015)