** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

AFC	or the	2021 calendar year, or tax year beginning and	enaing		
B Ch	eck if plicable	C Name of organization		D Employer identifie	cation number
	Addres	PAWS OF HONOR, INC			
	Name change	Doing business as		47-56434	89
	Initial return	,	Room/suite	•	
	Final return/		G	703-403-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,007,954.
	Amend return	WILLIAMSBURG, VA 23183		H(a) Is this a group re	
	Application	F Name and address of principal officer: ROBERT F. TOONGBLOO		for subordinates	? Yes X No
	pendin	⁹ 1350 BEVERLY ROAD, SUITE 115-333, MCLEA	N, VA	H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
_		e: WWW.PAWSOFHONOR.ORG		H(c) Group exemptio	
K Fo	rm of	organization: X Corporation	L Year	of formation: 2015 N	N State of legal domicile: VA
Par		Summary			
٨		Briefly describe the organization's mission or most significant activities: $\overline{ ext{VETE}}$			
Activities & Governance		NO CHARGE FOR MILITARY AND LAW ENFORCEMEN	T DOG	S THAT HAVE	SERVED OUR
r Ja	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
5		Number of independent voting members of the governing body (Part VI, line 1b)			3
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	(5)
ξ	6	Total number of volunteers (estimate if necessary)		6	3.3
덛				7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>o</u>		Contributions and grants (Part VIII, line 1h)		5,199,192.	7,898,571.
el		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	378.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,872.	33,157.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,225,064.	7,932,106.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		285,078.	373,905.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	110 250
è		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,060.	118,359.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		472,209.	606,597.
X		Total fundraising expenses (Part IX, column (D), line 25) 4,884,1		4 225 060	F (C) 270
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,325,069.	5,663,378.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,125,416.	6,762,239.
_ (A	19	Revenue less expenses. Subtract line 18 from line 12		99,648.	1,169,867.
Net Assets or Fund Balances		T	В	eginning of Current Year	End of Year
Ssel		Total assets (Part X, line 16)		320,300.	1,452,902. 290,641.
et A		Total liabilities (Part X, line 26)		327,748. -7,448.	1,162,261.
<u>≥</u> ∃ Par		Net assets or fund balances. Subtract line 21 from line 20		-/,440.	1,102,201.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anto and to the heat of my	knowledge and heliaf it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and beller, it is
iiue, c	JULIEC	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii pi chai ci	ilas ally kilowieuge.	
Sign		Signature of officer		Date	
Here		ROBERT F. YOUNGBLOOD, PRESIDENT			
i ici c		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	-	HIN CHIU LO HIN CHIU LO	l	08/05/22 if self-employ	P00968200
Prepa	- 1	Firm's name PRAGER METIS			54-1156733
Use O	- 1	Firm's address 1360 BEVERLY ROAD, SUITE 300			
		MCLEAN, VA 22101		Phone no. 70	3-821-0702
May 1	the IF	S discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	NTD.
	THE GOAL OF PAWS OF HONOR (POH) IS TO PROVIDE VETERINARY CARE A	
	PRODUCTS AT NO CHARGE FOR RETIRED MILITARY AND LAW ENFORCEMENT	K-9'S
	THAT HAVE SERVED OUR COUNTRY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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?	Yes 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 expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to other and the property of the pro	•
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$ 1,146,188. including grants of \$ 373,905.) (Revenue \$)
	MEDICAL SERVICES TO RETIRED K-9'S WHO HAVE SERVED OUR COUNTRY.	RETIRED
	K-9'S DESERVE ACCESSIBLE, HIGH QUALITY VETERINARY CARE IN RETUR	
	THEIR COMMITMENT AND SACRIFICE FOR OUR COUNTRY AND THE MONETARY	
	ASSOCIATED WITH VETERINARY CARE SHOULD NOT FALL ON THE SHOULDER	
	OFFICER, HANDLER AND OWNER ONCE THE K-9 HAS BEEN DECOMMISSIONED	
	2021, THE ORGANIZATION PROVIDED MEDICAL SERVICES AND PRODUCTS W	
	RETAIL VALUE OF \$608,527 AND SINCE 2016 THE ORGANIZATION HAS PRO	
	VETERINARY SERVICES AND PRODUCTS WITH A RETAIL VALUE OVER \$1,64	
	NO COST TO THE HANDLER.	5,057 AI
	NO CODI TO THE HANDLER:	
41:		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{1.146.5100}\$) (Revenue \$\frac{\text{Revenue \$}}{1.146.5100}\$))
4e	Total program service expenses ► 1,146,188.	000
		Form 990 (2021)

Form 990 (2021) PAWS OF HONOR, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	Х	
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		122
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	Х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-	- 22	
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	
ıIJ	·	19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x

Form	990 (2021) PAWS OF HONOR, INC 47-5643	3489	D	age 4
	t IV Checklist of Required Schedules (continued)			agc -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	<u> </u>
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		<u> </u>
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	34		X
	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 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		
26	Section FULLANCE proprietations. Did the organization make any transfers to an exampt non charitable related organization?			1

If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	e: All Form 990					<u></u>
Part V	Statemer	nts Regard	ling Other	r IRS Filing	s and Ta	x 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	12			
b	Enter the number of Forms W-2G included on 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	portab	le gaming			
	(gambling) winnings to prize winners?			10	Х	

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Form 990 (2021) PAWS OF HONOR, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
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 Did the aggregation receive any payments for indeer topping continue the topy and	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

PM113441

PAWS OF HONOR, INC 47-5643489 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2021)

THE ORGANIZATION- - 703-403-8281

1350 BEVERLY ROAD, SUITE 115-333, MCLEAN

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

hours per week (list any hours for related organizations state of the control of	(F) stimated mount of other apensation rom the ganization d related anizations
Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hours person is both an officer and a director/trustee) Average hour	nount of other npensation rom the panization d related
week (list any hours for related organizations below line)	other pensation rom the panization d related
Companizations Delow Del	pensation rom the panization d related
(1) ROBERT F. YOUNGBLOOD PRESIDENT (2) CASSIE BROWNE VICE PRESIDENT/TREASURER (3) CARLA COOK SECRETARY (4) RYAN HENNIG DIRECTOR (5) MARK V DRUMMOND 20.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	rom the janization d related
(1) ROBERT F. YOUNGBLOOD PRESIDENT (2) CASSIE BROWNE VICE PRESIDENT/TREASURER (3) CARLA COOK SECRETARY (4) RYAN HENNIG DIRECTOR (5) MARK V DRUMMOND 20.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	d related
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(2) CASSIE BROWNE VICE PRESIDENT/TREASURER X X 0. 0. (3) CARLA COOK SECRETARY X X 0. 0. (4) RYAN HENNIG DIRECTOR X 0. 0. (5) MARK V DRUMMOND 20.00	_
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(3) CARLA COOK	
X X 0. 0. (4) RYAN HENNIG 40.00 X 0. 0.	0
(4) RYAN HENNIG 40.00 DIRECTOR X (5) MARK V DRUMMOND 20.00	
DIRECTOR	0
(5) MARK V DRUMMOND 20.00	
	0
DIRECTOR X 0. 0.	
	0

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	l than c	200	Reportable	Reportable	Es	timate	ed
	hours per	box,	, unles	ss per	rson i	s both	an	compensation	compensation	an	nount (of
	week		cer an	la a a	Irecto	r/trus	iee)	from	from related	1	other	
	(list any hours for	recto						the	organizations	1	pensa	
	related	or di	ee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	1	om the	
	organizations	ruste	l trus		ee	u be u		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	ı -	anizati d relate	
	below	dual tı	rtio na	_	nploy	st cor	100	1033 (420)		I	anizatio	
	line)	ndividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			5.95		
			_	_								
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization											I	0
											Yes	No
3 Did the organization list any former officer,			-	-	-		-	•	•			v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	•							•	•			Х
and related organizations greater than \$150										4		Λ
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			•		5		Х
Section B. Independent Contractors	ipiete scriedule	<i>J (</i> (JI SL	iCII ļ	JUIS	<u> </u>						

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AMERICAN TARGET ADVERTISING, 9625 SURVEYOR		
COURT, SUITE 400, MANASSAS, VA 20110	DIRECT MAIL	550,548.
PMC INC, 4333 DAVENPORT ROAD,		
FREDERICKSBURG , VA 22408	MAIL SHOP	537,373.
DIRECT MAIL PROCESSORS, INC.		
1150 CONRAD COURT, HAGERSTOWN, MD 21740	CAGING	441,809.
RHA MARKETING, LLC		
114 WEST THIRD ST., WAYNESBORO, PA 17268	MARKETING	322,420.
DESIGN DISTRIBUTORS		
300 MARCU BLVD, DEER PARK, NY 11729	MAIL SHOP	265,237.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 8		
		- 000

Form **990** (2021)

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Octroduce O contains a response v	or riote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts its	1	a F	Federated campaigns 1a	5,654.				
irar		b N	Membership dues					
E, G		c F	Fundraising events 1c					
ifts			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Siz			All other contributions, gifts, grants, and					
e E				892,917.				
έş				4,834.				
on b		-	Noncash contributions included in lines 1a-1f	-	7 000 571			
<u>Ω</u> <u>e</u>		h 1	Total. Add lines 1a-1f	1	7,898,571.			
				Business Code				
e	2	a _						
Σ		b _						
Se		С						
že Š		d ⁻						
Peg								
Program Service Revenue		, f	All other program service revenue					
_								
\rightarrow			Total. Add lines 2a-2f					
	3		nvestment income (including dividends, intere		1 - 0	1 - 0		
			other similar amounts)		159.	159.		
	4	lı	ncome from investment of tax-exempt bond p	roceeds				
	5	F	Royalties					
			(i) Real	(ii) Personal				
	6	a (Gross rents 6a					
		b I	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Viet rental income or (less)					
			Gross amount from sales of (i) Securities	(ii) Other				
	′		04.0	(ii) Other				
			, <u> </u>					
			Less: cost or other basis					
an l		a	and sales expenses 7b 0.					
Revenue		c (Gain or (loss) 7c 219.					
		d N	Net gain or (loss))	219.	219.		
je	8	а (Gross income from fundraising events (not					
₹		İI	ncluding \$ of					
		c	contributions reported on line 1c). See					
			Part IV, line 18	69,170.				
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<u> </u>	8,579.			8,579.
					0,575.			0,373.
	9		Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<u></u>				
	10	a (Gross sales of inventory, less returns					
		a	and allowances 10a	39,835.				
			Less: cost of goods sold 10b	15,257.				
			Net income or (loss) from sales of inventory	.	24,578.	24,578.		
				Business Code	,			
ns	44	_						
ee ne	11							
Miscellaneous Revenue		b _	_					
Se.		c -						
ĔΪ			All other revenue					
			Total. Add lines 11a-11d		7 000 105	0.4.0-5		
	12	Ţ	Total revenue. See instructions)	7,932,106.	24,956.	0.	8,579.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 373,905. 373,905. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 109,855. 54,927. 27,464. 27,464. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,504. 4,252. 2,126. 2,126. 10 Payroll taxes Fees for services (nonemployees): Management 5,738. 5,738. Legal 90,430. 90,430. Accounting Lobbying 606,597. 606,597. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 47,155. 96. 47,011. 48. column (A), amount, list line 11g expenses on Sch O.) 7,746. 7,745. 30,983.15,492. Advertising and promotion 12 52,684. 42,298. 5,711. 4,675. Office expenses 13 22,827. 11,414. 5,706. 5,707. Information technology 14 15 Royalties 420. 1,679. 839. 420. 16 Occupancy 322. 162. 80. 80. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 23,312. 23,312. 20 Payments to affiliates 21 6,748. 3,374. 1,687. 1,687. Depreciation, depletion, and amortization 22 2,365. 1,183. 591. 591. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,305,733. 2,015,250. 290,483. PRINTING AND DESIGN 2,027. POSTAGE 1,766,929. 205,589. 1,559,313. 518,754. 518,754. CAGING 42,205. 422,058. 379,853. LIST RENTAL 365,661. 99,969. 16.412. 249,280. e All other expenses 6,762,239. 1,146,188. 731,902. 4,884,149. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

132010 12-09-21

4,807,586. Form 990 (2021)

0.

5,440,212

educational campaign and fundraising solicitation.

Check here X if following SOP 98-2 (ASC 958-720)

632,626.

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			247,823.	1	355,419
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	1,033,769		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			42,034.	8	53,315
ğ	9	B			20,873.	9	2,500
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	24,216.			
	b	Less: accumulated depreciation	. 10b	16,317.	9,570.	10c	7,899
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	qual line (3)	320,300.	16	1,452,902
	17	Accounts payable and accrued expenses	316,673.	17	290,641		
	18	Grants payable		18			
	19	Deferred revenue			11,075.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D			207 740	25	200 (41
	26	Total liabilities. Add lines 17 through 25		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	327,748.	26	290,641
s		Organizations that follow FASB ASC 958, c	heck her				
ဥ		and complete lines 27, 28, 32, and 33.			7 440		1 160 061
<u>a</u>	27		·····	-7,448.	27	1,162,261	
Ö	28	Net assets with donor restrictions				28	
Š		Organizations that do not follow FASB ASC	958, ch	ck here			
ᅜ		and complete lines 29 through 33.					
ş	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			_7 // 0	31	1 160 061
ž	32	Total net assets or fund balances		1	<u>-7,448.</u>	32	1,162,261
	33	Total liabilities and net assets/fund balances			320,300.	33	1,452,902

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	7	,93	2,1	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,76	2,2	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,16	9,8	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		_ '	7,4	48.
5	Net unrealized gains (losses) on investments	5			-1	58.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,16	2,2	61.
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?				Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	X 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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 Sin	gle Aud	iit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization PAWS OF HONOR 47-5643489 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support		se complete Fait ii	•			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	80,936.	101,691.	2033403.	5199192.	7898571.	<u>15313793.</u>
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						
4	Total. Add lines 1 through 3	80,936.	101,691.	2033403.	5199192.	7898571.	15313793.
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)						15212702
	Public support. Subtract line 5 from line 4.						<u> 15313793.</u>
			# N 22.42		()) 0000	() 222 (T
	ndar year (or fiscal year beginning in)	(a) 2017 80, 936.	(b) 2018 101,691.	(c) 2019 2033403.	(d) 2020 5199192.	(e) 2021 7000571	(f) Total 15313793.
	Amounts from line 4	00,930.	101,091.	2033403.	3199192.	7090571.	13313/93.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		13.			378.	391.
_	and income from similar sources		10.			370.	391.
9	Net income from unrelated business						
	activities, whether or not the						
40	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						15314184.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	51,794.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			<u> </u>
	organization, check this box and stor	· ·		•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	100.00 %
15							100.00 %
16a	15 Public support percentage from 2020 Schedule A, Part II, line 14						
stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Tax revenues levied for the organ-						
	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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
2		
3a		
3b		
- CE		
3с		
00		
4a		
40		
4h		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, 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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 PAWS OF HONOR, INC			47-5643489 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 0.015 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 0.035.	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 0.85 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		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

PAWS OF HONOR INC 47-5643489 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

· · · · · · · · · · · · · · · · · · ·		
PAWS OF HONOR,	INC	 47-5643489

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,033,769.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rume, address, and En 1 1	\$	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 Oncash 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.)

Page 3

Name of organization Employer identification number

PAWS OF HONOR, INC

47-5643489

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	
		\$		

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** PAWS OF HONOR, 47-5643489 Part III 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 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 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PAWS OF HONOR, INC

Employer identification number 47-5643489

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at an el aforcas	(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		I I
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, , , , , , , , , , , , , , , , , , ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	ov Civellay Assats
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	·
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	S exhibition, education, or research in further	ance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		_
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining Colle	ections of Art	t, Histo	orical Tre	asures, oi	r Othe	r Simila	r Assets	contin	ued)	age –
3	Using the organization's acquisition, accession,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply):			•	· ·						
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain	how the	ev further th	ne organizatio	n's exer	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re-	•		•	•						
_	to be sold to raise funds rather than to be mainta								Yes		No
Par	t IV Escrow and Custodial Arranger										
	reported an amount on Form 990, Part X,			o.gaa				,, ,			
	Is the organization an agent, trustee, custodian of		iary for c	ontributions	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII and								00		,
-	Too, explain the arrangement in trait will are	Toompiete the following	iownig a	abic.					Amount		
С	Reginning halance						1c				
	Additions during the year										
d	Additions during the year										
e	Distributions during the year										
f O-	Ending balance								7 ٧] N
	Did the organization include an amount on Form						щ?	L	Yes		│ No
Par	If "Yes," explain the arrangement in Part XIII. Che t V Endowment Funds. Complete if the										
ı uı		a) Current year		rior year	(c) Two year			years back	(e) Four	veare	hack
4.		a) Current year	(6)	noi yeai	(C) Two year	3 Dack	(u) mice	ycars back	(e) i oui	yours	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year end balance	e (line 1g	i, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administer	ed for th	e organiz	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the org										
Pai	t VI Land, Buildings, and Equipmen	t.									
	Complete if the organization answered "Y	es" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	c value	e
	2 coonplicit or property	basis (investm			(other)		preciation		(4, 200)		
	Land	<u> </u>	•		•						
b	Buildings										
C	Leasehold improvements										
d	Equipment			2.	4,216.		16,3	17.	-	7,89	99.
	Other				-,		,,		······································	, • .	
	Add lines 1a through 1e. (Column (d) must oqua	J. Farma 000 Dant	V salum	m (D) line 1	00.1				-	7 . 89	99.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PAWS OF HON	OR, INC	47	-5643489 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) method of valuations cool of one	a or your markor value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Con Form 000 Dort V line 15	
	Description	Tru. See Form 990, Part A, line 15.	(b) Book value
<u> </u>	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	<u> </u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /b) must accept Form 000 Port V and (P) lin	- 05)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	·		•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,242,418.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-158.		
b	Donated services and use of facilities	2b	234,622.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	75,848.		
е	Add lines 2a through 2d			2e	310,312.
3	Subtract line 2e from line 1			3	7,932,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,932,106.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	h Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
	Total company and large and accompany of the different class and accompany			ایما	7 072 709

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,072,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	234,622.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		2d	75,848.		
е	Add lines 2a through 2d			2e	310,470.
3	Subtract line 2e from line 1			3	6,762,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5				5	6,762,239.
Pa	t XIII Supplemental Information.	·			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE ORGANIZAION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT ADJUSTMENT	60,591.
COGS	15,257.
TOTAL TO SCHEDULE D. PART XI. LINE 2D	75.848.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT ADJUSTMENT 60,591.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	▶ Go	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization		HONOR THE						ntification number	
Double Francisco		HONOR, INC					17-5643		
Part I Fundrais required to	complete this par	 Complete if the organization answit. 	ered "Y	es" or	n Form 990, Part IV, li	ne 17.	Form 990-EZ	filers are not	
		sed funds through any of the following	ng activ	ities.	Check all that apply.				
a X Mail solicitat					overnment grants				
b Internet and	email solicitations				nment grants				
c Phone solicit	tations	g X Specia	l fundra	ising	events				
d In-person so									
		or oral agreement with any individua				tees, or			
• • •		art VII) or entity in connection with p			-		X Yes		
compensated at le		viduals or entities (fundraisers) pursuorganization.	iant to a	agree	ments under which tr	ne fundi	alser is to be	9	
·			/;;;\	Did		(v) Ar	nount paid		
(i) Name and address or entity (fund		(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or i fur	retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization	
AMERICAN TARGET ADV	/ERTISING -		Yes	No					
9625 SURVEYOR COURT		DIRECT MAIL FUNDRAISING		х	5,521,445.		550,548.	4,970,897.	
HSP DIRECT - 20130	LAKEVIEW						· ·		
CENTER PLAZA SUITE	300,	DIRECT MAIL FUNDRAISING		Х	1,027,380.		125,214.	902,166.	
				<u> </u>	6,548,825.		675,762.	5,873,063.	
	ch the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exe	empt from re	gistration	
or licensing.	מיי כס הכי	FL,GA,HI,IL,IA,KS,	VV T	.7\ 1\	א אור א א אד	MC	му мп	NC NV N.T	
		PA, RI, SC, SD, TN, VA,				, мо ,	MIN, MII,	NC, NV, NO	
	311 / 011 / 011 / .	111/11/20/22/11/11/	,	, .	<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

cnedule G	i (Form 990) 2021	PAWS	OF	HUNUR,	TINC		4/-	3043409	Page
Part II	Fundraising Events	 Complete 	if the	e organization	answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,	000
	of fundraising event contr								
				(a) Ever	nt #1	(b) Event #2	(c) Other events	(d) Total e	vente

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					_	(add col. (a) through
				FACEBOOK	<u>5</u>	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	_	Ouese was into	25,089.	21,046.	23,035.	69,170.
Вè	'	Gross receipts	23,009.	21,040.	23,033.	09,170.
	2	Less: Contributions				
	_	Less. Contributions				
	3	Gross income (line 1 minus line 2)	25,089.	21,046.	23,035.	69,170.
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses		D 1/6 111				
per	6	Rent/facility costs				
î	7	Food and beverages				
)irec	′	1 000 and beverages				
	8	Entertainment				
	9	Other direct expenses	55,922.	80.	4,589.	60,591.
	10		9 in column (d)		>	60,591.
	11				· · · · · · · · · · · · · · · · · · ·	8,579.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(1.) Dull take (instead		(N Tatal manifer of fadd
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				аттустра в в в в в в в в в в в в в в в в в в в		(3)
R	1	Gross revenue				
S	2	Cash prizes				
ense						
ž	3	Noncash prizes				
Direct Expenses	,	Pont/facility costs				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		·····	
9	Fn	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re	•		ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021 132082 10-21-21

Schedule G (Form 990) 2021 PAWS OF HONOR, INC 47	-5043409	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility		<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party \$\bigs\\$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \(\) \\$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. linos 0. (0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIIIes 9, 8	9D, 10D,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: AMERICAN TARGET ADVERTISING		
(I) ADDRESS OF FUNDRAISER:		
9625 SURVEYOR COURT, SUITE 400, MANASSAS, VA 20110		
(I) NAME OF FUNDRAISER: HSP DIRECT		
/T) ADDECC OF FINIDDATCED.		
(I) ADDRESS OF FUNDRAISER: 20130 LAKEVIEW CENTER PLAZA SULTE 300. ASHBURN. VA 20147		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants	HONOR, INC						47-5643489
Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or ass							X Yes No
2 Describe in Part IV the organization's properties of the Part II Grants and Other Assistance to					onization analyses d \	/ac" an Farm 000 Dar	t IV line O1 for any
recipient that received more than					anization answered h	res on Form 990, Pan	try, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table				▶
3 Enter total number of other organization	ns listed in the line	1 table					> 0.
LHA For Paperwork Reduction Act Notice	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
DICAL SERVICES FOR DOGS	108	373,905.	0.		
rt IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
E ORGANIZATION MONITORS ALL P	ROGRAM GRANT	S TO ENSUF	RE THE FUND	S ARE USED	
R THEIR INTENDED PURPOSE.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

or disquali	on 501(c)(4), and se ont IV, line 25a or 25t ified (a) ualified persons dur ganization Part V, line 38a or I (e) Original principal amount	o, or Form 990-EZ, F	nsaction	▶ \$ ▶ \$	ne organ	Ye Ye	n (i) Wr	No
or disqualiation or disqualiation the orguination	qualified persons dur ganization Part V, line 38a or I	c) Description of tra	nsactio	▶ \$▶ \$Dor if the second of the	e orgal	Ye Ye	n (i) Wr	No
or disquestion the org	qualified persons dur ganization Part V, line 38a or I	ing the year under	ne 26; (g)	▶ \$ ▶ \$	e orga	Ye Ye	n (i) Wr	No
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nization provedlard or	n (i) Wr	
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
the org 990-EZ, 2. pan to or n the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	ittos
990-EZ, pan to or m the	panization Part V, line 38a or I	Form 990, Part IV, lii	ne 26; (or if th	e orga	nizatioi proved ard or	n (i) Wr	itton
990-EZ, 2. pan to or m the	Part V, line 38a or I	Form 990, Part IV, lii	ne 26; () In	(h) Ap	proved ard or	(i) Wr	ittor
990-EZ, 2. pan to or m the	(e) Original		(g)) In	(h) Ap	proved ard or	(i) Wr	ittor
2. Dan to or m the	(e) Original		(g)) In	(h) Ap	proved ard or	(i) Wr	ittor
oan to or m the		(f) Balance due			I by bo	ard or	\- /	itton
m the		(f) Balance due			I by bo	ard or	\- /	
ization?		(f) Balance due	I ucia	I July DO DO DO			ard or agreement	
From			Yes	No	Yes	No	Yes	No
1110111			103	140	103	110	103	110
\sqcup								
\vdash							\longrightarrow	
+-+					-		\longrightarrow	
+-+					 		\longrightarrow	
+					 		\rightarrow	
	> \$	•						
		> \$	⇒ \$ d Persons.					

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(b) Relationship between

interested person and the organization

Schedule L (Form 990) 2021

(e) Purpose of

assistance

(c) Amount of

assistance

(d) Type of

assistance

(a) Name of interested person

		the organization answered					(d) Description of	(e) Sha	aring of
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	organization's revenues?		
OT.D	DOMINITON	ANIMAL HEALTH	GRYDED	MEMBEDC	ON T	263 861	DISCOUNTED	Yes	No X
ענוט	DOMINION	ANIMAL REALIR	SHAKED	МЕМОЕКО	ON I	203,001.	DISCOUNTED	1	
								-	
Part		ental Information. itional information for respo	onses to ques	stions on Sched	ule L (see i	nstructions).		•	
SCH	L, PART I	V, BUSINESS T	RANSACT	'IONS IN	OLVIN	G INTERESTI	ED PERSONS:		
(A)	NAME OF F	ERSON: OLD DO	MINION	ANIMAL H	IEALTH	CENTER			
(B)	RELATIONS	HIP BETWEEN I	NTEREST	ED PERSO	N AND	ORGANIZAT	ION:		
SHAI	RED MEMBER	RS ON THE BOAR	D OF DI	RECTORS					
(C)		TRANSACTION							
(D)	DESCRIPTI	ON OF TRANSAC	TION: D	ISCOUNTE	D SAL	ES OF VETER	RINARY SERVI	CES	
AND	PRODUCTS.								
(E)	SHARING C	F ORGANIZATIO	N REVEN	IUES? = N	10				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

PAWS OF HONOR, INC

Employer identification number 47-5643489

Part	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	s
1 .	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
	Clothing and household goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities - Publicly traded	X	104	4,834.	MARKET		
	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
	Food inventory						
	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
	Archeological artifacts						
25	Other						
26	Other						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
					,	Yes	No
	During the year, did the organization receive by						
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			_
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PAWS OF HONOR

Employer identification number 5643489

PAWS OF HONOR, INC	47-3043409			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:			
COUNTRY.				
FORM 990, PART VI, SECTION A, LINE 2:				
DIRECTORS ROBERT YOUNGBLOOD AND CASSIE BROWNE ARE EMPLOYED	BY THE SAME			
COMPANY.				
FORM 990, PART VI, SECTION B, LINE 11B:				
FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM	AND A DRAFT COPY			
OF FORM 990 IS EMAILED TO THE ORGANIZATION'S BOARD OF DIR	ECTORS AND			
MANAGEMENT FOR THEIR REVIEW. ANY QUESTIONS FROM MANAGEMENT	ARE ADDRESSED			
PRIOR TO ITS FILING WITH THE IRS.				
FORM 990, PART VI, SECTION B, LINE 12C:				
THE BOARD OF DIRECTORS CONSISTENTLY REVIEW AND MONITOR THE	CONFLICT OF			
INTEREST POLICY TO ENSURE COMPLIANCE WITH THE POLICY.				
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:			
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,IA,KS,KY,LA,ME,MD,MA,MI,M	N,MT,MS,ND,NV,NJ			
NM,NY,NH,NC,OH,OK,OR,PA,RI,SD,SC,TN,VA,WA,WV,WI				
FORM 990, PART VI, SECTION C, LINE 18:				
THE ORGANIZATION COMPLIES WITH IRC SECTION 6104 AND MAKES	ITS FORM 1023 AND			
FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization PAWS OF HONOR, INC	Employer id	dentification number 643489
THE ORGANIZATION'S GOVERNING DOCUMENTS MAY BE MADE AVAILA	BLE UPON	REQUEST.
990 PART XII, LINE 2C		
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PRO	CESS OR	
SELECTION PROCESS DURING THE TAX YEAR.		

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

					Check if:				
				Change of address					
PAWS OF HONOR, INC				An	nended report				
Name of Organization									
List all DBAs and names the organization uses or h	nas used								
1158 PROFESSIONAL D		N	\circ	C	State Charity Registration Number CT 0261959				
Address (Number and Street)	NTAR	, 111	<u> </u>	<u> </u>	State Cr	arity Registration Number CI 0201959			
WILLIAMSBURG, VA 2	23185				Corporat	tion or Organization No.			
City or Town, State, and ZIP Code					Обгрога				
703-403-8281 IN	NFO@P	AWSO	FHC	ONOR.ORG	Federal I	Employer ID No. 47-5643489			
Telephone Number E-m	nail Address					<u> </u>			
ANNUAL REGISTR	ATION R			E SCHEDULE (11 Cal. eck Payable to Departn	-	s. sections 301-307, 311, and 312) stice			
Total Revenue	Fee	Total R	leven	ue	Fee	Total Revenue	Fe	e	
Less than \$50,000	\$25	Betwee	en \$2		\$100	Between \$20,000,001 and \$100 million	\$8	 800	
Between \$50,000 and \$100,000	\$50			,000,001 and \$5 million		Between \$100,000,001 and \$500 million		,000	
Between \$100,001 and \$250,000	\$75	Betwee	en \$5	,000,001 and \$20 millio	n \$400	Greater than \$500 million	\$1	,200	
PART A - ACTIVITIES									
For your most recent full acco	ounting p	period (b	begin	ning $01/01/20$	21 en	ding <u>12/31/2021</u>) list:			
Total Revenue	121 1	۸6	_		22	1 622	2 0		
(including noncash contributions) \$	93 <u>2,</u> 1	1 1 1	ncash	1 Contributions \$ 1 Q Q		4,622 Total Assets \$ 1,45 enses \$ 6,762,239	<u> </u>	02	
Program Expenses \$_		1,14	. 0 , .	100	I otal Exp	oenses \$0,702,239			
PART B - STATEMENTS REGARDIN	NG ORGA	ANIZATI	ION E	DURING THE PERIOD O	OF THIS RI	EPORT			
Note: All questions must be answer	ered. If y	ou ansv	wer "	yes" to any of the gues	tions belo	w, you must attach a separate page			
providing an explanation an	d details	for eac	ch "ye	es" response. Please re	view RRF	-1 instructions for information required.	Yes	No	
1. During this reporting period, wer	re there a	ıny conti	racts,	loans, leases or other fi	nancial trai	nsactions between the organization			
•	ee thereo	f, either	direc	tly or with an entity in wh	nich any su	uch officer, director or trustee had			
any financial interest?								X	
During this reporting period, was or funds?	s there ar	ny theft,	embe	ezzlement, diversion or n	nisuse of th	ne organization's charitable property		x	
3. During this reporting period, wer	re any orç	ganizatio	on fun	nds used to pay any pena	alty, fine or	judgment?		х	
4. During this reporting period, were	re the ser	vices of	a cor	mmercial fundraiser, fund	draising co	• • •			
commercial coventurer used?						SEE STATEMENT 1	Х		
5. During this reporting period, did	the orga	nization	recei	ve any governmental fur	iding?			х	
6. During this reporting period, did	the orga	nization	hold	a raffle for charitable pui	rposes?			x	
7. Does the organization conduct a	a vehicle	donatior	n prog	gram?					
				-	:-! -!-!	and the second s		X	
Did the organization conduct an generally accepted accounting p	•				iai stateme	ents in accordance with		Х	
9. At the end of this reporting perio	od, did th	e organi	zatior	n hold restricted net asse	ets, while r	eporting negative unrestricted net assets?		x	
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
	ח ח ח	שמבו	T.	VOIMORT OOR	•				
Signature of Authorized Agent		BERT ted Name	F.	YOUNGBLOOD		PRESIDENT Fitle Date			

CA RRF-1

INFORMATION REGARDING COMMERCIAL FUNDRAISING SERVICES PART B, LINE 4

STATEMENT 1

FUND-RAISING COUNSEL:
AMERICAN TARGET ADVERTISING, INC. (ATA)
9625 SURVEYOR COURT
MANASSAS, VA 20110
PHONE: 703-392-7676

FUND-RAISING CONSULTANT: HSP DIRECT 20130 LAKEVIEW CENTER PLAZA, SUITE 300 ASHBURN, VA 20147

PHONE: 703-793-3220

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021						
Check if Applicable: Address Change	Name of Organization: PAWS OF HONOR,	INC		Employer Identification Number (EIN): 47-5643489		
Name Change						
Initial Filing 1158 PROFESSIONAL DRIVE , NO. G 46-98-71						
Final Filing City / State / ZIP: Telephone:						
Amended Filing WILLIAMSBURG, VA 23185 703 403-8281						
Reg ID Pending Website: Email:						
	WWW.PAWSOFHONO	R.ORG		INFO@PAWSOFHONOR.OR		
Check your organization'	s			Confirm your Registration Category in the		
registration category:	X 7A only EPTL	only DUAL (7A &		Charities Registry at www.charitiesNYS.com .		
2. Certification				, <u> </u>		
	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
two signatories.						
	penalties of perjury that we revi re true, correct and complete ir			best of our knowledge and belief, oplicable to this report.		
			ROBERT F. Y	COUNGBLOOD		
President or Authorized	Officer:		PRESIENT/EX	KECUTIVE D		
	Signature		Print Name	e and Title Date		
	-		CASSIE M. I	BROWNE		
Chief Financial Officer o	r Treasurer:		TREASURER			
	Signature		Print Name	e and Title Date		
3. Annual Reporting	g Exemption					
		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
				ed Char500. No fee, schedules, or		
_ ·				e exemption, you must file applicable		
	nts and pay applicable fees.	rair exemption of are a box	AL IIIEI TIIAT CIAIITIS OTIIY OTIC	e exemption, you must me applicable		
Scriedules and attachmen	its and pay applicable lees.					
20. 7A fili	ag avamption: Total contributio	one from NV State including	regidente foundations as	overnment agencies, etc. did not		
	<u>19 exemption</u> . Total contribution 25,000 and the organization did			•		
	ons during the fiscal year.	a not ongago a protocolona	riana raiser (i i ri) er iana i	aloning dodnoor (i 110) to solloit		
	J					
	f:::	didt		ata did ant avenued \$05,000 at any time		
	ming exemption: Gross receipt e fiscal year.	is did not exceed \$25,000 a	and the market value of ass	ets did not exceed \$25,000 at any time		
daning the	nodi year.					
4. Schedules and A	ttachments					
See the following page						
1 0.01	X Yes No 4a. Did y	volum amaganization luga a amag	accional fund raiser fund r	cicing councel or commercial co yenturer		
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Mala a single about		
next page to calculate yo	1			Make a single check or money order		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$ <u>25.</u>	\$	\$ <u>25.</u>	"Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exchipt dategory folds to an organization's five registration status. It does not fold to its mo tax designation

168451 01-10-22 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:				
X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)				
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants				
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from			
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the			
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total revenue No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is Calculate Your Fee	0 and up to \$1,000,000 0 and the fiscal year begins on or after July 1, 2021. Penue and support is greater than \$750,000 ort is less than \$250,000			
Calculate Tour Tee				
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:			
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")			
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.			
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.			
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.			
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .			
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:			
NYS Office of the Attorney General Charities Russey Registration Section	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21			
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between			
28 Liberty Street New York, NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).			

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

2021

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR),** in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information	on					
Name of Organization:	NY Registration Number:					
PAWS OF HONOR, I	PAWS OF HONOR, INC					
2. Professional Fund Rais	ser, Fund Raising Counsel, Commercial Co-Venturer Inforn	nation				
Fund Raising Professional type:	Name of FRP:	NY Registration Number:				
Professional Fund Raiser	HSP DIRECT					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mailing Address:	Telephone:				
X Fund Raising Counsel	20130 LAKEVIEW CENTER PLAZA, SUITE 3	703-793-3220				
Commercial Co-Venturer	City / State / ZIP:					
	ASHBURN, VA 20147					
3. Contract Information		-				
Contract Information Contract Start Date: 09/24/2018						
4. Description of Services	3					
Services provided by FRP: SEE STATEMENT 1						
SEE STATEMENT I						
5. Description of Comper		Amount Paid to FRP:				
	Compensation arrangement with FRP: SEE STATEMENT 2					
	125,214.					
6. Commercial Co-Venturer (CCV) Report						
Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?						

168471 01-10-22

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022)

2021

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

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A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

to draft applications for funding in	om a government agency of tax exempt organization.							
1. Organization Information	on							
Name of Organization:	NY Registration Number:							
PAWS OF HONOR, I	NC	46-98-71						
2. Professional Fund Rais	2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information							
Fund Raising Professional type:	Name of FRP:	NY Registration Number:						
Professional Fund Raiser	AMERICAN TARGET ADVERTISING, INC (ATA							
X Fund Raising Counsel	Mailing Address:	Telephone:						
Fund Raising Counsel	9625 SURVEYOR COURT	703-392-7676						
Commercial Co-Venturer	City / State / ZIP:							
	MANASSAS, VA 20110							
O O andread Information		•						
Contract Information Contract Start Date:	3. Contract Information							
Contract Start Date: Contract End Date: 11/20/2018 12/01/2024								
4 Description of Services								
4. Description of Services Services provided by FRP:								
SEE STATEMENT 3								
5. Description of Compen	estion							
Compensation arrangement with		Amount Paid to FRP:						
	LVE CENTS (\$.12) FOR EACH INDIVIDUAL	FF0 F40						
LETTER MAILED	550,548.							
6. Commercial Co-Venturer (CCV) Report								
	YesNo If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?							
required by Section 175(a) part 5 of the Executive Law Article 7A!								

168471 01-10-22

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022)

Page 1

CHAR500 PG3 STATEMENT 1

HSP DIRECT WAS RETAINED BY THE ORGANIZATION TO ACT AS THE DIRECT MARKETING AND FUNDRAISING CONSULTANT WITH RESPECT TO COMMUNICATIONS WITH THE GENERAL PUBLIC AND WITH MEMBERS, CONTRIBUTORS, SUPPORTERS AND CONTRACTS.

CHAR500 PG3 STATEMENT 2

HSP DIRECT SHALL RECEIVE COMPENSATION IN THE AMOUNT OF ONE HUNDRED DOLLARS (\$100) PER ONE THOUSAND (1,000) FUND-RAISING PACKAGES PROCESSED FOR MAILING UNDER THE TERMS OF AGREEMENT.

CHAR500 PG3 STATEMENT 3

ATA WAS RETAINED BY THE ORGANIZATION TO ACT AS THE DIRECT MARKETING AND FUNDRAISING CONSULTANT WITH RESPECT TO COMMUNICATIONS WITH THE GENERAL PUBLIC AND WITH MEMBERS, CONTRIBUTORS, SUPPORTERS AND CONTRACTORS.