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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PAWS OF HONOR, INC Name change 47-5643489 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1158 PROFESSIONAL DRIVE 703-403-8281 9,205,522. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WILLIAMSBURG, VA 23185 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROBERT F. YOUNGBLOOD for subordinates? Yes X No 1158 PROFESSIONAL DRIVE, SUTE G, WILLIAMSBUR Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PAWSOFHONOR.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2015 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: VETERINARY CARE AND PRODUCTS Activities & Governance NO CHARGE FOR MILITARY AND LAW ENFORCEMENT DOGS THAT HAVE SERVED OUR 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 8,460,420. 9,065,888. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 7,702. 2,555. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -17,640.25,506. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,055,950. 8,488,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 656,109. 1,206,687. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 178,267. 241,301. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 970,711. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,231,928. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,524,537. 6,085,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,329,624. 8,765,558. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158,857. 290,392. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,774,712. 2,096,689. Total assets (Part X, line 16) 460,267. 662,859 21 Total liabilities (Part X, line 26) 三年 314,445. 433,830 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT F. YOUNGBLOOD, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/07/24 self-employed P00968200 HIN CHIU LO HIN CHIU LO Paid Firm's name PRAGER METIS Firm's EIN 54-1156733 Preparer Firm's address 1360 BEVERLY ROAD, SUITE 300 Use Only Phone no. 703-821-0702 MCLEAN, VA 22101 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Other program services (Describe on Schedule O.)

including grants of \$ 2,528,214. Total program service expenses

Form 990 (2023)

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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	
h	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 approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		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		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u> </u>	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) PAWS OF HONOR, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		X
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	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i>	33		
-	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N ₂
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2023)

D23) PAWS OF HONOR, INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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	7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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).			v						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a				Х						
	any contributions that were not tax deductible as charitable contributions?	6a								
а	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6								
7	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payors	7-		Х						
a	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								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		Х						
4		7c		77						
d		7e		Х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
Ū	sponsoring organization have excess business holdings at any time during the year?									
9	9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10										
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									
	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								
	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	_								
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_						
	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?										
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
. -	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.									

Form **990** (2023) 332005 12-21-23

PAWS OF HONOR, INC 47-5643489 Form 990 (2023) 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 6 **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. 6 **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? Х The organization's CEO, Executive Director, or top management official 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 Another's website X Upon request __ 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 THE ORGANIZATION- - 703-403-8281

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2023)

PM113441

1158 PROFESSIONAL DRIVE, G, WILLIAMSBURG,

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, box 6 of 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.

X Check this box if neither the organization no (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	fficer and a director/trustee)				tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	<u>~</u>	Key employee	Highest compensated employee	er	, , , , , , , , , , , , , , , , , , , ,		organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) ROBERT F. YOUNGBLOOD	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) CASSIE BROWNE	20.00									
VICE PRESIDENT/TREASURER		Х		Х				0.	0.	0.
(3) RYAN HENNIG	40.00									
DIRECTOR		Х						0.	0.	0.
(4) MARK V DRUMMOND	20.00									
DIRECTOR		Х						0.	0.	0.
(5) MATTHEW BRUNKE	20.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(6) KELLEY DECONCILIIS	20.00	1						_		
DIRECTOR		Х						0.	0.	0.
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Form 990 (2023)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					no	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week		cer an	d a di	recto	r/trust	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	or dir	9			Highest compensated employee		organization	(W-2/1099-MISC/	from the
	related organizations	ıstee	nstitutional trustee		a	pens		(W-2/1099-MISC/	1099-NEC)	organization
	below	altn	onal		loye	com se		1099-NEC)		and related
	line)	lividu	stituti	Officer	Key employee	the st	Former			organizations
	iii ie)	ılı	il il	#0	Ke	e Hig	요			
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)								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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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	1,343,139.
RHA MARKETING, LLC		
114 WEST THIRD ST., WAYNESBORO, PA 17266	MAILSHOP	493,901.
DIRECT MAIL PROCESSORS, INC.		
1150 CONRAD COURT, HAGERSTOWN, MD 21740	CAGING	367,978.
DEUTSCH DM		
300 MARCUS BLVD, DEER PARK, NY 11729	MAIL SHOP	327,744.
MERCURY ENVELOPE COMPANY, 100 MERRICK RD.,		
STE #204 E, ROCKVILLE CENTER, NY 11570	MAIL SHOP	270,504.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization 7		

Form **990** (2023)

Part VIII	Statement	of Revenue
Part VIII	Statement	of Revenu

			Check if Schedule O contains a	response o	or note to anv lin	e in this Part VIII			
					, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	_	Federated campaigns	1a	11,236.				
ant			Membership dues	1b		-			
S S			Fundraising events	1c		1			
fts,			Related organizations	1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
				ie					
		T	All other contributions, gifts, grants, and	4. 0	054 652				
ĕ			similar amounts not included above \dots		054,652.	-			
ont		_	Noncash contributions included in lines 1a-1f	1g \$		0 065 000			
O g		n	Total. Add lines 1a-1f			9,065,888.			
	_				Business Code				
<u>ic</u> e	2	а							
erv		b							
n S		С							
ran 3ev		d							
Program Service Revenue		е							_
Ē			All other program service revenue $\ _{\cdot\cdot}$						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)		10,900.			10,900.	
	4		Income from investment of tax-exem	pt bond pi	roceeds				
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а		ecurities	(ii) Other				
			assets other than inventory 7a 28	,563.					
		b	Less: cost or other basis						
ē			and sales expenses 7b 31	,761.					
her Revenue		С	Gain or (loss) 7c -3	,198.					
3eV		d	Net gain or (loss)	•		-3,198.			-3,198.
e	8		Gross income from fundraising events (r						,
G E	•	_	including \$						
			contributions reported on line 1c). Se	.					
			Part IV, line 18		10,455.				
		h	Less: direct expenses						
			Net income or (loss) from fundraising			-31,211.			-31,211.
			Gross income from gaming activities			,			
	•	u	Part IV, line 19	1					
		h	Less: direct expenses			-			
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
	10	а			89,716.				
			and allowances		76,145.	-			
			Less: cost of goods sold			13,571.			13,571.
$\overline{}$		С	Net income or (loss) from sales of inv	rentory	Business Code	13,3/1.			13,3/10
ST					Business Code				
Miscellaneous Revenue	11								
llan (en									_
Se.		С							
Ξ			All other revenue						
			Total. Add lines 11a-11d			0 055 050	^	^	0 020
	12		Total revenue. See instructions		<u></u>	9,055,950.	0.	0.	-9,938.

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 1,206,687. 1,206,687. 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) 224,145. 112,073. 56,036. 56,036. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,156. 8,578. 4,289. 4,289. 10 Payroll taxes Fees for services (nonemployees): Management 2,964. 2,964. Legal 98,000. 98,000. Accounting Lobbying 1,231,928. 1,231,928. Professional fundraising services. See Part IV, line 17 1,574. 1,574. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 155,767. 116,517. 39,189. column (A), amount, list line 11g expenses on Sch O.) 13,719.54,880. 27,441. 13,720. Advertising and promotion 12 198,691. 99,807. 54,672. 44,212. Office expenses 13 Information technology 14 15 Royalties 12,080. 6,040. 3,020. 3,020. 16 Occupancy 16,353. 8.177. 4,088. 4,088. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 36,488. 6,481. 341. 29,666. 20 Payments to affiliates 21 2,063. 1,031. 4,125. 1,031. Depreciation, depletion, and amortization 22 2,060. 4,119. 1,029. 1,030. 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.) 481,527. 2,022,518. 2,529,189. 25,144. POSTAGE PRINTING AND DESIGN 1,843,078. 346,727. 14,973. 1,481,378. 497,225. 49,722. 447,503. LIST RENTAL 298,040. 298,040. CAGING 333,069. 54,314. 15,266. 263,489. All other expenses 8,765,558. 2,528,214. 633,375. 5,603,969. 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 educational campaign and fundraising solicitation. 1,060,726. 5,466,637. 6,863,510. 336,147. Check here X if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

05060807 130075 PM113448.1

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	990,159.	1	909,635		
:	2	Savings and temporary cash investments			2		
;	3	Pledges and grants receivable, net			598,769.	3	654,615
4		Accounts receivable, net				4	
4	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
(6	Loans and other receivables from other disqua	alified per	ons rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
္ ၂	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			102,542.	8	94,600
₹ 9	9	B			68,568.	9	8,333
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		125,057.			
	b	Less: accumulated depreciation	. 10b	26,037.	13,714.	10c	99,020
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line			12	329,526	
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11			960.	15	960
10	6	Total assets. Add lines 1 through 15 (must ed	ual line 3	33)	1,774,712.	16	2,096,689
17	7	Accounts payable and accrued expenses			460,267.	17	619,150
18	8	Grants payable		18			
19	9	Deferred revenue		19			
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
ဂ္ဂ 2	2	Loans and other payables to any current or for	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
<u>ا</u> 2	3	Secured mortgages and notes payable to unre				23	
24	4	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
2	5	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	•	·	•		42 500
		of Schedule D				25	43,709
20	6	Total liabilities. Add lines 17 through 25			460,267.	26	662,859
ړ		Organizations that follow FASB ASC 958, ch	neck her	e X			
<u>و</u> ا	_	and complete lines 27, 28, 32, and 33.			1 214 445		1 422 020
<u> </u>		Net assets without donor restrictions			1,314,445.	27	1,433,830
<u> </u> 28	8	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u>-</u>		and complete lines 29 through 33.					
Si 29		Capital stock or trust principal, or current fund				29	
88 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			1 21 / // //	31	1 /22 020
_		Total net assets or fund balances	1,314,445.	32	1,433,830		
33	3	Total liabilities and net assets/fund balances			1,774,712.	33	2,096,689 Form 990 (202

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,05					
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,76					
3	Revenue less expenses. Subtract line 2 from line 1	3		0,3				
4	1							
5	Net unrealized gains (losses) on investments	5		5,3				
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	-20	6,3	<u>69.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,43	3,8	30.			
Pa	t 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	О.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

332012 12-21-23

SCHEDULE A

(Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization PAWS OF HONOR Employer identification number

		PAWS	OF HONOR,	INC				4	7-5643489				
Part	_	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.					
The or	gan	ization is not a private found											
1		A church, convention of ch	nurches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	e hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		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	deral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	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). (C	Complete Part II.)										
8 _	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	and-grant	college				
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of t	he college	or				
_	_	university:											
10 _		An organization that norma											
		activities related to its exen		•					•				
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.				
	_	See section 509(a)(2). (Con	•										
11 [ᆗ	An organization organized a	· ·	•	•								
12 _		An organization organized a	· ·	•	•			•	•				
		more publicly supported or	-						Sneck the box on				
_		lines 12a through 12d that	* *					-	air in a				
а			· · · · · · · · · · · · · · · · · · ·	•	•	-							
		the supported organization organization. You must o		• • • •	majority C	n the direc	tors or trustee	S 01 tile St	аррогинд				
b		Type II. A supporting org			ion with it	e eunnorte	ad organization	(s) by hay	vina				
		control or management o	-				-		-				
		organization(s). You mus			arric perso	110 11101 00	The or Thanks	o the supp	Jortod				
С		☐ Type III functionally inte			in connect	tion with. a	and functionall	v integrate	ed with.				
_		its supported organization						, 9	,				
d		Type III non-functionally		•				ed organiz	zation(s)				
		that is not functionally int					• •	•	` '				
		requirement (see instructi	tions). You must co	mplete Part IV, Sections	A and D,	and Part	v.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III					
		functionally integrated, or	or Type III non-functio	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
<u>g</u>		vide the following information		, 									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)				
 Total													

332021 12-21-23

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
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						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
5	The portion of total contributions		02002021		0 2 0 0 2 2 0 1		
Ŭ	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)						178,103.
_	· · · · · · · · · · · · · · · · · · ·						32273002.
	Public support. Subtract line 5 from line 4.						DZZ/300Z•
		(-) 0010	(In) 0000	/-\ 0001	(4) 0000	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019 2033403.	(b) 2020 5199192.	(c) 2021 7692202.	(d) 2022 8460420.	(e) 2023	(f) Total 32451105.
_	Amounts from line 4	2033403.	3199194.	1092202•	0400420.	3003000.	52451105.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			270	2 446	10 000	12 724
	and income from similar sources			378.	2,446.	10,900.	13,724.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20161000
	Total support. Add lines 7 through 10					<u> </u>	32464829.
	Gross receipts from related activities,					12	190,337.
13	First 5 years. If the Form 990 is for the	-					
_	organization, check this box and stop						
	ction C. Computation of Publi					<u> </u>	
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.41 %
	Public support percentage from 2022					15	97 . 63 %
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. 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 the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	3
			<u> </u>	·	·		(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. 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 on line 12 of 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		
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1	0b		<u> </u>

332024 12-21-23

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family 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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 PAWS OF HONOR, INC			47-5643489 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	on 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	on 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		

Schedule A (Form 990) 2023

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

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

5

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

PAWS OF HONOR 47-5643489 INC 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

Name or o	rganization	Employer identification number	
PAWS (OF HONOR, INC		47-5643489
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

(a)

No.

Schedule B (Form 990) (2023)

(d)

Type of contribution

Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

(c)

Total 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) (2023) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (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			s or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and of year	(a) Bonor advised funds	(5)	Turius and other accounts
1 2	Total number at end of year			
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 adv	iced funde	
3	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o			
			`	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		of a historic	cally important land area
	Protection of natural habitat	· —		ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
			I .	2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rel			tion during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ments during the year
	Does and concentration accomment reported on line 2d above	action the requirements of costion 170	/b\/4\/D\/;\	
8	Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on agraments in its revenue and expens		
9	balance sheet, and include, if applicable, the text of the footr	•		
	organization's accounting for conservation easements.	lote to the organization's infancial states	nento that	describes trie
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and balan	ce sheet works
	of art, historical treasures, or other similar assets held for put	·		
	service, provide in Part XIII the text of the footnote to its finar	·		
b	If the organization elected, as permitted under FASB ASC 95			heet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	, , , , , , , , , , , , , , , , , , , ,		,
	(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			
а	Revenue included on Form 990, Part VIII, line 1	•		\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Col	lections of Ar	t. Histo	orical Tre	asures, o	r Other S	Similar		(continu	Page Z
3	Using the organization's acquisition, accession								CONTINU	<i>iea)</i>
3	collection items (check all that apply).	and other record	s, check	arry or trie i	ollowing that	. make sign	illicant us	e or its		
_	Public exhibition	d	, 🖂	l oon or ovo	hange progra	am.				
a	Scholarly research									
b		е	,	Other						
C 4	Preservation for future generations	ations and avalois	a bau, tb	av frustbar th		n'a avamn	+	in Dort	VIII	
4	Provide a description of the organization's collection of the organization assists as a light to organization as light or a second or the organization as light or the organiz							emPart	AIII.	
5	During the year, did the organization solicit or re								Yes	□ Na
Par	to be sold to raise funds rather than to be main t IV Escrow and Custodial Arrange									No
ı uı	reported an amount on Form 990, Part >		ete ii trie	organization	i ariswered	res on Fo	IIII 990, F	art IV, II	ne 9, or	
12	Is the organization an agent, trustee, custodian		diany for	contribution	oc or other ac	eate not in	aludad			
ıa									Yes	☐ No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an							∟	_ res	L NO
D	in res, explain the arrangement in Part XIII an	a complete the lo	llowing to	abie.					Amount	
_	Designing halones						4-		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance						1 <u>f</u>		7	
	Did the organization include an amount on Form					-	<i>'</i>		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Cl									
ı aı		e organization ans			(c) Two yea) Three ye	are back	(a) Four	years back
		a) Current year	(D) F	rior year	(C) TWO yea	IS DACK (U) Tillee ye	ais Dack	(e) Four	years back
	Contributions									
	Net investment earnings, gains, and losses									
	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 curren	•	e (line 1g	j, 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%.								
3a	Are there endowment funds not in the possessi	on of the organiza	ation that	t are held ar	nd administer	ed for the				
	organization 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 requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the or		wment f	unds.						
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "	Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o			or other		umulated	ı	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				0,298.		4,59			,703.
	Other			10	4,759.	2	21,44	2.		,317.
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. line 10	Oc. column	(B))			_	99	,020.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PAWS OF HON	OR, INC	47	-5643489 P	age 3
Part VII Investments - Other Securities	Farma 000 Dart IV line 1	1h Can Faura 000 Bart V line 10		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l of year market value	
	(b) book value	(c) Method of Valuation. Cost of end	i-oi-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other (A) PUBLICLY TRADED				
	329,526.	COST		
	329,320.	CO31		
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	329,526.			
Part VIII Investments - Program Related.	327,320.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value	
(1)	(5) 25511 14145	(0)	. o. youaor raid	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book value	,
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))			
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book value)
(1) Federal income taxes				
(2) NOTE PAYABLE			43,7	09.
(3)				
(4)				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Schedule D (Form 990) 2023

43,709.

(7) (8)

Part XI Reconciliation of Revenue per A			Revenue per Re	turn	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line 12a				
1 Total revenue, gains, and other support per audite	d financial statements			1	9,534,316.
2 Amounts included on line 1 but not on Form 990,	·	1 1			
a Net unrealized gains (losses) on investments			35,362.	_	
b Donated services and use of facilities			326,767.	-	
c Recoveries of prior year grants			115 011	-	
d Other (Describe in Part XIII.)		2d	117,811.		450 040
				2e	479,940.
3 Subtract line 2e from line 1				3	9,054,376.
4 Amounts included on Form 990, Part VIII, line 12,		1 . 1	1 574		
a Investment expenses not included on Form 990, F	,		1,574.	-	
b Other (Describe in Part XIII.)					1 57/
				4c	<u>1,574.</u> 9,055,950.
5 Total revenue. Add lines 3 and 4c. (This must equal Part XII Reconciliation of Expenses per A	al Form 990, Part I, line 12.)	onte With	Evnences per l	5 Poturr	
			Exhelises her i	retuii	•
Complete if the organization answered "Ye				1 . 1	9,414,931.
1 Total expenses and losses per audited financial st				1	9,414,931.
2 Amounts included on line 1 but not on Form 990,	•	اما	226 767		
a Donated services and use of facilities			326,767.	-	
b Prior year adjustments			206,369.	-	
c Other losses			117,811.	-	
d Other (Describe in Part XIII.)			•	1	650,947.
e Add lines 2a through 2d				2e 3	8,763,984.
3 Subtract line 2e from line 1				3	0,703,704.
 4 Amounts included on Form 990, Part IX, line 25, b a Investment expenses not included on Form 990, F 		4a	1,574.		
			1,5/4.	-	
b Other (Describe in Part XIII.) c Add lines 4a and 4b				4c	1,574.
5 Total expenses. Add lines 3 and 4c. (This must eq	usl Form 000 Port Lline 10			5	8,765,558.
Part XIII Supplemental Information	uai F0IIII 990, Fait I, IIIIe 16.)				0,,00,000
Provide the descriptions required for Part II, lines 3, 5, at	nd 9: Part III. lines 1a and 4: Part	IV. lines 1b	and 2b: Part V. line 4	l: Part X	(, line 2: Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp				,	.,
	,				
PART X, LINE 2:					
-					
MANAGEMENT HAS EVALUATED THE	ORGANIZAION'S T	AX POSI	TIONS AND	HAS	CONCLUDED
THAT THE ORGANIZATION HAS TA	KEN NO UNCERTAIN	TAX PO	SITIONS TH	AT I	REQUIRE
ADJUSTMENT TO THE FINANCIAL	STATEMENTS.				
PART XI, LINE 2D - OTHER ADJ	USTMENTS:				
EVENT ADJUSTMENT					41,666.
COGS					76,145.
	_				
TOTAL TO SCHEDULE D, PART XI	, LINE 2D				117,811.
Danm wit	TIIGMMTNIMG				
PART XII, LINE 2D - OTHER AD	JUSTMENTS:				
EVENU AD THOMBAN					41,666.
EVENT ADJUSTMENT					41,000.

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ame of the organization Employer identification number								
,							489	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
AMERICAN TARGET ADVERTISING -		Yes	No					
9625 SURVEYOR COURT, SUITE	DIRECT MAIL FUNDRAISING		Х	6,854,093.		1,249,780.	5,604,313.	
HSP DIRECT - 20130 LAKEVIEW CENTER PLAZA SUITE 300,	DIRECT MAIL FUNDRAISING		х	1 2/19 373		110 020	1,130,344.	
SENTER FURZA SOTTE 500,	DIRECT MAIL FONDRAISING		Λ	1,249,373.		119,029.	1,130,344.	
	I	ı						
Fotal				8,103,466.		1,368,809.	6,734,657.	
3 List all states in which the organization	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from req	gistration	
or licensing.	בי כא עד די דא עכי	737 T	7 1/	13 MD M3 MT	мс	MINT MITT I	NC NY NT	
AK,AL,AR,CA,CT,CO,DC,I NM,NY,NH,ND,OH,OK,OR,I					, M.S	, MIN , MIT, , 1	NC, NV, NU	
		111 / 11	• , .	· -				

332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

			HONOR, INC						5643489	
Pa	rt I									
		of fundraising event contributions and gro	oss income on Form 99	0-EZ,	lines 1 and	6b. List e	vents with o	gross receip	ts greater than	\$5,000.
			(a) Event #1		(b) Event	#2	(c) Othe	r events	(d) Total e	through
e			(event type)		(event typ	oe)	(total n	umber)	col. (c	;))
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
S	5	Noncash prizes								
bense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages		+						
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through								
Da	rt I	Net income summary. Subtract line 10 from li								
ГС	ונו		answered "Yes" on For	m 990	J, Part IV, III	ie 19, or i	reported mo	re than		
_		\$15,000 on Form 990-EZ, line 6a.	Τ		(1.) D. II +-1/				1,57,1	
Revenue			(a) Bingo		(b) Pull tabs/i ngo/progressi		(c) Othe	r gaming	(d) Total gam col. (a) throug	
Rev	1	Gross revenue								
es	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses			٦,,					
	6	Volunteer labor	Yes % No	6 _	Yes No	%	Yes No	%		
	7	Direct expense summary. Add lines 2 through	າ 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
9		ter the state(s) in which the organization condu								
		the organization licensed to conduct gaming ac							. L Yes	L No
b	If "	No," explain:								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or	termir	nated during	the tax v	/ear?		Yes	□ No
		Yes," explain:								
	_									

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 PAWS OF HONOR, INC	47-5643489 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:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:
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 received by the organization	ount
of gaming revenue retained by the third party \$	
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	ı the
organization's own exempt activities during the tax year \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
(I) NAME OF FUNDRAISER: AMERICAN TARGET ADVERTISING	
(1) NAME OF FUNDATION. AMERICAN TARGET ADVERTIGING	
(I) ADDRESS OF FUNDRAISER:	
9625 SURVEYOR COURT, SUITE 400, MANASSAS, VA 20110	
(I) NAME OF FUNDRAISER: HSP DIRECT	
(I) ADDRESS OF FUNDRAISER:	
20130 LAKEVIEW CENTER PLAZA SUITE 300, ASHBURN, VA 20147	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

· ·	PAWS OF H	ONOR, INC						47-5643489
Part I Gene	ral Information on Grants a	nd Assistance						
1 Does the or	ganization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used	d to award the grants or assis	tance?						X Yes No
2 Describe in	Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
	ts and Other Assistance to I ent that received more than \$					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
	nd 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
	number of section 501(c)(3) ar number of other organizations			e line 1 table				
For Paperwork R	Reduction Act Notice, see th	e Instructions for	Form 990.					Schedule I (Form 990) 2023

(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 assistance
ICAL SERVICES FOR DOGS	327	1,206,687.	0.		
rt IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
E ORGANIZATION MONITORS ALL PR	OGRAM GRANT	'S TO ENSUF	RE THE FUND	S ARE USED	
R THEIR INTENDED PURPOSE.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

(6)

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

2023

Open to Public Inspection

Employer identification number

tarrio or the organization			Employer lacinin	oution ii	aiiibci	
PAWS O	F HONOR, INC		47-564348	9		
Part I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organi	zations only)			
Complete if the organization	n answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Par	t V, line 40b.			
1	(b) Relationship between disqualified	(a) Description of turns	1:	(d) Con	rected?	
(a) Name of disqualified person	person and organization	(c) Description of trans	(c) Description of transaction			
(1)						
(2)						
(3)						
(4)						
(5)						

section 4958 \$ ______

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ ______

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fron organi	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(i) W by board or committee?		ritten nent?	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	
(1)OLD DOMINION ANIMAL HEAL			DISCOUNTED		No X
(2)PATRICIA L. HENNIG	WIFE OF DIRECTOR OF	61,458	SALARY		X
_(3)	_		+		-
(4) (5)					
(6)					
_(7)					
_(8)	_				
<u>(9)</u> (10)	_				
Part V Supplemental Information			•		
Provide additional information for resp	onses to questions on Schedule L. See	instructions.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLUTE	IG TNTEREST	ED PERSONS:		
BOIL IT TIME IV, BOBINESS I	THE PROPERTY OF THE PROPERTY O	10 11(111111111111111111111111111111111	<u> </u>		
(A) NAME OF PERSON: OLD DO	MINION ANIMAL HEALTH	H CENTER			
/D) DELAMIONGLIED DEMMERN I	NUMBRECHER DERCON AND		TON.		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZAT.	LON:		
SHARED MEMBERS ON THE BOAR	D OF DIRECTORS				
(-)					
(C) AMOUNT OF TRANSACTION	\$ 441,335.				
(D) DESCRIPTION OF TRANSAC	TION: DISCOUNTED SAI	ES OF VETE	RINARY SERVI	CES	
(2, 222322222					
AND PRODUCTS.					
(E) SHARING OF ORGANIZATIO	N PEVENIIES2 - NO				
(E) BIRKING OF ORGANIZATIO	NEVENOED: - NO				
/A NAME OF DEDGON. DAMPIC	ITA I HENNITO				
(A) NAME OF PERSON: PATRIC	IA L. HENNIG				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZAT	ION:		
WIFE OF DIRECTOR OF THE OR	GANIZATION, RYAN HEN	INIG			
(C) AMOUNT OF TRANSACTION	\$ 61,458.				
(D) DESCRIPTION OF TRANSAC	TION: SALARY				
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
12, SIMILING OF CHOMIZATIO	1, 1,11,111,0110, - 110				

SCHEDULE 0 (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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PAWS OF HONOR, INC **Employer identification number** 47-5643489

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COUNTRY. FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS ROBERT YOUNGBLOOD, CASSIE BROWNE AND MARK V. DRUMMOND 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 DIRECTORS 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 , MN , 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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	 	Page 2
Name of the organization PAWS OF HONOR, INC	Employer id 47 – 5	lentification number 643489
THE ORGANIZATION'S GOVERNING DOCUMENTS MAY BE MADE AVAILAE	LE UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
BAD DEBTS		-206,369.
990 PART XII, LINE 2C		
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROC	ESS OR	
SELECTION PROCESS DURING THE TAX YEAR.		

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

PAWS OF HONOR, INC 1158 PROFESSIONAL DRIVE, G WILLIAMSBURG, VA 23185

REGISTRY OF CHARITIES AND FUNDRAISERS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

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 301-307, and 310

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)

PAWS OF HONOR, INC Name of Organization List all DBAs and names the organization uses or has used 1158 PROFESSIONAL DRIVE Address (Number and Street) WILLIAMSBURG, VA 23181 City or Town, State, and ZIP Code 703-403-8281 Telephone Number E-mail Address ANNUAL REGISTRATIO	SS DN RENEWAL FEE SCHEDULE (11 Ca	Check if: Change of address Amended report Organization requests email notifications State Charity Registration Number Corporation or Organization No. Federal Employer ID No. 47-5643489					
	Make Check Payable to Departn						
Total Revenue Fee Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	Total Revenue Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million		Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million		_		
PART A - ACTIVITIES	01/01/20	22	12/21/2022				
For your most recent full accounting Total Revenue (including noncash contributions) \$ 9,055, Program Expenses \$	950 Noncash Contributions \$	326	ting 12/31/2023) list: 5,767 Total Assets \$ 2,09 enses \$ 8,765,558	6,6	89		
PART B - STATEMENTS REGARDING ORG	GANIZATION DURING THE PERIOD (OF THIS RE	EPORT				
Note: All questions must be answered. If	f you answer "yes" to any of the ques	tions belov	w, you must attach a separate page				
providing an explanation and deta	ils for each "yes" response. Please re	eview RRF-	1 instructions for information required.	Yes	No		
 During this reporting period, were there and any officer, director or trustee there any financial interest? 			· ·		x		
During this reporting period, was there or funds?	any theft, embezzlement, diversion or n	nisuse of th	e organization's charitable property		х		
3. During this reporting period, were any c	organization funds used to pay any pena	alty, fine or	judgment?		x		
During this reporting period, were the so- commercial coventurer used?	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes, or SEE STATEMENT 1	х			
5. During this reporting period, did the org	ganization receive any governmental fur	nding?			Х		
6. During this reporting period, did the org	ganization hold a raffle for charitable pu	rposes?			х		
7. Does the organization conduct a vehicle	e donation program?				х		
Did the organization conduct an indeperally accepted accounting principle	·	cial stateme	nts in accordance with		х		
9. At the end of this reporting period, did t	the organization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?		X		
I declare under penalty of perjury that I ha and belief, the content is true, correct and			ng documents, and to the best of my kno	wledg	е		
BO.	BERT F. YOUNGBLOOD	т	PRESIDENT				
	inted Name		itle Date				
200001							

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

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of t	he forms						
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts. A	An extension						
request	request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form										
8868, vi	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.									
Caution	If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE for p	ayment					
instructi	ons.										
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must us	e Form 7004 to request an extension of time to file income	e tax retur	ns.								
Part I -	Part I - Identification										
Type or	pe or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN)										
Print											
Elle berither	PAWS OF HONOR, INC				47-564348	, 9					
File by the due date fo	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.								
filing your return. See	1158 PROFESSIONAL DRIVE, G										
instruction		reign addı	ress, see instructions.								
	WILLIAMSBURG, VA 23185										
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			. 01					
Applica	tion Is For	Return	Application Is For			Return					
		Code				Code					
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)			09					
Form 47	20 (individual)	03	Form 5227			10					
Form 99	0-PF	04	Form 6069			11					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12					
Form 99	0-T (trust other than above)	06	Form 5330 (individual)			13					
Form 99	0-T (corporation)	07	Form 5330 (other than individual)			14					
Form 10	41-A	08									
• After	ou enter your Return Code, complete either Part II or Part	III. Part II	l, including signature, is applicable c	only for an	extension of						
time to	ile Form 5330.										
If this	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.								
P	an Name										
P	an Number										
P	an Year Ending (MM/DD/YYYY)										
Part II -	Automatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)								
The I	books are in the care of $ { m f THE} { m f ORGANIZATION} { m -} $										
		DRIV	E, G - WILLIAMSBUR	RG, VA	23185						
Telep	hone No. 703-403-8281		Fax No. 703-893-2441								
If the	organization does not have an office or place of business	in the Uni	ted States, check this box								
If this	s is for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN) I	If this is fo	r the whole group, o	heck this					
box	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	for.					
1 Ir	equest an automatic 6-month extension of time until $$	OVEMBI	$\overline{ ext{ER} ext{ } ext{15}}$, 20 $\overline{ ext{24}}$, to file	e the exem	npt organization retu	ırn for					
th	e organization named above. The extension is for the orga	anization's	return for:								
X	calendar year 20 23 or										
	tax year beginning	, 20 _	, and ending)					
2 If	the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return	Final retur	n						
	Change in accounting period										
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less								
<u>ar</u>	y nonrefundable credits. See instructions.			3a	\$	0.					
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and								
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.					
с В	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by								
us	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3с	\$	0.					
					E 0000 /D	4 000 4					

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

Form **8868** (Rev. 1-2024)

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PAWS OF HONOR, INC Name change 47-5643489 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1158 PROFESSIONAL DRIVE 703-403-8281 9,205,522. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WILLIAMSBURG, VA 23185 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROBERT F. YOUNGBLOOD for subordinates? Yes X No 1158 PROFESSIONAL DRIVE, SUTE G, WILLIAMSBUR Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PAWSOFHONOR.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2015 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: VETERINARY CARE AND PRODUCTS Activities & Governance NO CHARGE FOR MILITARY AND LAW ENFORCEMENT DOGS THAT HAVE SERVED OUR 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 8,460,420. 9,065,888. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 7,702. 2,555. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -17,640.25,506. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,055,950. 8,488,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 656,109. 1,206,687. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 178,267. 241,301. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 970,711. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,231,928. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,524,537. 6,085,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,329,624. 8,765,558. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158,857. 290,392. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,774,712. 2,096,689. Total assets (Part X, line 16) 460,267. 662,859 21 Total liabilities (Part X, line 26) 三年 314,445. 433,830 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT F. YOUNGBLOOD, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/07/24 self-employed P00968200 HIN CHIU LO HIN CHIU LO Paid Firm's name PRAGER METIS Firm's EIN 54-1156733 Preparer Firm's address 1360 BEVERLY ROAD, SUITE 300 Use Only Phone no. 703-821-0702 MCLEAN, VA 22101 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

		ge 🚄
Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE GOAL OF PAWS OF HONOR (POH) IS TO PROVIDE VETERINARY CARE AND	
	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?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$2,528,214. including grants of \$1,206,687.) (Revenue \$	
4a	(Code:) (Expenses \$2,528,214. including grants of \$1,206,687.) (Revenue \$	— ⁾
	K-9'S DESERVE ACCESSIBLE, HIGH QUALITY VETERINARY CARE IN RETURN FOR	
	THEIR COMMITMENT AND SACRIFICE FOR OUR COUNTRY AND THE MONETARY BURDEN	
	ASSOCIATED WITH VETERINARY CARE SHOULD NOT FALL ON THE SHOULDERS OF THE	
	OFFICER, HANDLER AND OWNER ONCE THE K-9 HAS BEEN DECOMMISSIONED. DURING	
	2023, THE ORGANIZATION PROVIDED MEDICAL SERVICES AND PRODUCTS WITH A	
	RETAIL VALUE OF \$1,533,454 AND SINCE 2016 THE ORGANIZATION HAS PROVIDED	
	VETERINARY SERVICES AND PRODUCTS WITH A RETAIL VALUE OVER \$3,866,348 AT	
	NO COST TO THE HANDLER.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,528,214.	

332002 12-21-23

Form **990** (2023)

Form 990 (2023) 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		<u> </u>
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		<u> </u>
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		<u> </u>
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? f "Yes," complete Schedule D, Part V	10		<u> </u>
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	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
45	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

Form 990 (2023) PAWS OF HONOR, INC
Part IV Checklist of Required Schedules (continued)

	· (GOTTENAGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
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			1
	Schedule J	23		Х
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			1
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		<u> X</u>
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		X
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			7.7
	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? F Contract Con	00-		v
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c	Х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	21	х
30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	1
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X OOO	(0000)
332004	¥ 12-21-23	Form	330	(2023)

Form 990 (2023) 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	2a 7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	Х			
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	4a 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)?							
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 Ad	ccounts (FBAR).						
			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X			
	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				 ₩			
	•		6a		X			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b					
7		vices provided to the payor?	7a		Х			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		125			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	10					
·	to file Form 8282?		7c		x			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
•								
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	9 Sponsoring organizations maintaining donor advised funds.							
а	5							
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4					
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:	1 I						
	Gross income from members or shareholders	11a	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	1,0					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.		154					
h	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						
С	Enter the amount of reserves on hand	13c						
			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15	L	х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
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.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

PM113441

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					X		
Sec	tion A. Governing Body and Management							
			_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith any other						
	officer, director, trustee, or key employee?		[2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the o	direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?	[5		X		
6	Did the organization have members or stockholders?		[6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appearance.	oint one or						
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	by the following:	[
а	The governing body?		[8a	Х			
	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve							
		,	_		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter of the control of	oters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?]	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body by	efore filing the forn	า?	11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				х			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe						
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by	y independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>		
b	Other officers or key employees of the organization			15b		X		
	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	nt with a						
	taxable entity during the year?			16a		_X_		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate $\frac{1}{2}$							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation's	- 1					
800	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure		<u> </u>	77.T		T 7		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-1 (section 501	(C)(3)S	oniy) a	avallab	ые		
	for public inspection. Indicate how you made these available. Check all that apply.	0.4						
40	X Own website Another's website X Upon request Other (explain o	,	ا- سم ر	fi	ia!			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest polic	y, and	rinand	ial			
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books THE ORGANIZATION - 703-403-8281	s and records						
	1158 PROFESSIONAL DRIVE, G, WILLIAMSBURG, VA 23185							
332006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)		

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT F. YOUNGBLOOD PRESIDENT	20.00	Х		х				0.	0.	0.
(2) CASSIE BROWNE	20.00								0.1	
VICE PRESIDENT/TREASURER		Х		x				0.	0.	0.
(3) RYAN HENNIG	40.00								•	
DIRECTOR		Х						0.	0.	0.
(4) MARK V DRUMMOND	20.00									
DIRECTOR		Х						0.	0.	0.
(5) MATTHEW BRUNKE	20.00									
DIRECTOR		Х						0.	0.	0.
(6) KELLEY DECONCILIIS	20.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2023)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Name and title Reportable Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated Imployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 0. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 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	1,343,139.
RHA MARKETING, LLC		
114 WEST THIRD ST., WAYNESBORO, PA 17266	MAILSHOP	493,901.
DIRECT MAIL PROCESSORS, INC.		
1150 CONRAD COURT, HAGERSTOWN, MD 21740	CAGING	367,978.
DEUTSCH DM		
300 MARCUS BLVD, DEER PARK, NY 11729	MAIL SHOP	327,744.
MERCURY ENVELOPE COMPANY, 100 MERRICK RD.,		
STE #204 E, ROCKVILLE CENTER, NY 11570	MAIL SHOP	270,504.
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 7		
		000

Form **990** (2023)

Form 990 (2023) PAWS OF Part VIII Statement of Revenue

			Check if Schedule O contains a respor	se or note to any lir	ne in this Part VIII			
			Officer if Octredule O Contains a respon	ise of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a	11,236.				
		b	Membership dues 1b					
e, E		С	Fundraising events1c					
ifts r A			Related organizations 1d					
n Ris			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
iğ ja		•		9,054,652.				
ē ģ				J, 034, 032 •	-			
P P		_			0 065 000			
Og		n	Total. Add lines 1a-1f		9,065,888.			
				Business Code				
မွ	2	а		_				
e <u>č</u>		b						
Program Service Revenue		С						
am		d						
Ba		е						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, in					
	Ü				10,900.			10,900.
			/		10,500.			10,500.
	4		Income from investment of tax-exempt bor	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	es (ii) Other				
			assets other than inventory 7a 28,56	3.				
		b	Less: cost or other basis					
ø		_	and sales expenses	1.				
ı ı		_	Gain or (loss) $7c - 3, 19$		-			
Revenue		<u>ا</u>	Met gain or (loss)		-3,198.			-3,198.
æ			Net gain or (loss)		3,170.			3,130.
ther	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See	10 155				
				8a 10,455.				
		b	Less: direct expenses	8b 41,666.				
		С	Net income or (loss) from fundraising event	s	-31,211.			-31,211.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
		b	Less: direct expenses	9b				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	• • • • • • • • • • • • • • • • • • • •	10a 89,716.				
		h		10b 76,145.	-			
			•		13,571.			13,571.
_		С	Net income or (loss) from sales of inventory		13,3/1.			13,3/10
<u>s</u>	_			Business Code				
e E	11	а		_	1	1		
Miscellaneous Revenue		b						
Sell ev		С						
Ajš.		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		9,055,950.	0.	0.	-9,938.

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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 1,206,687. 1,206,687. 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) 224,145. 112,073. 56,036. 56,036. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,156. 8,578. 4,289. 4,289. 10 Payroll taxes Fees for services (nonemployees): Management 2,964. 2,964. Legal 98,000. 98,000. Accounting Lobbying 1,231,928. 1,231,928. Professional fundraising services. See Part IV, line 17 1,574. 1,574. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 155,767. 116,517. 39,189. column (A), amount, list line 11g expenses on Sch O.) 13,719.54,880. 27,441. 13,720. Advertising and promotion 12 198,691. 99,807. 54,672. 44,212. Office expenses 13 Information technology 14 15 Royalties 12,080. 6,040. 3,020. 3,020. 16 Occupancy 16,353. 8.177. 4,088. 4,088. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 36,488. 6,481. 341. 29,666. 20 Payments to affiliates 21 2,063. 1,031. 4,125. 1,031. Depreciation, depletion, and amortization 22 4,119. 2,060. 1,029. 1,030. 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.) 481,527. 2,022,518. 2,529,189. 25,144. POSTAGE PRINTING AND DESIGN 1,843,078. 346,727. 14,973. 1,481,378. 497,225. 49,722. 447,503. LIST RENTAL 298,040. 298,040. CAGING 333,069. 54,314. 15,266. 263,489. All other expenses 8,765,558. 2,528,214. 633,375. 5,603,969. 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 educational campaign and fundraising solicitation. 5,466,637. 6,863,510. 1,060,726. 336,147. Check here X if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Form 990 (2023)

Part X | Balance Sheet

	Check if Schedule O contains a response or n					
	Official in Octrication Official in a response of the	ote to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			990,159.	1	909,635.
2					2	
3		598,769.	3	654,615.		
4			4			
5						
	trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of th	ese perso	ns		5	
6	Loans and other receivables from other disqua	alified per	ons (as defined			
	under section 4958(f)(1)), and persons describ	ed in sec	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			102,542.	8	94,600. 8,333.
9	Prepaid expenses and deferred charges			68,568.	9	8,333.
10a						
	basis. Complete Part VI of Schedule D	. 10a	125,057.			
b				13,714.	10c	99,020.
11					11	
12					12	329,526.
13			13			
14		0.60		0.60		
15						960.
16				1,774,712.		2,096,689.
		460,26/.		619,150.		
					21	
22						
					00	
00						
					24	
23		-				
	- CO-le - de la D	-	·	0.	25	43,709.
26			·····			662,859.
		neck her	X			002,000
27	. , , ,			1,314,445.	27	1,433,830.
28					28	,

	and complete lines 29 through 33.	,	_			
29		ls			29	
30					30	
31					31	
32				1,314,445.	32	1,433,830.
33				1,774,712.	33	2,096,689.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 13 22	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ec Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cland complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current function Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances 	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co-controlled entity or family member of any of these person controlled entity or family member of any of these persons and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third process of the securities of the securities and other liabilities not included on lines 17-24), of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 125,057. b Less: accumulated depreciation 110 126,037. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other 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 15 Secured mortgages and notes payable to unrelated third parties 16 Unsecured notes and loans payable to unrelated third parties 17 Unsecured notes and loans payable to unrelated third parties 18 Other liabilities (including federal income tax, payables to related third parties 19 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 10 Net assets without donor restrictions 10 Organizations that follow FASB ASC 958, check here and complete lines 27 and 33. 11 Paddin or capital surplus, or land, building, or equipment fund 11 Retained earnings, endowment, accumulated income, or other funds 12 Total Inet assets or fund balances	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 125, 057. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 774, 712. 7 Accounts payable and accrued expenses 16 Grants payable 17 Escrow or custodial account liabilities 18 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Organizations that follow FASB ASC 958, check here 26 Total llabilities. (including federal income tax, payables to related third parties 27 Organizations that follow FASB ASC 958, check here 28 and complete lines 27 through 25 29 Capital stock or trust principal, or current funds 30 Paick-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total net assets or fund balances	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments expense and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 460 , 267 . 17 18 Grants payable 19 Deferred revenue 19 Tax exempt bond liabilities 20 Loans and other 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 22 Secured mortages and notes payable to unrelated third parties 23 Holden of the payable and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Often liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Capital stock or trust principal, or current funds 29 Patici-in or capital surplus, or land, building, or equipment fund 30 Paticin or capital surplus, or land, building, or equipment fund

332012 12-21-23

Form 990 (2023)

SCHEDULE A

(Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization PAWS OF HONOR Employer identification number

		PAWS	OF HONOR,	INC				4	7-5643489
Part	_	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
The or	gan	ization is not a private found							
1		A church, convention of ch	nurches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2		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).							
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	for the benefit of a co	llege or university owned	or operat	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	overnment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	intial part of its support fr	om a gove	ernmental	unit or from th	e general į	public described in
_		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 _	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of t	he college	or
_	_	university:							
10 _		An organization that norma							
		activities related to its exen		•					•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
	_	See section 509(a)(2). (Con	•						
11 [ᆗ	An organization organized a	· ·	•	•				
12 _		An organization organized a	· ·	•	•			•	•
		more publicly supported or	-						Sneck the box on
_		lines 12a through 12d that	* *					-	air in a
а			· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization organization. You must o			majority C	n the direc	tors or trustee	5 OI LITE SC	аррогинд
b		Type II. A supporting org			ion with it	e eunnorte	ad organization	(s) by hay	vina
		control or management o	-				-		-
		organization(s). You mus			arric perso	110 11101 00	The or Thanks	o the supp	Jortod
С		☐ Type III functionally inte			in connect	tion with. a	and functionall	v integrate	ed with.
_		its supported organization						, 9	,
d		Type III non-functionally		•				ed organiz	zation(s)
		that is not functionally int					• •	•	` '
		requirement (see instructi	tions). You must co	mplete Part IV, Sections	A and D,	and Part	v.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	or Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u>g</u>		vide the following information		, 					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
 Total									

332021 12-21-23

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

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

Sec	ction A. Public Support	,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	, ,	• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
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	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
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)						178,103.
6	Public support. Subtract line 5 from line 4.						32273002.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			378.	2,446.	10,900.	13,724.
9	Net income from unrelated business				-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						32464829.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	190,337.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	ear as a section 5	D1(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.41 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	97.63 <u>%</u>
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	17a 10% -facts-and-circumstances test - 2023. 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						
	more, and if the organization meets the	-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18							
							(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
	O.L.		
	9b		
	9с		
	- 0		
	10a		
	10b		
مارر	A (Form	n aan)	2023

Schedule A (Form 990) 2023

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

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

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

PAWS OF HONOR 47-5643489 INC 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PAWS OF HONOR, INC

47-5643489

Part II	Noncash Property (see instructions). Use duplicate copies of Pal	rt II if additional space is needed.	7 3043403
(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
		 \$	
3453 12-26	-23		Schedule B (Form 990) (2023

Schedule B (Form 990) (2023) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023) 323454 12-26-23

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.

2023
Open to Public Inspection

Name of the organization

PAWS OF HONOR, INC

Employer identification number 47 – 5643489

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's						Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2023

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued	Sche		HONOR, IN						<u>47-56</u>			age 2
a Public exhibition d Loan or exchange program a Public exhibition d Cother b Scholarly research e Other b Scholarly research e Other c Preservation for thure generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicition receive donations of art, historical treasures, or other similar assets to be sold for uside further than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Strippin	Par	t III Organizations Maintaining C	ollections of A	t, Histori	ical Tre	asures, or	Other	Similar	Assets	(contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	ny of the fo	ollowing that	make sig	nificant u	ise of its			
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds attent than to be maintained as part of the organization collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX ine 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is the organization will be part XIII and complete the following table: C Beginning balance It is considered to the organization and the part XIII and complete the following table: If the United States of the United States of the Organization answered "Yes" on Form 990, Part XI, line 10. If Yes is one organization in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Beginning of year balance C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Grants or scholarships The percentages on lines 2a, 2b, and 2c should equal 100%. A Are there estimated percentage of the current year end balance (line 1g, column (aj) held as: Begin of year balance C Provide the estimated percentage of the organizations insted as requ		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other X, line 10, line 10, line 10, line 11, line 10, line 10, line 10, line 10, line 10, line 10, line 11, line 10, line	а	Public exhibition		d Lo	an or excl	nange progra	m					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1c Indiguitation sturing the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XIII. 1 Beginning of year balance 2 Distributions 2 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 2 No b Contributions 3 No Contributions 4 Administrative expenses 9 End of year balance 1 Of Yes and Administrative expenses 9 End of year balance 1 Of Yes and Yes	b	Scholarly research	•	e 🔲 Otl	her							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV	С	Preservation for future generations										
To be sold for raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X in 10 If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's co	ollections and explai	n how they	further th	e organizatio	n's exemp	ot purpos	se in Part	XIII.		
Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IV Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and include an amount on Form 990, Part IV, line 10. Complete if the organization include an amount on Form 990, Part IV, line 10.	5	During the year, did the organization solicit o	r receive donations	of art, histo	rical treas	ures, or othe	r similar a	ssets		_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?												No
Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the org	ganization	answered "Y	es" on Fo	orm 990,	Part IV, li	ne 9, or		
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount												
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d Id	1a									7		7
Amount									L	」Yes		J No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes' on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (f) Three years back	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:					A		
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses (d) Grants or scholarships d Crants or scholarships g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations? (iii) Related organizations? (iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corest where the destination answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corest where the destination answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corest or other basis (investment) Description of property (a) Corest or other basis (investment) Description of property (a) Corest or other basis (investment) Description of property (b) Cost or other basis (other) Description of property (c) Two years back (d) Three years back (e) Form year Vo. Two years back								+ +		Amoun	τ	
e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes No 3 No 3 No 4 Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 4 Beginning of year balance 5 Contributions 6 Contributions 6 Contributions 7 No He investment earnings, gains, and losses 9 Contributions 9 Contributions 1 Administrative expenses 9 End of year balance 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment 9 Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Describe in Part XIII the intended uses of the organization's endowment funds. 1 Land Describe in Group organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. 1 Land Describe in Part XIII the intended uses of the organization's endowment funds. 1 Land Describe in Part XIII the intended uses of the organization's endowment funds. 1 Land Describe in Part XIII the intended uses of the organization's endowment funds. 1 Land Describe in Part XIII the intended uses of the organization's e												
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e											
By If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	20									Voc		No
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Capturent year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years years (e) Four yea		-					•			_] NO
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e 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 (line 1g, column (a)) held as: a Board designated or quasi-endowment g C Term endowment g The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 20, 298 4, 595 15, 703 . d Equipment 20, 298 4, 595 15, 703 .		острысо п							ears back	(e) Four	vears	back
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
g End of year balance	f											
a Board designated or quasi-endowment												
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, c	olumn (a)) held as:						
c Term endowment	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.	b	Permanent endowment	%									
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(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 20,298 4,595 15,703 15,703 104,759 121,442 83,317 1	3а	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held an	d administere	ed for the			ſ		
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 20,298 4,595 15,703 104,759 21,442 83,317 .		,									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 104,759. 21,442. 83,317.												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 104,759. 21,442. 83,317.		(ii) Related organizations?										
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other 104,759. 21,442. 83,317.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 104,759. 21,442. 83,317.				wment fund	ds.							
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1a Land b Buildings c Leasehold improvements d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.		Description of property	, , , , , , , , , , , , , , , , , , , ,				` '		ea	(a) Boo	k value	9
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c Leasehold improvements 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.												
d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.												
e Other 104,759. 21,442. 83,317.					2	0.298.		4 50	95.	1	5.70	03.
				X line 10c				•				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PAWS OF HONO	OR, INC	47	-5643489 Page
Part VII Investments - Other Securities	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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) PUBLICLY TRADED			
(B) SECURITIES	329,526.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	329,526.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>. (B))</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NOTE PAYABLE			43,709.
(3)			,

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	NOTE PAYABLE	43,709.
(3)		
(4)		
(5)		
(6)		
(7		
(8)		
(9)		
Total	· (Column (b) must equal Form 990. Part X, line 25. col. (B))	43,709.

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

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 PAWS OF HONOR, INC			47-5	5643489 _{Page} 4
Par	· ·		Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		1 1	0 524 216
				1	9,534,316.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	25 262		
	Net unrealized gains (losses) on investments		35,362. 326,767.	_	
	Donated services and use of facilities		326,767.	-	
	Recoveries of prior year grants		115 011	-	
	Other (Describe in Part XIII.)	2d	117,811.		450 040
	Add lines 2a through 2d			2e	479,940.
	Subtract line 2e from line 1			3	9,054,376.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 554		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,574.	-	
	Other (Describe in Part XIII.)	4b			1 554
	Add lines 4a and 4b			4c	1,574. 9,055,950.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.))		5	9,055,950.
Par	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per i	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.		1 1	0 414 021
				1	9,414,931.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	226 767		
	Donated services and use of facilities		326,767.	-	
	Prior year adjustments		206 260	-	
	Other losses		206,369.		
	Other (Describe in Part XIII.)	2d	117,811.		CEO 047
	Add lines 2a through 2d			2e	650,947.
	Subtract line 2e from line 1			3	8,763,984.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 554		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,574.	-	
b	Other (Describe in Part XIII.)	4b			4 554
	Add lines 4a and 4b			4c	1,574.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	8,765,558.
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			1; Part X	ζ, line 2; Part XI,
PAR	T X, LINE 2:				
MAN	AGEMENT HAS EVALUATED THE ORGANIZAION'S	S TAX POSI	TIONS AND	HAS	CONCLUDED
THA	T THE ORGANIZATION HAS TAKEN NO UNCERTA	AIN TAX PO	SITIONS TH	IAT I	REQUIRE
ADJ	USTMENT TO THE FINANCIAL STATEMENTS.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				

41,666. EVENT ADJUSTMENT 76,145. COGS TOTAL TO SCHEDULE D, PART XI, LINE 2D 117,811.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

41,666. EVENT ADJUSTMENT

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

PAWS OF	HONOR, INC				47-5643	ntification number
	- Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations In-person solicitations	sed funds through any of the following sed funds through any of the following Solicita for Solicita good X Special for oral agreement with any individual fart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AMERICAN TARGET ADVERTISING -		Yes	No			
9625 SURVEYOR COURT, SUITE HSP DIRECT - 20130 LAKEVIEW	DIRECT MAIL FUNDRAISING		Х	6,854,093.	1,249,780.	5,604,313.
CENTER PLAZA SUITE 300,	DIRECT MAIL FUNDRAISING		х	1,249,373.	119,029.	1,130,344.
Total				8,103,466.	1,368,809.	6,734,657.
3 List all states in which the organization or licensing. AK, AL, AR, CA, CT, CO, DC, NM, NY, NH, ND, OH, OK, OR,	FL,GA,HI,IL,IA,KS,I	KY,I	ıA,M	MA,MD,MA,MI		

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

47-5643489 Page 2 PAWS OF HONOR, INC Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

b If "Yes," explain:

Schedule G (Form 990) 2023 PAWS OF HONOR, INC	47-5643489 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue? 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 \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
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?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year \$	s or spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(iii) and (v), and r are iii, iii ee e, ez, rez,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID F	UNDRAISERS:
(I) NAME OF FUNDRAISER: AMERICAN TARGET ADVERTISING	
(-)	
(I) ADDRESS OF FUNDRAISER:	
0625 GUDVEYOD COUDE GUTEE 400 MANAGGAG VA 20110	
9625 SURVEYOR COURT, SUITE 400, MANASSAS, VA 20110	
(I) NAME OF FUNDRAISER: HSP DIRECT	
<u> </u>	
(I) ADDRESS OF FUNDRAISER:	
20130 LAKEVIEW CENTER PLAZA SILTTE 300 ASHBURN VA 201	47

Schedule G (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

PAWS OF H	ONOR, INC						47-5643489					
Part I General Information on Grants a	nd Assistance											
Does the organization maintain records or criteria used to award the grants or assistance.	stance?				-		n X Yes No					
2 Describe in Part IV the organization's pro						· " =						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
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) a 3 Enter total number of other organization:	•	-	e line 1 table		1							

(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 assistance
EDICAL SERVICES FOR DOGS	327	1,206,687.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	L
PART I, LINE 2:					
THE ORGANIZATION MONITORS ALL PROG	RAM GRANT	'S TO ENSUF	RE THE FUND	S ARE USED	
FOR 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

2023

Open to Public Inspection

Name	of the	organization

PAWS OF HONOR. INC

Employer identification number

47-5643489

	efit Transaction			() secti	on 501(c)(4), and sec	rtion 501(c)(29) o			1//)	0,5		
					urt IV, line 25a or 25b							
1		Relationship bety				i, or Form 990-EZ	, rait v,	11116 40	<i>.</i>	(4)	Corro	ctod2
(a) Name of disqualified p	person (b)	person and or			illed (d	c) Description of t	ransactio	on		(d) Correct Yes		No
(1)		•								+ ''	55	NO
(2)										+	\dashv	
(3)										+	\dashv	
(4)												
(5)												
(6)												
2 Enter the amount of tax	incurred by the o	rganization man	agers	or disc	ualified persons duri	ing the year unde	r					
	•	~	-					\$				
3 Enter the amount of tax,												
• Enter the amount of tax,		abovo, romnouro	ou by	1110 01	Jan 12411011			Ф				
Part II Loans to and	d/or From Inte	erested Pers	sons									
Complete if the	organization answ	vered "Yes" on F	orm 9	990-F7	Part V, line 38a, or	Form 990. Part IV	. line 26:	or if th	he ora	anizati	on	
•	ount on Form 990				, rait v, iirio ooa, or		, 20,	01 11 11	no orga	anneach	011	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	e (a) In	(h) Ap	proved	(i) V	/ritten
interested person	with organization	of loan		n the ization?	principal amount	(1) 24141100 441		ault?				ment?
			To	From			Yes	No	Yes	No	Yes	No
(1)			"				1.00	1	1			
(2)												
(3)												
(4)												
(5)												
(6)												
(8)												
(9)												
(10)												
Total					\$							
Part III Grants or As	sistance Ben	efiting Inter	este	d Per	sons							
Complete if the	organization ansv	vered "Yes" on F	orm 9	990, Pa	ırt IV, line 27.							
(a) Name of interested	person	(b) Relationship	betwe	en	(c) Amount of	(d) Ty	/pe of		(e) Purp	ose o	f
.,		interested pers		d	assistance	assis	tance			assista	ance	
		the organiza	ation									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												

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

Schedule L (Form 990) 2023

(7) (8) (9) (10)

Part IV	Business Transactions Invo	olving Interested Persons

Complete if the organization answered (a) Name of interested person	(b) Relations	hip between interested nd the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No	
(1)OLD DOMINION ANIMAL HEAL	SHARED :	MEMBERS ON T	441,335.	DISCOUNTED	103	X	
		DIRECTOR OF	61,458.			Х	
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8) (9)							
(10)							
Part V Supplemental Information				I	1		
Provide additional information for respo	nses to questi	ons on Schedule L. See	instructions.				
SCH L, PART IV, BUSINESS TE	RANSACTI	ONS INVOLVIN	G INTERESTE	ED PERSONS:			
/->							
(A) NAME OF PERSON: OLD DON	AINION A	NIMAL HEALTH	CENTER				
(B) RELATIONSHIP BETWEEN IN	JTERESTE	ED PERSON AND	ORGANTZATI	ON•			
(B) RELATIONOMILE BEIMBEN II	VI LIKLIO II	ID I LINDON MID	OROMITZATI				
SHARED MEMBERS ON THE BOARI	OF DIF	RECTORS					
(C) AMOUNT OF TRANSACTION S	\$ 441,33	35.					
(D) DESCRIPTION OF EDINGS	D.			T111 D17 GED17	· ana		
(D) DESCRIPTION OF TRANSACT	LION: DI	ISCOUNTED SAL	ES OF VETER	KINARY SERVI	CES		
AND PRODUCTS.							
III III III III III III III III III II							
(E) SHARING OF ORGANIZATION	N REVENU	JES? = NO					
/A NAME OF DEDCOM. DAMPICE		PAINT C					
(A) NAME OF PERSON: PATRICE	∟А ⊔• пг	INITG					
(B) RELATIONSHIP BETWEEN IN	NTERESTE	ED PERSON AND	ORGANIZATI	ON:			
(-,							
WIFE OF DIRECTOR OF THE ORG	GANIZATI	ON, RYAN HEN	NIG				
		_					
(C) AMOUNT OF TRANSACTION S	61,458	3.					
(D) DESCRIPTION OF TRANSACT	DTONI. C7	AT ADV					
(D) DESCRIPTION OF TRANSACT	LION: SF	MAK I					
(E) SHARING OF ORGANIZATION	I REVENU	JES? = NO					
(<u>, </u>					

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DAMC OF HONOR INC

Employer identification number 47-5643489

PAWS OF HONOR, INC FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COUNTRY. FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS ROBERT YOUNGBLOOD, CASSIE BROWNE AND MARK V. DRUMMOND 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 DIRECTORS 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 , MN , 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** PAWS OF HONOR, INC 47-5643489 THE ORGANIZATION'S GOVERNING DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -206,369. BAD DEBTS 990 PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PAWS OF HONOR, INC Name change 47-5643489 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1158 PROFESSIONAL DRIVE 703-403-8281 9,205,522. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WILLIAMSBURG, VA 23185 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROBERT F. YOUNGBLOOD for subordinates? Yes X No 1158 PROFESSIONAL DRIVE, SUTE G, WILLIAMSBUR Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PAWSOFHONOR.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2015 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: VETERINARY CARE AND PRODUCTS Activities & Governance NO CHARGE FOR MILITARY AND LAW ENFORCEMENT DOGS THAT HAVE SERVED OUR 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 8,460,420. 9,065,888. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 7,702. 2,555. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -17,640.25,506. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,055,950. 8,488,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 656,109. 1,206,687. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 178,267. 241,301. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 970,711. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,231,928. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,524,537. 6,085,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,329,624. 8,765,558. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158,857. 290,392. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,774,712. 2,096,689. Total assets (Part X, line 16) 460,267. 662,859 21 Total liabilities (Part X, line 26) 三年 314,445. 433,830 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT F. YOUNGBLOOD, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/07/24 self-employed P00968200 HIN CHIU LO HIN CHIU LO Paid Firm's name PRAGER METIS Firm's EIN 54-1156733 Preparer Firm's address 1360 BEVERLY ROAD, SUITE 300 Use Only Phone no. 703-821-0702 MCLEAN, VA 22101 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

Total program service expenses 2,528,214.

Form **990** (2023)

Form 990 (2023) 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		<u> </u>
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		<u> </u>
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		<u> </u>
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? f "Yes," complete Schedule D, Part V	10		<u> </u>
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	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
45	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

Form 990 (2023) PAWS OF HONOR, INC
Part IV Checklist of Required Schedules (continued)

	· (GOTTENAGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
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			1
	Schedule J	23		Х
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			1
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		<u> X</u>
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		X
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			7.7
	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? F Contract Con	00-		v
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c	Х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	21	х
30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	1
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X OOO	(0000)
332004	¥ 12-21-23	Form	330	(2023)

Form 990 (2023) 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	2a 7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).					
			5a 5b		X		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
	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				 ₩		
	•		6a		X		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b				
7		vices provided to the payor?	7a		Х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		125		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	10				
·	to file Form 8282?		7c		x		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х		
g							
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	1 1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4				
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:	1 I					
	Gross income from members or shareholders	11a	-				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b	1,0				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.		154				
h	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					
С	Enter the amount of reserves on hand	13c					
			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15	L	х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
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.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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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					X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith any other				
	officer, director, trustee, or key employee?		[2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the o	direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?	[5		X
6	Did the organization have members or stockholders?		[6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appearance.	oint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	by the following:	[
а	The governing body?		[8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve					
		,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter of the control of	oters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body by	efore filing the forn	า?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	y independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		X
	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	nt with a				
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	ation's	- 1			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure		<u> </u>	77.T		T 7
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-1 (section 501	(C)(3)S	oniy) a	avallab	ые
	for public inspection. Indicate how you made these available. Check all that apply.	0.4				
40	X Own website Another's website X Upon request Other (explain o	•	ا- سم ر	fi	ia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest polic	y, and	rinand	ial	
00	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books THE ORGANIZATION - 703-403-8281	s and records				
	1158 PROFESSIONAL DRIVE, G, WILLIAMSBURG, VA 23185					
332006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT F. YOUNGBLOOD PRESIDENT	20.00	Х		х				0.	0.	0.
(2) CASSIE BROWNE	20.00								0.1	
VICE PRESIDENT/TREASURER		Х		x				0.	0.	0.
(3) RYAN HENNIG	40.00								•	
DIRECTOR		Х						0.	0.	0.
(4) MARK V DRUMMOND	20.00									
DIRECTOR		Х						0.	0.	0.
(5) MATTHEW BRUNKE	20.00									
DIRECTOR		Х						0.	0.	0.
(6) KELLEY DECONCILIIS	20.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2023)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Name and title Reportable Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated Imployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 0. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 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	1,343,139.
RHA MARKETING, LLC		
114 WEST THIRD ST., WAYNESBORO, PA 17266	MAILSHOP	493,901.
DIRECT MAIL PROCESSORS, INC.		
1150 CONRAD COURT, HAGERSTOWN, MD 21740	CAGING	367,978.
DEUTSCH DM		
300 MARCUS BLVD, DEER PARK, NY 11729	MAIL SHOP	327,744.
MERCURY ENVELOPE COMPANY, 100 MERRICK RD.,		
STE #204 E, ROCKVILLE CENTER, NY 11570	MAIL SHOP	270,504.
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 7		
		000

Form **990** (2023)

Form 990 (2023) PAWS OF Part VIII Statement of Revenue

			Check if Schedule O contains a respor	se or note to any lir	ne in this Part VIII			
			Officer if Octredule O Contains a respon	ise of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts s	1	а	Federated campaigns 1a	11,236.				
ra E		b	Membership dues 1b					
e, E		С	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
n Ris			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
iğ ja		•		9,054,652.				
ë₽				J, 034, 032 •	-			
P P		_			0 065 000			
Og		n	Total. Add lines 1a-1f		9,065,888.			
				Business Code				
မွ	2	а		_				
e <u>č</u>		b						
Program Service Revenue		С						
am		d						
Ba		е						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, in					
	Ü				10,900.			10,900.
			/		10,500.			10,500.
	4		Income from investment of tax-exempt bor	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	es (ii) Other				
			assets other than inventory 7a 28,56	3.				
		b	Less: cost or other basis					
ø		_	and sales expenses	1.				
ı ı		_	Gain or (loss) $7c - 3, 19$		-			
Revenue		<u>ا</u>	Met gain or (loss)		-3,198.			-3,198.
æ			Net gain or (loss)		3,170.			3,130.
ther	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See	10 155				
				8a 10,455.				
		b	Less: direct expenses	8b 41,666.				
		С	Net income or (loss) from fundraising event	s	-31,211.			-31,211.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
		b	Less: direct expenses	9b				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	• •	10a 89,716.				
		h		10b 76,145.	-			
			•		13,571.			13,571.
_		С	Net income or (loss) from sales of inventory		13,3/1.			13,3/10
<u>s</u>	_			Business Code				
e E	11	а		_	1	1		
Miscellaneous Revenue		b						
Sell ev		С						
Ajš.		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		9,055,950.	0.	0.	-9,938.

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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 1,206,687. 1,206,687. 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) 224,145. 112,073. 56,036. 56,036. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,156. 8,578. 4,289. 4,289. 10 Payroll taxes Fees for services (nonemployees): Management 2,964. 2,964. Legal 98,000. 98,000. Accounting Lobbying 1,231,928. 1,231,928. Professional fundraising services. See Part IV, line 17 1,574. 1,574. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 155,767. 116,517. 39,189. column (A), amount, list line 11g expenses on Sch O.) $\overline{13},\overline{719}$ 54,880. 27,441. 13,720. Advertising and promotion 12 198,691. 99,807. 54,672. 44,212. Office expenses 13 Information technology 14 15 Royalties 12,080. 6,040. 3,020. 3,020. 16 Occupancy 16,353. 8.177. 4,088. 4,088. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 36,488. 6,481. 341. 29,666. 20 Payments to affiliates 21 2,063. 1,031. 4,125. 1,031. Depreciation, depletion, and amortization 22 4,119. 2,060. 1,029. 1,030. 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.) 481,527. 2,022,518. 2,529,189. 25,144. POSTAGE PRINTING AND DESIGN 1,843,078. 346,727. 14,973. 1,481,378. 497,225. 49,722. 447,503. LIST RENTAL 298,040. 298,040. CAGING 333,069. 54,314. 15,266. 263,489. All other expenses 8,765,558. 2,528,214. 633,375. 5,603,969. 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 educational campaign and fundraising solicitation. 5,466,637. 6,863,510. 1,060,726. 336,147. Check here X if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Form 990 (2023)

Part X | Balance Sheet

	Check if Schedule O contains a response or n							
	Check if Schedule O contains a response or note to any line in this Part X							
				(A) Beginning of year		(B) End of year		
1	Cash - non-interest-bearing			990,159.	1	909,635.		
2			2					
3				598,769.	3	654,615.		
4					4			
5								
	trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%					
	controlled entity or family member of any of th		5					
6	Loans and other receivables from other disqualified persons (as defined							
	under section 4958(f)(1)), and persons describ	ed in sec	on 4958(c)(3)(B)		6			
7	Notes and loans receivable, net				7			
8	Inventories for sale or use		L	102,542.	8	94,600. 8,333.		
9	Prepaid expenses and deferred charges			68,568.	9	8,333.		
10a								
	basis. Complete Part VI of Schedule D	. 10a	125,057.					
b				13,714.	10c	99,020.		
11			11					
12					12	329,526.		
13					13			
14		2.50		0.60				
15					960.			
16				1,774,712.		2,096,689.		
		460,26/.		619,150.				
					21			
22								
					00			
00								
					24			
23		-						
	- CO-le - de la D	-	·	0.	25	43,709.		
26			·····			662,859.		
		neck her	X			002,000		
27	. , , ,			1,314,445.	27	1,433,830.		
28					28	,		

	and complete lines 29 through 33.	,	_					
29		ls			29			
30					30			
31					31			
32				1,314,445.	32	1,433,830.		
33				1,774,712.	33	2,096,689.		
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 13 2	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Loans and other receivables from other disquaunder section 4958(f)(1)), and persons describ Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ec Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subcontrolled entity or family member of any of the Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cland complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current function Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances 	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co-controlled entity or family member of any of these person controlled entity or family member of any of these persons and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third process of the securities of the securities and other liabilities not included on lines 17-24), of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 125,057. b Less: accumulated depreciation 110 126,037. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other 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 15 Secured mortgages and notes payable to unrelated third parties 16 Unsecured notes and loans payable to unrelated third parties 17 Unsecured notes and loans payable to unrelated third parties 18 Other liabilities (including federal income tax, payables to related third parties 19 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 10 Net assets without donor restrictions 10 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 11 Net assets with donor restrictions 12 Organizations that donor follow FASB ASC 958, check here and complete lines 27 through 33. 12 Organizations that donor follow FASB A	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 125, 0.57. b Less: accumulated depreciation 10 10 26, 0.37. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 774, 712. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 17 ax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities and included on lines 17-24). Complete Part X of Schedule D 26 Total labilities and other restrictions Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27 through 25 Alfolia dearnings, endowment, accumulated income, or other funds 30 Paick-in or capital surplus	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments expense and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 460 , 267 . 17 18 Grants payable 19 Deferred revenue 19 Tax exempt bond liabilities 20 Loans and other 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 22 Secured mortages and notes payable to unrelated third parties 23 Holden of the payable and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Often liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Capital stock or trust principal, or current funds 29 Patici-in or capital surplus, or land, building, or equipment fund 30 Paticin or capital surplus, or land, building, or equipment fund		

332012 12-21-23

Form **990** (2023)

SCHEDULE A

(Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization PAWS OF HONOR Employer identification number

		PAWS	OF HONOR,	INC				4	7-5643489	
Part	_	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.		
The or	gan	ization is not a private found								
1		A church, convention of ch	nurches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).			
2		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).								
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	for the benefit of a co	llege or university owned	or operat	ed by a go	overnmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	overnment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	ally receives a substa	intial part of its support fr	om a gove	ernmental	unit or from th	e general į	public described in	
_		section 170(b)(1)(A)(vi). (C	Complete Part II.)							
8 _	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	and-grant	college	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of t	he college	or	
_	_	university:								
10 _		An organization that norma								
		activities related to its exen		•					•	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.	
	_	See section 509(a)(2). (Con	•							
11 [ᆗ	An organization organized a	· ·	•	•					
12 _		An organization organized a	· ·	•	•			•	•	
		more publicly supported or	-						Sneck the box on	
_		lines 12a through 12d that	* *					-	air in a	
а			· · · · · · · · · · · · · · · · · · ·	•	•	-				
		the supported organization organization. You must o			majority C	n the direc	tors or trustee	5 OI LITE SC	аррогинд	
b		Type II. A supporting org			ion with it	e eunnorte	ad organization	(s) by hay	vina	
		control or management o	-				-		-	
		organization(s). You mus			arric perso	110 11101 00	The or Thanks	o the supp	Jortod	
С		☐ Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connect	tion with. a	and functionall	v integrate	ed with.	
_		its supported organization						, 9	,	
d		Type III non-functionally		•				ed organiz	zation(s)	
		that is not functionally int					• •	•	` '	
		requirement (see instructi	tions). You must co	mplete Part IV, Sections	A and D,	and Part	v.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III		
		functionally integrated, or	or Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
<u>g</u>		vide the following information		, 						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
 Total										

332021 12-21-23

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

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

Sec	ction A. Public Support	,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	, ,	• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
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	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
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)						178,103.
6	Public support. Subtract line 5 from line 4.						32273002.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2033403.	5199192.	7692202.	8460420.	9065888.	32451105.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			378.	2,446.	10,900.	13,724.
9	Net income from unrelated business				-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						32464829.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	190,337.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	ear as a section 5	D1(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.41 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	97.63 <u>%</u>
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	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						
	more, and if the organization meets the	-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-		• • •		s
							(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	- 0		
	10a		
	10b		
مارر	A (Form	n aan)	2023

Schedule A (Form 990) 2023

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

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

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

PAWS OF HONOR 47-5643489 INC 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PAWS OF HONOR, INC

47-5643489

Part II	Noncash Property (see instructions). Use duplicate copies of Pal	rt II if additional space is needed.	7 3043403
(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
		 \$	
3453 12-26	-23		Schedule B (Form 990) (2023

Schedule B (Form 990) (2023) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023) 323454 12-26-23

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.

2023
Open to Public Inspection

Name of the organization

PAWS OF HONOR, INC

Employer identification number 47 – 5643489

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2023

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued	Sche		HONOR, IN						<u>47-56</u>			age 2
a Public exhibition d Loan or exchange program a Public exhibition d Cother b Scholarly research e Other b Scholarly research e Other c Preservation for thure generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicition receive donations of art, historical treasures, or other similar assets to be sold for uside further than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Strippin	Par	t III Organizations Maintaining C	ollections of A	t, Histori	ical Tre	asures, or	Other	Similar	Assets	(contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	ny of the fo	ollowing that	make sig	nificant u	ise of its			
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds attent than to be maintained as part of the organization collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX ine 21. Ia is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is it be organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is it be organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX ine 21. Is the organization will be part XIII and complete the following table: C Beginning balance It is considered to the organization of the part XIII and complete the following table: If the United States of the part XIII and complete the following table: If the United States of the Organization of the organization has been provided in Part XIII Beginning of year balance (a) Current year (b) Prior year (c) I've years back (d) Three years back (e) Four years back D Contributions C Not investment earnings, gains, and losses G End of year balance C Note respenditures for facilities and programs The percentages on lines 2a, 2b, and 2c should equal 100%. A Are three estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance C Provide the estimated percentage of the organizations insted as required on Schedule R? 4 Describe in Part XIII the		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not included on Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other assets not include an Amount or Form 990, Part X, line 21, for exemption or other X, line 10, line 10, line 10, line 11, line 10, line 10, line 10, line 10, line 10, line 10, line 11, line 10, line	а	Public exhibition		d Lo	an or excl	nange progra	m					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1c Indiguitation sturing the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Distributions during the year 1 Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XIII. 1 Beginning of year balance 2 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 2 No b Contributions 3 No Contributions 4 Administrative expenses 5 End of year balance 5 Other expenditures for facilities 5 And the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment 96 Term endowment 96 Term endowment 96 Term endowment 97 Term 990, Part XII the intended uses of the organization is endowment that are held and administered for the organization by: 10 Unrelated organizations? 10 In Part All It has intended uses of the organization is endowment that are held and administered for the organization by: 10 Unrelated organizations 2 Provide the e	b	Scholarly research	•	e 🔲 Otl	her							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV	С	Preservation for future generations										
To be sold for raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X in 10 If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's co	ollections and explai	n how they	further th	e organizatio	n's exemp	ot purpos	se in Part	XIII.		
Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IV Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and include an amount on Form 990, Part IV, line 10. Complete if the organization include an amount on Form 990, Part IV, line 10.	5	During the year, did the organization solicit o	r receive donations	of art, histo	rical treas	ures, or othe	r similar a	ssets		_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?												No
Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the org	ganization	answered "Y	es" on Fo	orm 990,	Part IV, li	ne 9, or		
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount												
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d Id	1a									7		7
Amount									L	」Yes		J No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes' on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (f) Three years back	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:					A		
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions C Net investment earnings, gains, and losses (d) Grants or scholarships C Net investment earnings, gains, and losses (d) Grants or scholarships G Administrative expenses g End of year balance Permanent endowment — % b Permanent endowment — % c Term endowment Image a Ca, be and 2ca should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corestor other basis (investment) Description of property (b) Cost or other basis (investment) Description of property (c) Two years back (d) Three years back (e) Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corestor other basis (investment) Description of property (a) Corestor other basis (investment) Description of property (b) Cost or other basis (other) Description of property (c) Two years back (d) Three years back (e) Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Corestor other basis (other) Description of property (b) Cost or other basis (other) Description of property (c) Corestor other basi								+ +		Amoun	τ	
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g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
g End of year balance	f											
a Board designated or quasi-endowment												
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, c	olumn (a)) held as:						
c Term endowment	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Cost or older (b) Cost or other (c) Accumulated (d) Book value (d) Book	С	Term endowment	%									
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(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 20,298 4,595 15,703 15,703 104,759 121,442 83,317 1	3а	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held an	d administere	ed for the			ſ		
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 20,298 4,595 15,703 104,759 21,442 83,317 .		,									Yes	No
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 104,759. 21,442. 83,317.		(ii) Related organizations?										
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other 104,759. 21,442. 83,317.	b									3b		
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basis (investment) basis (other) depreciation 1a Land Buildings C Leasehold improvements C Lease		·				T T				/ N D		
1a Land b Buildings c Leasehold improvements d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.		Description of property	, , , , , , , , , , , , , , , , , , , ,				` '		ea	(a) Boo	k value	9
b Buildings C Leasehold improvements c Leasehold improvements 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.		Land	- ` ` 	inoni,	Dasis (oution)	чері	COIATION				
c Leasehold improvements 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.												
d Equipment 20,298. 4,595. 15,703. e Other 104,759. 21,442. 83,317.												
e Other 104,759. 21,442. 83,317.					2	0.298.		4 50	95.	1	5.70	03.
				X line 10c				•				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PAWS OF HONO	OR, INC	47	-5643489 Page
Part VII Investments - Other Securities	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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) PUBLICLY TRADED			
(B) SECURITIES	329,526.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	329,526.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>. (B))</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NOTE PAYABLE			43,709.
(3)			,

1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	NOTE PAYABLE	43,709.
(3)		
(4)		
(5)		
(6)		
(7		
(8)		
(9)		
Total	· (Column (b) must equal Form 990. Part X, line 25. col. (B))	43,709.

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

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 PAWS OF HONOR, INC			47-5	5643489 _{Page} 4
Par	<u> </u>		Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		1	0 524 216
				1	9,534,316.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	25 262		
	Net unrealized gains (losses) on investments		35,362. 326,767.	-	
	Donated services and use of facilities		326,767.	-	
	Recoveries of prior year grants		115 011	-	
	Other (Describe in Part XIII.)	2d	117,811.		450 040
	Add lines 2a through 2d			2e	479,940.
	Subtract line 2e from line 1			3	9,054,376.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1 554		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,574.	-	
b	Other (Describe in Part XIII.)	4b			4 554
	Add lines 4a and 4b			4c	1,574. 9,055,950.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	9,055,950.
Par	Reconciliation of Expenses per Audited Financial Sta		Expenses per i	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		1 1	0 414 021
				1	9,414,931.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	226 767		
	Donated services and use of facilities		326,767.	-	
	Prior year adjustments		206 260	-	
	Other losses		206,369.		
	Other (Describe in Part XIII.)	2d	117,811.		CEO 047
	Add lines 2a through 2d			2e	650,947.
	Subtract line 2e from line 1			3	8,763,984.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1 554		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,574.	-	
b	Other (Describe in Part XIII.)	4b			4 554
	Add lines 4a and 4b			4c	1,574.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	8,765,558.
Par	XIII Supplemental Information				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			1; Part X	K, line 2; Part XI,
PAR	T X, LINE 2:				
MAN	AGEMENT HAS EVALUATED THE ORGANIZAION'S	S TAX POSI	TIONS AND	HAS	CONCLUDED
THA	T THE ORGANIZATION HAS TAKEN NO UNCERTA	AIN TAX PO	SITIONS TH	IAT I	REQUIRE
ADJ	USTMENT TO THE FINANCIAL STATEMENTS.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				

41,666. EVENT ADJUSTMENT 76,145. COGS TOTAL TO SCHEDULE D, PART XI, LINE 2D 117,811.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

41,666. EVENT ADJUSTMENT

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

PAWS OF	HONOR, INC				47-5643	ntification number
	- Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations In-person solicitations	sed funds through any of the following sed funds through any of the following Solicita for Solicita good X Special for oral agreement with any individual fart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AMERICAN TARGET ADVERTISING -		Yes	No			
9625 SURVEYOR COURT, SUITE HSP DIRECT - 20130 LAKEVIEW	DIRECT MAIL FUNDRAISING		Х	6,854,093.	1,249,780.	5,604,313.
CENTER PLAZA SUITE 300,	DIRECT MAIL FUNDRAISING		х	1,249,373.	119,029.	1,130,344.
Total				8,103,466.	1,368,809.	6,734,657.
3 List all states in which the organization or licensing. AK, AL, AR, CA, CT, CO, DC, NM, NY, NH, ND, OH, OK, OR,	FL,GA,HI,IL,IA,KS,I	KY,I	ıA,M	MA,MD,MA,MI		

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

47-5643489 Page 2 PAWS OF HONOR, INC Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

b If "Yes," explain:

Schedule G (Form 990) 2023 PAWS OF HONOR, INC	47-5643489 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue? 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 \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
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?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year \$	s or spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(iii) and (v), and r are iii, iii ee e, ez, rez,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID F	UNDRAISERS:
(I) NAME OF FUNDRAISER: AMERICAN TARGET ADVERTISING	
(-)	
(I) ADDRESS OF FUNDRAISER:	
0625 GUDVEYOD COUDE GUTEE 400 MANAGGAG VA 20110	
9625 SURVEYOR COURT, SUITE 400, MANASSAS, VA 20110	
(I) NAME OF FUNDRAISER: HSP DIRECT	
<u> </u>	
(I) ADDRESS OF FUNDRAISER:	
20130 LAKEVIEW CENTER PLAZA SILTTE 300 ASHBURN VA 201	47

Schedule G (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

PAWS OF H	ONOR, INC						47-5643489
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records or criteria used to award the grants or assistance.	stance?				-		n X Yes No
2 Describe in Part IV the organization's pro						· " =	
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part I	V, 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) a 3 Enter total number of other organization:	•	-	e line 1 table		1		

(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 assistance
EDICAL SERVICES FOR DOGS	327	1,206,687.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	L
PART I, LINE 2:					
THE ORGANIZATION MONITORS ALL PROG	RAM GRANT	'S TO ENSUF	RE THE FUND	S ARE USED	
FOR 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

2023

Open to Public Inspection

Name	of the	organization

PAWS OF HONOR. INC

Employer identification number

47-5643489

	efit Transaction			() secti	on 501(c)(4), and sec	rtion 501(c)(29) o			1//)	0,5		
					urt IV, line 25a or 25b							
1		Relationship bety				i, or Form 990-EZ	, rait v,	11116 40	<i>.</i>	(4)	Corro	cted?
(a) Name of disqualified p	person (b)	person and or			illed (d	c) Description of t	ransactio	on			es	No
(1)		•								+ ''	55	NO
(2)										+	\dashv	
(3)										+	\dashv	
(4)												
(5)												
(6)												
2 Enter the amount of tax	incurred by the o	rganization man	agers	or disc	ualified persons duri	ing the year unde	r					
	•	~	-					\$				
3 Enter the amount of tax,												
• Enter the amount of tax,		abovo, romnouro	ou by	110 01	Jan 12411011			Ф				
Part II Loans to and	d/or From Inte	erested Pers	sons									
Complete if the	organization answ	vered "Yes" on F	orm 9	990-F7	Part V, line 38a, or	Form 990. Part IV	. line 26:	or if th	he ora	anizati	on	
•	ount on Form 990				, rait v, iirio ooa, or		, 20,	01 11 11	no orga	anneach	011	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	e (a) In	(h) Ap	proved	(i) V	/ritten
interested person	with organization	of loan		n the ization?	principal amount	(1) 24141100 441		ault?	by bo	ard or nittee?		ment?
			To	From			Yes	No	Yes	No	Yes	No
(1)			"				1.00	1.10	1			
(2)												
(3)												
(4)												
(5)												
(6)												
(8)												
(9)												
(10)												
Total					\$							
Part III Grants or As	sistance Ben	efiting Inter	este	d Per	sons							
Complete if the	organization ansv	vered "Yes" on F	orm 9	990, Pa	ırt IV, line 27.							
(a) Name of interested	person	(b) Relationship	betwe	en	(c) Amount of	(d) Ty	/pe of		(e) Purp	ose o	f
		interested pers		d	assistance	assis	tance			assista	ance	
		the organiza	ation									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												

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

Schedule L (Form 990) 2023

(7) (8) (9) (10)

Part IV	Business Transactions Invo	olving Interested Persons

(a) Name of interested person	(b) Relations	hip between interested	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
					rever	No
(1)OLD DOMINION ANIMAL HEAL	SHARED :	MEMBERS ON T	441,335.	DISCOUNTED	103	X
						Х
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8) (9)						
(10)						
Part V Supplemental Information				I	1	
Provide additional information for respo	nses to questi	ons on Schedule L. See	instructions.			
SCH L, PART IV, BUSINESS TE	RANSACTI	ONS INVOLVIN	G INTERESTE	ED PERSONS:		
/->						
(A) NAME OF PERSON: OLD DON	AINION A	NIMAL HEALTH	CENTER			
(B) RELATIONSHIP BETWEEN IN	JTERESTE	ED PERSON AND	ORGANTZATI	ON•		
(B) RELATIONOMILE BEIMBEN II	VI LIKLIO II	ID I LINDON MID	OROMITZATI			
SHARED MEMBERS ON THE BOARI	OF DIF	RECTORS				
(C) AMOUNT OF TRANSACTION S	\$ 441,33	35.				
(D) DESCRIPTION OF EDINGS	D.				· ana	
(D) DESCRIPTION OF TRANSACT	LION: DI	ISCOUNTED SAL	ES OF VETER	KINARY SERVI	CES	
AND PRODUCTS.						
III III III III III III III III III II						
(E) SHARING OF ORGANIZATION	N REVENU	JES? = NO				
/A NAME OF DEDCOM. DAMPICE		PAINT C				
(A) NAME OF PERSON: PATRICE	∟А ⊔• пг	INNIG				
(B) RELATIONSHIP BETWEEN IN	NTERESTE	ED PERSON AND	ORGANIZATI	ON:		
(-,						
WIFE OF DIRECTOR OF THE ORG	GANIZATI	ON, RYAN HEN	NIG			
		_				
(C) AMOUNT OF TRANSACTION S	61,458	3.				
/D) DECORTOMION OF MEANCACH	DTONI. C7	AT ADV				
(D) DESCRIPTION OF TRANSACT	LION: SF	MAK I				
(E) SHARING OF ORGANIZATION	I REVENU	JES? = NO				
(<u>, </u>				
	Common of the					

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DAMC OF HONOR INC

Employer identification number 47-5643489

PAWS OF HONOR, INC FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COUNTRY. FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS ROBERT YOUNGBLOOD, CASSIE BROWNE AND MARK V. DRUMMOND 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 DIRECTORS 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 , MN , 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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** PAWS OF HONOR, INC 47-5643489 THE ORGANIZATION'S GOVERNING DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -206,369. BAD DEBTS 990 PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.