# LET'S THRIVE TOGETHER



TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.



MAY 22, 2024

HEALING PAWS FOR WARRIORS INC PO BOX 4373 FORT WALTON BEACH, FL 32549

HEALING PAWS FOR WARRIORS INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

LORI K. KELLEY, CPA

## TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

HEALING PAWS FOR WARRIORS INC PO BOX 4373 FORT WALTON BEACH, FL 32549

PREPARED BY:

WARREN AVERETT, LLC 36474C EMERALD COAST PKWY., SUITE 3301 DESTIN, FL 32541

AMOUNT DUE OR REFUND: NOT APPLICABLE

MAKE CHECK PAYABLE TO: NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO: NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE: NOT APPLICABLE

## SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

c	879-TE		I	RS E-file Signature for a Tax Exem	Authorization	F	OMB No. 1545-0047
Form C	679-1E	For colordor y	oor 2022	-	-	20	0000
		For calendar y	ear 2023,	or fiscal year beginning, <b>Do not send to the IRS. Keep</b>		, 20	2023
	ent of the Treasury Revenue Service		(	Go to www.irs.gov/Form8879TE for	•		
Name c	of filer			Ū.		EIN or SSN	
	HEALIN	IG PAWS	FOR	WARRIORS INC		**_**	*3187
Name a	nd title of officer or p	erson subject to		MICHAEL ARENA			
				EXECUTIVE DIRECTOR			
Part	I Type of	Return and	d Ret	urn Information			
Form 5 or <b>10a</b> whiche	5330 filers may ente below, and the am	er dollars and o ount on that li	cents. I ne for f nter -0-	using this Form 8879-TE and enter the for all other forms, enter whole dollar he return being filed with this form w . But, if you entered -0- on the return	rs only. If you check the b ras blank, then leave line 1, then enter -0- on the ap	box on line <b>1a, 2a, 3</b> <b>1b, 2b, 3b, 4b, 5b,</b> plicable line below.	a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 check	here	X	<b>b</b> Total revenue, if any (Form 990			
2a	Form 990-EZ che	eck here		<b>b</b> Total revenue, if any (Form 990)			
3a	Form 1120-POL			<b>b</b> Total tax (Form 1120-POL, line 2			3b
4a	Form 990-PF che			b Tax based on investment incom			4b
5a	Form 8868 check			<b>b</b> Balance due (Form 8868, line 3			5b
6a	Form 990-T chec			<b>b</b> Total tax (Form 990-T, Part III, li			6b
7a	Form 4720 check			<b>b</b> Total tax (Form 4720, Part III, lin			
8a	Form 5227 check			b FMV of assets at end of tax yes			8b
9a	Form 5330 check		$\square$	<b>b</b> Tax due (Form 5330, Part II, line			9b
10a Part	Form 8038-CP c		anati	b Amount of credit payment require Authorization of Officer (			10b
				I am an officer of the above entity or			
				, (		-	
financi later th payme	al institution to deb nan 2 business days ent of taxes to recei	it the entry to s prior to the p ve confidentia	this ac aymen I inform	ed in the tax preparation software for count. To revoke a payment, I must of t (settlement) date. I also authorize th ation necessary to answer inquiries a hature for the electronic return and, if	contact the U.S. Treasury ne financial institutions in and resolve issues related	/ Financial Agent at 1 volved in the process d to the payment. I h	I-888-353-4537 no sing of the electronic ave selected a
	heck one box only געד איז איז איז איז איז		7				63187
	X I authorize WA	ARREN AV	ERE	•		to enter my Pl	
				ERO firm name			Enter five numbers, but do not enter all zeros
	with a state age on the return's As an officer or return. If I have	ency(ies) regula disclosure con person subject indicated with	ating cl isent s ct to ta in this	B electronically filed return. If I have in narities as part of the IRS Fed/State p creen. Is with respect to the entity, I will enter return that a copy of the return is bein ny PIN on the return's disclosure con	program, I also authorize er my PIN as my signature ing filed with a state ager	the aforementioned e on the tax year 202	ERO to enter my PIN 3 electronically filed
Signature	e of officer or person subje	ect to tax				Date	
Part	III Certifica	ation and A	uthe	ntication			
ERO's	EFIN/PIN. Enter y	our six-digit el	ectroni	c filing identification			
numbe	er (EFIN) followed by	y your five-digi	t self-s	elected PIN.	<u>6391478</u> Do not enter a		
submit			-	, which is my signature on the 2023 equirements of <b>Pub. 4163,</b> Moderniz	-		
ERO's s	signature				Date	05/22/24	
				RO Must Retain This Form	- Soo Instructions		
				bmit This Form to the IRS U		o Do So	
For Dr	ivacy Act and Pan			ct Notice, see instructions.	The second se		Form <b>8879-TE</b> (2023)
							(2020

Form	990
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# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



ΑΙ	For th	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	HEALING PAWS FOR WARRIORS INC			
	Name chang			**-***318	37
	Initial		Room/suite	E Telephone number	
	Final return	PO BOX 4373		850-716-8	3198
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	392,823.
	Amen return	FORI WALION BEACH, FL 52549		H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer: MICHAEL ARENA		for subordinates	? Yes X No
	pendi	<sup>ng</sup> PO BOX 4373, FORT WALTON BEACH, FL 325	49	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 🗌 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
K	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year of	of formation: 2015 N	<b>I</b> State of legal domicile: $\mathbf{FL}$
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities:			
Š		LOCAL VETERAN FOUND / VETERAN LED 501(C)(	3) THA	T PROVIDES I	RESCUE TO
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
٥ ٨	3				10
ය න	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
Activities &	6	Total number of volunteers (estimate if necessary)			36
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		164,881.	389,690.
Revenue	9	Program service revenue (Part VIII, line 2g)		0. 944.	0. 3,133.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193.	<u> </u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		166,018.	392,823.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	<u> </u>
	13	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)		12,099.	71,935.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en:	10a	Total fundraising expenses (Part IX, column (A), line 11e)		0.	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		179,380.	146,440.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		191,479.	218,375.
	19	Revenue less expenses. Subtract line 18 from line 12		-25,461.	174,448.
or				ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		344,433.	518,881.
Assets	21	Total liabilities (Part X, line 26)		0.	0.
Net	1	Net assets or fund balances. Subtract line 21 from line 20		344,433.	518,881.
Pa	art 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.

Sign	Signature of officer				Date
Here	MICHAEL ARENA, EXECUTIV	7E DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Date	
Paid	LORI K. KELLEY, CPA				self-employed P00111278
Preparer	Firm's name WARREN AVERETT	, LLC			Firm's EIN <b>**-**4437</b>
Use Only	Firm's address 36474C EMERALD	COAST PKWY., S	SUITE 3301		
	DESTIN, FL 3254	11			Phone no. 850 - 837 - 0398
May the I	RS discuss this return with the preparer show	n above? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the	separate instructions.	332001 12-21-23		Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2023) HEALING PAWS FOR WARRIORS INC **-***3187	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HEALING PAWS FOR WARRIORS IS A LOCAL VETERAN FOUND / VETERAN LED	
	501(C)(3) THAT PROVIDES RESCUE TO TRAINED SERVICE DOGS TO VETERANS	
	FACED WITH POST TRAUMATIC STRESS DISORDER (PTSD), TRAUMATIC BRAIN INJURY (TBI) AND/OR MILITARY SEXUAL TRAUMA (MST) AT "NO COST" TO THE	
		2
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s 🚺 No
	prior Form 990 or 990-EZ?	S [2] NO
3		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	5 21 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	anu
4a	(Code:) (Expenses \$181,932. including grants of \$) (Revenue \$)	)
14	HEALING PAWS FOR WARRIORS IS A LOCAL VETERAN FOUND / VETERAN LED	/
	501(C)(3) THAT PROVIDES RESCUE TO TRAINED SERVICE DOGS TO VETERANS	
	FACED WITH POST TRAUMATIC STRESS DISORDER (PTSD), TRAUMATIC BRAIN	
	INJURY (TBI) AND/OR MILITARY SEXUAL TRAUMA (MST) AT "NO COST" TO THE	3
	VETERAN WITH CONTINUED SUPPORT; REDUCING THE STATISTIC OF VETERAN	
	SUICIDE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
70		)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 181,932.	990 (2022)
	Form	

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	990 (2023) HEALING PAWS FOR WARRIORS INC **-***	3187	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	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,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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
Ь	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	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	Schedule D, Parts XI and XII	12a		x
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
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		
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)

Form	990	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	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
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 23
b		35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
57	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?	<u> </u>		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the exception comply with backup withbolding rules for reportable payments to yondars and reportable gaming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) HEALING PAWS FOR WARRIORS INC **-**3	187	P	age <b>5</b>
Par	t 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 4			
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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
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.	17		

Form 990 (2023)
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## HEALING PAWS FOR WARRIORS INC

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

\*\*-\*\*\*3187 Page 6

Χ

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.

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 10			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the 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 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.0		
	(This deciding requests information about policies not required by the internal neveral obde.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ${ m FL}$			
18	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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SAMANTHA HAY - 850-716-8198			
	PO BOX 4373, FORT WALTON BEACH, FL 32549			
	· · · ·	Form	990	(2022)

## 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 al of the organization is current key employees, if any, see the instructions to deministry of the test

• 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one			) than (	ane	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DENNIS KREBS	0.00									
PAST CHAIRMAN		Х		Х				0.	0.	0.
(2) KELLEY FULLER	0.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) TAMI MANARD	0.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MIKE ARENA	0.00									
EXECUTIVE DIRECTOR		Х						0.	0.	0.
(5) SHEILA HALE	0.00									
DEPUTY DIRECTOR		Х						0.	0.	0.
(6) JOHN ZIMMERMANN	0.00									-
BOARD MEMBER		Х						0.	0.	0.
(7) LENORA COOK	0.00									-
BOARD MEMBER		Х						0.	0.	0.
(8) TERRY COWAN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAVID PIECH	0.00									-
BOARD MEMBER		Х						0.	0.	0.
(10) MARIAN OLSON	0.00									-
BOARD MEMBER		х						0.	0.	0.
(11) KENNETH WALLACE	0.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2023) HEALING I	PAWS FOR	W	AR	RI	OR	s	IN	IC	**_***	3187	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	Contemporation (C) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			) than c s both	ne an	ompensated Employer (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	Estim amou	F) nated unt of her	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comper from organi and re	
1b Subtotal c Total from continuation sheets to Part VI <u>d Total (add lines 1b and 1c)</u>	I, Section A							0.	0 0 0	•	0.00.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable	<u> </u>	0 es No
<ul> <li>3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i></li> <li>4 For any individual listed on line 1a, is the su</li> </ul>	uch individual								-	3	x
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com</li> </ul>	),000? <i>If</i> "Yes, accrue compen	" <i>col</i> Isatio	mple on fr	ete S om	Sche any	edule unre	<i>J f</i> elate	or such individual ed organization or indivi	dual for services	4	X X
Section B. Independent Contractors           1         Complete this table for your five highest co	mpensated ind	lepei	nder	nt co	ontra	actor	s th	nat received more than s	\$100,000 of compens		
the organization. Report compensation for (A) (A) Name and business			ndin DNE		ith c	or wit	hin	the organization's tax y (B) Description of s		<b>(C)</b> Compensa	ation
2 Total number of independent contractors (ii \$100.000 of compensation from the organi	•	ot lin	nitec	l to f	thos		ted	above) who received m	ore than		

Form	n 990 (i	2023) HEAI	LING PAW	S FOR WARRI	IORS INC		**_***3	187 Page 9
	rt VII							0
		Check if Schedule O co	ntaine a reenor	se or note to any line	a in this Dart VIII			
			intains a respon		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tevende		business revenue	from tax under
								sections 512 - 514
ς Ω	1 a	Federated campaigns	1a					
ant	 h							
Contributions, Gifts, Grants and Other Similar Amounts	b			62 252				
s; An	С	Fundraising events		63,253.				
aifi ar	d	Related organizations	1d					
s, (	е	Government grants (contrib	outions) 1e					
ŝ	f	All other contributions, gifts, gr	rants, and					
uti Jer		similar amounts not included a		326,437.				
ē5								
t p	g	Noncash contributions included in lin			200 600			
<u>o</u> r	h	Total. Add lines 1a-1f			389,690.			
				Business Code				
đ	2 a							
,ic	b			_				
er,				_				
o S C	С			_				
gram Ser Revenue	d							
Program Service Revenue	е							
Pr	f	All other program service re	evenue					
		Total. Add lines 2a-2f						
	g							
	3	Investment income (includir	ng aividenas, in	terest, and	2 1 2 2			2 1 2 2
		other similar amounts)			3,133.			3,133.
	4	Income from investment of	tax-exempt bor	nd proceeds				
	5	Royalties						
		ŗ	(i) Real	(ii) Personal				
	<b>^</b> -	Overes vents		(				
	6 a		6a					
	b	· · · · ·	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss).						
		Gross amount from sales of	(i) Securiti	es (ii) Other				
	<i>.</i> .		70					
			7a					
	b	Less: cost or other basis						
ne			7b					
evenue	С	Gain or (loss)	7c					
Rev		Net gain or (loss)						
er I		Gross income from fundraising						
Other	0 a	including \$ 63,						
0								
		contributions reported on lin						
		Part IV, line 18		8a 0.				
	b	Less: direct expenses		8b 0.				
				ts	0.			
			-		•••			
	9 a	Gross income from gaming						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	с	Net income or (loss) from ga	aming activities					
		Gross sales of inventory, les	-					
				102				
	-	and allowances						
		Less: cost of goods sold		10b				
	С	Net income or (loss) from sa	ales of inventor	/				
"				Business Code				
Miscellaneous Revenue	11 a							
nec	b			-				
llai ven	u -			-				
Se Se	С			-				<u> </u>
Mis	d	All other revenue						
-	е	Total. Add lines 11a-11d .						
	12	Total revenue. See instruction	s		392,823.	0.	0.	3,133.

Check here

if following SOP 98-2 (ASC 958-720)

#### Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) 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 2 individuals. See Part IV, line 22 3 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 4 Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 66,072. 46,662. 6,607. 12,803. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,863. 4,141. 586. 1,136. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 501. 353. 50. 98. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 390. 275. 39. 76. Advertising and promotion 12 18,347. 12,957. 1,835. 3,555. Office expenses \_\_\_\_\_ 13 1,769. 249. 177. 343. Information technology 14 15 Royalties 16 Occupancy 470. 332. 47. 91. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 46,252. 46,252. Depreciation, depletion, and amortization ..... 22 3,121. 4,419. 442. 856. 23 Insurance 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 0.) 2,622. 5,080. 26,218. 18,516. AUTO EXPENSES а 18,037. DOG BOARDING 18,037. h 13,382. 13,382. DOG VET AND MEDICAL FEE С DOG FOOD AND TRAINING S 7,569. 7,569. d 9,086. 9.086. All other expenses е 218,375. 181,932. 12,405. 24,038. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

 Part IX
 Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete

Form 990 (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

HEALING PAWS FOR WARRIORS IN	IC
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\*\*-\*\*\*3187 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	287,957.	1	304,837.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3	40,825.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>283,010.</u> 109,791.	56,476.		
	b		accumulated depreciation 10b 109,791				173,219.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		244 422	15	F10 001	
	16	Total assets. Add lines 1 through 15 (must equa			344,433.	16	518,881.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19 00	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelation		·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			344,433.	27	518,881.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 95	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net	32	Total net assets or fund balances			344,433.	32	518,881.
-	33	Total liabilities and net assets/fund balances			344,433.	33	518,881.

Form **990** (2023)

## Part X | Balance Sheet

Form	990	(2023)

Form	1990 (2023) HEALING PAWS FOR WARRIORS INC	**_***3	187	Pa	<sub>ge</sub> 12	
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	392	2,8	23.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	218	3,3	75.	
3	Revenue less expenses. Subtract line 2 from line 1	3	174	1,4	48.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	344	1,4	33.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form 990 (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047			
2023			
Open to Public Inspection			

1

## Name of the organization

Nam	lame of the organization Employer identification number								
D.		HEALING PAWS FOR WARRIORS INC **-***3187							
Ра	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organi	zation is not a private found							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section		-					
3		A hospital or a cooperative							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C					<i>,</i> ,		
6		A federal, state, or local gov	-						
7		An organization that norma	-	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-			I and an and	
9		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	lame, city	, and state of	the college	or
10	X	university: An organization that norma	lly receives (1) more	than 33 1/30/ of its supr	ort from o	ontribution	ne momborsh	in food and	d gross receipts from
10	- 23	activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				SCS acqui			
11		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manao	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		J Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	•	<b>c</b> ,	•		•	an attentiv	/eness
		requirement (see instructi	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
-		functionally integrated, or		<i>y</i> <b>o</b> 11	0 0	ation.			[]
t		r the number of supported or ride the following information	•	d arganization(a)					
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	structions)	support (see instructions)
				above (see instructions))	163	NO			
_									
Tota	I								

Schedule	A (Form 990) 2023
Part II	Support Sch

HEALING PAWS FOR WARRIORS INC

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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		(	(,,			(1)
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructiv				12	
	First 5 years. If the Form 990 is for th	-		fourth or fifth tax			
10	organization, check this box and <b>stor</b>	-			-		
Sec	ction C. Computation of Publi						······
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	%
	<b>33 1/3% support test - 2023.</b> If the c						
	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2022.</b> If the c		-				
	and <b>stop here.</b> The organization qual	-					
172	10% -facts-and-circumstances test		• •		e 13 16a or 16b a		
110	and if the organization meets the fact						
	· · · · · · · · · · · · · · · · · · ·				· · ·		
h	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •		17a and line 15	∟ .is 10% or
a	more, and if the organization meets th					-	
	organization meets the facts-and-circu						
19	Private foundation. If the organization						
18	i mate roundation. If the organizatio	IT GIG HOL GITEON &		u, 100, 17a, 01 171	o, oncon unio DUX a		

Schedule A (Form 990) 2023

## Schedule A (Form 990) 2023 HEALING PAWS FOR WARRIORS INC Part III Support Schedule for Organizations Described in Section 509(a)(2) HEALING PAWS FOR WARRIORS INC

(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.) Section A. Public Support

Calendar vear (or f	iscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	, contributions, and	(4) 2010	(1) 2020	(0) 2021	(4) 2022	(0) 2020	(1) 10101
	fees received. (Do not						
•	"unusual grants.")	148.433.	252.727.	244,995.	165.074.	348,865.	1160094.
	ots from admissions,	110,1001					
	e sold or services per-						
formed, or fa	acilities furnished in						
	that is related to the						
•	's tax-exempt purpose ots from activities that						
	nrelated trade or bus-						
iness under							
	s levied for the organ-						
	nefit and either paid to						
	l on its behalf						
	services or facilities						
	a governmental unit to						
0	tion without charge	140 422		244 005	165 074	240 065	110004
	ines 1 through 5	148,433.	252,727.	244,995.	165,0/4.	348,865.	1160094.
	cluded on lines 1, 2, and						•
	rom disqualified persons						0.
	ed on lines 2 and 3 received disqualified persons that						
	ter of \$5,000 or 1% of the						_
amount on line 1	3 for the year						0.
<b>c</b> Add lines 7a	and 7b						0.
8 Public supp	ort. (Subtract line 7c from line 6.)						1160094.
Section B. To	otal Support						
Calendar year (or f	iscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts fro	m line 6	148,433.	252,727.	244,995.	165,074.	348,865.	1160094.
10a Gross incom							
	ayments received on ans, rents, royalties,						
	from similar sources			542.	944.	3,133.	4,619.
<b>b</b> Unrelated bus	iness taxable income						
(less section §	511 taxes) from businesses						
acquired after	June 30, 1975						
<b>c</b> Add lines 10	a and 10b			542.	944.	3,133.	4,619.
	from unrelated business						
	t included on line 10b, not the business is						
regularly car							
	ie. Do not include gain						
	the sale of capital ain in Part VI.)						
	. (Add lines 9, 10c, 11, and 12.)	148,433.	252,727.	245,537.	166,018.	351,998.	1164713.
	s. If the Form 990 is for th					01(c)(3) organizatic	n,
-							, 
	omputation of Publi	c Support Per	centage				
	ort percentage for 2023 (I			olumn (f))		15	99.60 %
	ort percentage from 2022					16	99.83 %
	omputation of Invest						,-
	ncome percentage for 20			ne 13. column (f))		17	.40 %
	ncome percentage from		'			18	.17 %
	oport tests - 2023. If the						
	3 1/3%, check this box ar						
	oport tests - 2022. If the						
	t more than 33 1/3%, che						
	ndation. 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.)

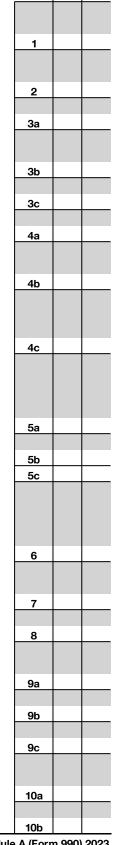
## Section A. All Supporting Organizations

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

10b Schedule A (Form 990) 2023

Yes

No



HEALING PAWS FOR WARRIORS INC

## Schedule A (Form 990) 2023 HEALING PAWS FOR WARRIORS INC

1

2

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

#### supervised, or controlled the supporting organization. Section 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		

Section 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		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e 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		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governmen	tal entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	---------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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.**
- **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.*

2a

2b

3a

Yes No

Schedul	e A (Form 990) 2023 HEALING PAWS FOR WARRIORS	5 II	NC ·	**-***3187 Page	
Part \	/ Type III Non-Functionally Integrated 509(a)(3) Supporting (	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E.		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1 N	et short-term capital gain	1			
<b>2</b> Re	ecoveries of prior-year distributions	2			

3 Other gross income (see instructions)

4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

3

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

Schedule A (Form 990) 2023

					. ~
	dule A (Form 990) 2023 HEALING PAWS			IN	-
Pa	t V Type III Non-Functionally Integrated 50	9(a)(3) St	upporting Or	gar	2ור
Sect	ion D - Distributions				
1	Amounts paid to supported organizations to accomplish ex	empt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supp	oorted organizat	ions	
4	Amounts paid to acquire exempt-use assets				_
5	Qualified set-aside amounts (prior IRS approval required -	provide deta	ails in <b>Part VI</b> )		
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organiz	zation is respons	sive	
	(provide details in Part VI). See instructions.	-			
9	Distributable amount for 2023 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
			(i)		
Sect	ion E - Distribution Allocations (see instructions)	Exces	ss Distributions		

Distributable amount for 2023 from Section C, line 6
 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.

Excess distributions carryover, if any, to 2023

3

1

2 3

8 9 10

(ii) Underdistributions Pre-2023 **Current Year** 

(iii) Distributable Amount for 2023

a	From 2018		
b	From 2019		
C	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
<u>a</u>	Excess from 2019		
b	Excess from 2020		
C	Excess from 2021		
d	Excess from 2022		
е	Excess from 2023		
		Sc	hedule A (Form 990) 2023

Schedule A	(Form 990) 2023	HEALING	PAWS F	OR WARRIO	RS INC	**-***3187	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>nation.</b> Provid 2, 3b, 3c, 4b, 4c lines 2 and 3; Pa	e the explana , 5a, 6, 9a, 9l t IV, Section	ations required by b, 9c, 11a, 11b, ar E, lines 1c, 2a, 2b	Part II, line 10; Par Id 11c; Part IV, Sec , 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section 0 (, line 1; Part V, Section B, line 1e; Part or any additional information.	C.

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## **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

*	*	_	*	*	*	3	1	8	7
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HEALING PAWS FOR WARRIORS IN	С
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts un

**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)
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HEALING PAWS FOR WARRIORS INC

Name of organization

Employer identification number

\*\*-\*\*\*3187

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution BOARD OF COUNTY COMMISSIONERS, 1 OKALOOSA COUNTY X Person Payroll 302 N. WILSON ST., SUITE 302 18,000. Noncash \$ (Complete Part II for CRESTVIEW, FL 32536 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 DOROTHY WILSON X Person Payroll 14 FAWN LANE 15,000. Noncash \$ (Complete Part II for SHALIMAR, FL 32579 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 BILL AND BARB CAMBRIDGE Person X Payroll 430 CAPTAINS CIR 15,000. Noncash \$ (Complete Part II for DESTIN, FL 32541-5304 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. EMERALD COAST CONTRACT STAFFING 4 SPECIALIST LLC Person X Payroll 423 SANDY CAY DR 7,500. Noncash \$ (Complete Part II for MIRAMAR BEACH, FL 32550-8258 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 AMERICAN LEGION X Person Payroll 2712 GULF BREEZE PKWY 5,545. Noncash \$ (Complete Part II for noncash contributions.) GULF BREEZE, FL 32563-3094 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 LIVE OAK FIBER, LLC Person Payroll 5,000. Noncash 808 GLOUCESTER ST \$ (Complete Part II for BRUNSWICK, GA 31520-7046 noncash contributions.)

Schedule B (Form 990) (2023)

(a)

No.

12

225 CORDOBA ST

Name of o	rganization		Employer identification numbe
HEALI	NG PAWS FOR WARRIORS INC		**-**3187
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
7	VETERANS OF FOREIGN WARS 1783 ABERCROMBIE RD GULF BREEZE, FL 32563	\$5,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CRANE FOUNDATION 140 SYLVAN AVENUE, STE 104 ENGLEWOOD, CA 07632-2554	\$5,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
9	FIRST NATION GROUP 4566 HIGHWAY 20 EAST NICEVILLE, FL 32578	\$9,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
<u>    10</u>	LEONARDO DRS 645 ANCHORS ST NW FORT WALTON BEACH, FL 32548-3803	\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
	BEAST CODE 70 READY AVENUE NW FORT WALTON BEACH, FL 32548	\$5,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

H2 PERFORMANCE CONSULTING GROUP

GULF BREEZE, FL 32561-4007

Na

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(c)

**Total contributions** 

\$

5,000.

X

Schedule B (Form 990) (2023)

(d)

Type of contribution

## er identification number

HEALI	HEALING PAWS FOR WARRIORS INC           Part I         Contributors (see instructions). Use duplicate copies of Part I if additional space				
Part I					
(a)	(b)	(c)			
No.	Name, address, and ZIP + 4	Total contr			
1 2	TNDACE 100 DENGACOLA DAY ADEA				

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	IMPACT 100 PENSACOLA BAY AREA PO BOX 13304 PENSACOLA, FL 32591	\$103,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	IMPACT 100 NORTHWEST FLORIDA PO BOX 4266 FORT WALTON BEACH, FL 32549-4266	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	FRAN HOUGHTON-GILLESPIE <u>3 W GARDEN ST, SUITE 352</u> <u>PENSACOLA, FL 32502</u>	\$ <u>32,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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

\*\*-\*\*\*3187

Schedule B (Form 990) (2023)

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Name of organization

Part I

	3 (Form 990) (2023) ganization	Emplo	oyer
HEALII	IG PAWS FOR WARRIORS INC	**	r_ *
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	

(d)

Date received

\$

identification number

(d) Date received

\*\*\*3187

Schedule	B (Form 990) (2023)		Page <b>4</b>					
Name of o	organization		Employer identification number					
HEALT	NG PAWS FOR WARRIORS INC	n	**-***3187					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		e) Transfer of gift	I					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

D
C

(Form	990)
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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.



Employer identification number \*\*-\*\*\*3187

Department of the Treasury Internal Revenue Service

Name of the organization

## HEALING PAWS FOR WARRIORS INC

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	<b>(b)</b> Funds 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	writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conferr	ing
Der			
Par			line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualitiday of the tax year.	fied conservation contribution in the form of a col	Held at the End of the Tax Year
-			
			2a 2b
b c	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	ucture included on line 2a	20 2c
	Number of conservation easements included on line 2c acqu		20
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
-	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		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements that	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Other S	imilar Assots
ı aı	Complete if the organization answered "Yes" on Form		inniai Assets.
10	If the organization elected, as permitted under FASB ASC 95		anaa ahaat warka
Id	of art, historical treasures, or other similar assets held for put	· · · · ·	
	service, provide in Part XIII the text of the footnote to its final		
h	If the organization elected, as permitted under FASB ASC 95		sheet 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		\$
	(ii) Assets included in Form 990, Part X		
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		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Sche		PAWS FOR N						**_**	*318'	7 ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tr	easures, or	Othe	r Simila	ar Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the	e following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Loa	n or ex	change progra	m					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they f	urther	the organizatio	n's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histor	ical trea	asures, or othe	r simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the org	anizatio	on answered "	es" on	Form 990	), Part IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	<b>e</b> :					A		
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on Fo						<b>1f</b>		Yes		
	If "Yes," explain the arrangement in Part XIII.						IILY ?	∟	l tes		_ No □
Par							0		<u></u>		
		(a) Current year	(b) Prior		(c) Two year	,		years back	(e) Fou	vears	back
1a	Beginning of year balance			,			. ,	<u>,</u>		<u> </u>	
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 curr		e (line 1g, co	olumn (	a)) held as:						
а	Board designated or quasi-endowment	-	_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held a	and administer	ed for th	ne		í		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				?				3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV lin	0 1 1 0	Soo Form 000	Dort V	lino 10				
									( )		
	Description of property	(a) Cost or o basis (investr		• •	st or other s (other)	• •	Accumula preciatio		( <b>d)</b> Boo	k valu	е
4.	Land		nong	Dasis		ue	picciatio				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2	83,010.		109,7	91.	17	3,2	19
	Other		V line 10-							3,2	
TUL	n Add intes ta tritodyn te. (Column (d) Must e	qual Forni 990, Part	<u>, iirie TUC,</u>	coiumi	<u>((B))</u>						

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes"		-	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	b) must equal Form 000 Part X line 12 col (P))			
	b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(-)	(-)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	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	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part X	mn (b) must equal Form 990, Part X, line 15, col Other Liabilities	<u>. (B))</u>		
TUITA	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
4	(a) Description of liability			(b) Book value
1. (1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 25, col	. <i>(</i> B))		
	······································	· //		

HEALING PAWS FOR WARRIORS INC

2. 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

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 HEALING PAWS FOR WARRIORS	INC	**-***3187 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	Other (Describe in Part XIII.)		
е	······································		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information		

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

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OM	B No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1	or if the	i I	2023				
Department of the Treasury Internal Revenue Service	_	Attach to Form 990							pen to Public spection
Name of the organization		o www.irs.gov/Form990 for instru	ictions	and th	ne latest information	า.	Employer		ification number
······		PAWS FOR WARRIORS	INC	2			**_**		
	complete this part	Complete if the organization answ	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990	)-EZ fi	lers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-		<b>Yes</b> o be	No
compensated at le	ast \$5,000 by the	organization.			[]				
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (e	Amount pai or retained b fundraiser ted in col. <b>(i</b>	<sup>(y)</sup> t	(vi) Amount paid o (or retained by) organization
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt fron	n regis	stration

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

HEALING PAWS FOR WARRIORS INC

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Part II	Fundraising Events. C	complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contribut	tions and gross income on Form 990.F7, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 PENGUIN PLUNGE	1 (b) Event #2 (c) Other events GIVING TUESDAY		(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	23,592.	4,500.	35,161.	63,253.
	2	Less: Contributions	23,592.	4,500.	35,161.	63,253.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s		Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
		Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through	9 in column (d)	•		
	11	Net income summary. Subtract line 10 from li				
Pa	rt I	• • • • • • • • • • • • • • • • •	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				

8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...

7 Direct expense summary. Add lines 2 through 5 in column (d)

4 Rent/facility costs

6 Volunteer labor

5 Other direct expenses

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?	 Yes
b If "No," explain:	

%

Yes

No

%

Yes

No

%

Yes

No

332082 09-13-23

Direct

Yes

No

No

Sch	nedule G (Form 990) 2023	HEALING	PAWS	FOR	WARRIORS	INC	**_*	**3187	Page 3
11	Does the organization conduct ga	ming activities w	ith nonme	embers?				Yes	No
	Is the organization a grantor, bene								
	to administer charitable gaming?							Yes	No
13	Indicate the percentage of gaming								
	The organization's facility							13a	%
	• An outside facility							13b	%
	Enter the name and address of the								
				-					
	Name								
	Address								
15a	a Does the organization have a con	tract with a third	party from	n whom	the organization r	eceives gaming revenue?		Yes	No No
I	<b>b</b> If "Yes," enter the amount of gam	ing revenue recei	ived by th	e organi:	zation \$	and the ar	nount		
	of gaming revenue retained by the	e third party \$							
0	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 cont	ractor			
					independent cont	Tactor			
17	Mandatory distributions:								
	a Is the organization required under	r state law to mak	e charitat	ale distri	butions from the (	naming proceeds to			
								Yes	No No
	<b>b</b> Enter the amount of distributions					cempt organizations or spent			
	organization's own exempt activit			\$		tempt organizations of opent			
Pa					s required by Part	I, line 2b, columns (iii) and (v	); and Parl	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as						,	, ,	
		••	•						

Schedule G	i (Form	990)
<b>D</b>		

Part IV Supplemental Information (continued)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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.



HEALING PAWS FOR WARRIORS INC

Employer identification number \*\*-\*\*3187

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

TRAINED SERVICE DOGS TO VETERANS FACED WITH POST TRAUMATIC STRESS

DISORDER (PTSD), TRAUMATIC BRAIN INJURY (TBI) AND/OR MILITARY SEXUAL

TRAUMA (MST) AT "NO COST" TO THE VETERAN WITH CONTINUED SUPPORT;

REDUCING THE STATISTIC OF VETERAN SUICIDE. A RESILIENT PROGRAM THAT

REPRESENTS VETERANS HELPING VETERANS FROM PERSONAL EXPERIENCE AND

TRAINED SERVICE DOGS.

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

VETERAN WITH CONTINUED SUPPORT; REDUCING THE STATISTIC OF VETERAN

SUICIDE. A RESILIENT PROGRAM THAT REPRESENTS VETERANS HELPING VETERANS

FROM PERSONAL EXPERIENCE AND TRAINED SERVICE DOGS.

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

FORM 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS AND ENFORCES ITS WRITTEN CONFLICT OF INTEREST

POLICY DISCLOSURES ANNUALLY THROUGH SELF-DISCLOSURE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

EITHER THROUGH THEIR WEBSITE OR UPON REQUEST.

## 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FC

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	USED TRANSIT CONNECT VAN	03/04/19	200DB	5.00	нү	21	6,500.				6,500.	5,377.		749.	6,126.
2	FORD TRANSIT CARGO VAN	09/30/20	SL	5.00		21	35,255.				35,255.	15,865.		7,051.	21,625.
3	BUS	06/29/20	SL	5.00		21	66,098.				66,098.	33,049.		13,220.	46,269.
4	TRAILER	02/23/21	SL	5.00	НХ	17	4,162.				4,162.	1,249.		832.	2,081.
5	TRAILER	06/07/17	SL	5.00		16	8,000.				8,000.	8,000.		0.	8,000.
6	2022 RAM 1500	02/28/23	200DB	5.00	НХ	21	81,686.				81,686.			12,200.	12,200.
7	2022 RAM 1500	02/28/23	200DB	5.00	нү	21	81,308.				81,308.			12,200.	12,200.
	* TOTAL 990 PAGE 10 DEPR						283,009.				283,009.	63,540.		46,252.	108,501.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						120,015.			0.	120,015.	63,540.			84,101.
	ACQUISITIONS						162,994.			0.	162,994.	0.			24,400.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						283,009.			0.	283,009.	63,540.			108,501.
	ENDING ACCUM DEPR											108,501.			
	ENDING BOOK VALUE											174,508.			

328111 04-01-23

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>			iation and					OMB No. 1545-0172		
Form <b>TUUL</b> Department of the Treasury			Information or Attach to your ta	x return.		-		Attachment		
Internal Revenue Service Name(s) shown on return	Go to	www.irs.gov/Fo	rm4562 for instruc			nformation.		Sequence No. <b>179</b> Identifying number		
								identifying number		
HEALING PAWS				FORM 9				**-***3187		
Part I Election To Exp	ense Certain Propert	y Under Section 17	'9 Note: If you have	any listed p	roperty, c	omplete Part				
1 Maximum amount (s	,							1,160,000.		
2 Total cost of section								2 000 000		
3 Threshold cost of se							3	2,890,000.		
4 Reduction in limitatio							4			
5 Dollar limitation for tax year	(a) Description of pro			ely, see instructio est (business use		(c) Elected c				
6	(u) <u>b</u> coortip tion of pro		(3) 00	01 (0 00 000 000	0	(0) 2100100 0				
7 Listed property. Ente			· · · · · · · · · · · · · · · · · · ·		7					
8 Total elected cost of										
<ul><li>9 Tentative deduction.</li><li>10 Carryover of disallow</li></ul>										
11 Business income lim										
12 Section 179 expense										
13 Carryover of disallow					13					
Note: Don't use Part II o										
Part II Special De	preciation Allowar	ce and Other De	epreciation (Don't	include liste	d propert	y.)				
14 Special depreciation	allowance for quali	fied property (oth	er than listed prope	rty) placed ir	service	during				
the tax year							. 14			
15 Property subject to s	section 168(f)(1) elec	tion					. 15			
16 Other depreciation (i							. 16			
Part III MACRS De	epreciation (Don't	include listed pro	perty. See instructio							
	· · · · ·		Section A	-			47	832.		
17 MACRS deductions	•		0 0				<b>17</b>	052.		
18 If you are electing to group a			e During 2023 Tax			ral Depreciat	ion Syster	m		
		(b) Month and	(c) Basis for deprecia	ation (d)						
(a) Classification	of property	year placed in service	(business/investment only - see instructio	. u3c	period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property										
<b>b</b> 5-year property										
c 7-year property										
d 10-year property										
e 15-year property f 20-year property										
05					5 yrs.		S/L			
g 25-year property		/			7.5 yrs.	ММ	S/L			
h Residential renta	al property	/			7.5 yrs.	MM	S/L			
		, ,			9 yrs.	MM	S/L			
i Nonresidential re	eal property	/			5 9:01	ММ	S/L			
Se	ction C - Assets Pl	aced in Service	During 2023 Tax Y	ear Using th	e Alterna	ative Deprecia	ation Syst	em		
20a Class life							S/L			
<b>b</b> 12-year				1	2 yrs.		S/L			
<b>c</b> 30-year		/		3	80 yrs.	MM	S/L			
d 40-year		/		4	0 yrs.	MM	S/L			
	See instructions.)									
21 Listed property. Ente							. 21	44,129.		
22 Total. Add amounts		-						11 001		
Enter here and on th		•	-	-	see instr.		22	44,961.		
23 For assets shown ab	ove and placed in s	ervice during the	current year, enter	the						

23

portion of the basis attributable to section 263A costs

For	rm 4562 (2023)		LING PA									**_	***3	187	Page <b>2</b>
P	<b>art V</b> Listed Propert entertainment,				ner vehic	les, cer	tain aircr	aft, an	d property	used	or				
	Note: For any	vehicle for wh	nich you are u	, using the						e expe	nse, comp	olete or	<b>11y</b> 24a,		
	24b, columns ( Section A -	Depreciatio								nits fo	nassena	er autor	nobiles		
24	a Do you have evidence to s	-				X Y		_	24b If "Y						No
2-10		(b)	(c)				<u>es</u> (e)		(f)	<u>cs, is</u>	(g)		(h)		<u>NO</u> (i)
	<b>(a)</b> Type of property (list vehicles first)	Date placed in service	Business, investmen use percenta	t of	<b>(d)</b> Cost or her basis	(bu	sis for depre siness/inve use only	stment	Recovery		lethod/ nvention	Depr	eciation uction	Ele sectio	cted on 179
			•	•			,	,	I					C(	ost
25	Special depreciation allo used more than 50% in a	•		,	•		•	the ta	ix year and	1	25				
26	Property used more that							ACH	ED OV	ERFI		44	129.		
20				%								,			
				%											
				%											
27	Property used 50% or le	ess in a qualifi	ed business	use:											
		: :		%						S/L ·					
		: :		%						S/L -					
		: :		%						S/L -					
	Add amounts in column												129.		
<u>29</u>	Add amounts in column	(i), line 26. Er	nter here and	l on line 7	7, page 1						<u></u>		29		
				Section I			_								
	mplete this section for ve														
to y	your employees, first ans	wer the quest	tions in Secti	on C to s	ee if you	ı meet a	in except	ion to	completin	g this	section fo	r those	vehicles.		
					-)		(h.)		(-)		( -1)		(-)		3
20	Total business/investment	milee driven du	ring the	· ·	<b>a)</b> icle 1		icle 2		( <b>c)</b> ehicle 3		(d) hicle 4		( <b>e)</b> iicle 5	(1 Vehi	
30	year ( <b>don't</b> include commu		•	Ven		VCI		V				VCII		Vern	
31	Total commuting miles of														
	Total other personal (no														
	driven	-													
33	Total miles driven during														
	Add lines 30 through 32	· · · · · · · · · · · · · · · · · · ·													
34	Was the vehicle available			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	, ,													
	than 5% owner or relate								_		_				
36	Is another vehicle availa	ble for persor	nal												
	use?	<u></u>													
			- Questions		-				-						
	swer these questions to a			xception	to comp	pleting S	Section E	for ve	ehicles use	ed by e	mployees	who a	iren't		
_	re than 5% owners or rela Do you maintain a writte	•		abibita a			fuchiolo		udina nom					Vee	Na
31	employees?		-						-					Yes	No
38	Do you maintain a writte														
00	employees? See the ins														
39	Do you treat all use of v														
	Do you provide more that														
-	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization				_										
	(a) Description of	f agata	Dat	(b)		(c) Amortizal	bla		(d)		(e)	tion		(f)	
	Description of	00313	Dat	e amortization begins		amoun			Code section		Amortiza period or per		fc	nortization or this year	
<u>42</u>	Amortization of costs th	at begins dur	ing your 202	3 tax yea	ır:							,			
				: :											
				: :											
	Amortization of costs th											43			
44	Total. Add amounts in c	column (f). Se	<u>e the instruc</u>	tions for v	where to	report	<u></u>	<u></u>	<u></u>	<u></u> .		44			

## FORM 4562, PART V, LINE 26 - LISTED PROPERTY USED MORE THAN 50% IN A QUALIFIED BUSINESS

FORM 990 PAGE 10						990										
Description	Date In Service	Bus %	Cost Or Basis	Basis For Depreciation	Life	Method/ Conv	Depreciation Deduction	Elected Section 179 Cost	Business Miles	Commuting Miles	Personal Miles	Total Miles	Perso Use Off-D Yes	> 5% Owner? Tes No	,	
USED TRANSIT CONNECT VAN	03/04/19	100.00	6,500.	6,500.	5.00	200DB-HY	749.									
FORD TRANSIT CARGO VAN	09/30/20	100.00	35,255.	35,255.	5.00	SL -HY	5,760.									
BUS	06/29/20	100.00	66,098.	66,098.	5.00	SL -HY	13,220.									
2022 RAM 1500	02/28/23	100.00	81,686.	81,686.	5.00	200DB-HY	12,200.									
2022 RAM 1500	02/28/23	100.00	81,308.	81,308.	5.00	200DB-HY	12,200.									
TOTAL FORM 4562, LINE 26							44,129.									

328521 08-07-23

### (Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

#### File a separate application for each return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension 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, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax returi	าร.			
<u>Part I - Io</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	actions.	Taxpayer	identification num	oer (TIN)
Print						
Elle hardha	HEALING PAWS FOR WARRIORS I		**-**3187			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so PO BOX 4373	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for FORT WALTON BEACH, FL 3254		ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			. 01
Applicati	on Is For	Return	Application Is For			Return
••		Code				Code
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09
	?0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	)-T (trust other than above)	06	Form 5330 (individual)			13
	)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
After yo	ou enter your Return Code, complete either Part II or Part	t III. Part III	, including signature, is applicable o	only for an	extension of	
	e Form 5330.			,		
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
Pla	n Name		C C			
	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
Part II - A	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	ooks are in the care of SAMANTHA HAY			K		
	PO BOX 4373 - FOF	RT WAL	TON BEACH, FL 3254	9		
Teleph	none No. 850-716-8198		Fax No.			
	organization does not have an office or place of business	in the Uni	ted States, check this box			
	is for a Group Return, enter the organization's four-digit (					check 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.
<b>1</b> Ire	quest an automatic 6-month extension of time until $  { m N} $	OVEMBE	<b>ER 15</b> , 20 <b>24</b> , to file	e the exem	pt organization ret	urn for
the	organization named above. The extension is for the orga	anization's	return for:			
Х	calendar year 20 23 or					
	tax year beginning	, 20	, and ending		. ,2	0
2 Ifth	ne tax year entered in line 1 is for less than 12 months, cl	heck reasc	n: Initial return	Final retur	n	
	Change in accounting period					
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	Ο.
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
<u>e</u> st	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.

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

2023 DEPRECIATION AND AMORTIZATION REPORT

## - CURRENT YEAR FEDERAL -

HEALING PAWS FOR WARRIORS INC

Asset No.	Description	Date Acquire		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1		0304	19	200DB	5.00	21	6,500.			6,500.	5,377.		749.
	FORD TRANSIT CARGO VAN	0930	20	SL	5.00	21	35,255.			35,255.	15,865.		7,051.
3	BUS	0629	20	SL	5.00	21	66,098.			66,098.	33,049.		13,220.
4	TRAILER	0223	21	SL	5.00	17	4,162.			4,162.	1,249.		832.
5	TRAILER	0607	17	SL	5.00	16	8,000.			8,000.	8,000.		0.
6	2022 RAM 1500	0228	23	200DB	5.00	21	81,686.			81,686.			12,200.
		0228	23	200DB	5.00	21	81,308.			81,308.			12,200.
	* TOTAL 990 PAGE 10 DEPR						283,009.		0.	283,009.	63,540.		46,252.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						120,015.		0.	120,015.	63,540.		
	ACQUISITIONS						162,994.		0.	162,994.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						283,009.		0.	283,009.	63,540.		

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction