

OCTOBER 25, 2022

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 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 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

# 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.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

DECEMBER 31, 2021

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, 2022

Form 8879-TE		IRS e-file Signature Authori for a Tax Exempt Entit	zation	OM	B No. 1545-0047
Form <b>OOTS TL</b>		1, or fiscal year beginning, 2021, and ending	-		
		Do not send to the IRS. Keep for your real			2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest	information.		
Name of filer			EIN or S		
HEALIN	G PAWS FOR	R WARRIORS INC	**_	***31	87
Name and title of officer or pe	rson subject to tax	MICHAEL ARENA			
Part I Type of I	Daturn and Da	EXECUTIVE DIRECTOR			
Form 5330 filers may enter or <b>10a</b> below, and the amo	r dollars and cents. ount on that line for	e using this Form 8879-TE and enter the applicable For all other forms, enter whole dollars only. If you the return being filed with this form was blank, the )-). But, if you entered -0- on the return, then enter -	check the box on line <b>1a, 2</b> In leave line <b>1b, 2b, 3b, 4b,</b>	2a, 3a, 4a, 5b, 6b, 7t	5a, 6a, 7a, 8a, 9a, <b>, 8b, 9b,</b> or <b>10b</b> ,
1a Form 990 check h	nere 🕨 🗙	<b>b</b> Total revenue, if any (Form 990, Part VIII, col	lumn (A), line 12)	1b	245,519.
2a Form 990-EZ che		<b>b</b> Total revenue, if any (Form 990-EZ, line 9)			
3a Form 1120-POL	check here 🕨 📃	b Total tax (Form 1120-POL, line 22)			
4a Form 990-PF che	ck here 🛄 🕨 🗔	b Tax based on investment income (Form 99			
5a Form 8868 check	here ►	b Balance due (Form 8868, line 3c)		5b	
6a Form 990-T check	k here 🕨 🛄	<b>b</b> Total tax (Form 990-T, Part III, line 4)			
7a Form 4720 check	here ▶	<b>b</b> Total tax (Form 4720, Part III, line 1)		7b	
8a Form 5227 check	here ▶	<b>b</b> FMV of assets at end of tax year (Form 522	?7, Item D)	8b _	
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part II, line 19)			
10a Form 8038-CP ch Part II Declarat		b Amount of credit payment requested (Form cure Authorization of Officer or Person	n 8038-CP, Part III, line 22)	10b	
	•				,
of entity)	I declare that A	I am an officer of the above entity or I am a , (EIN)		-	name ned a copy of the
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	ution account indic t the entry to this a prior to the payme e confidential infor	S. Treasury and its designated Financial Agent to in ated in the tax preparation software for payment of ccount. To revoke a payment, I must contact the U nt (settlement) date. I also authorize the financial in mation necessary to answer inquiries and resolve is gnature for the electronic return and, if applicable, t	the federal taxes owed on t J.S. Treasury Financial Agent stitutions involved in the pro ssues related to the paymen	his return, t at 1-888-3 ocessing o t. I have se	and the 353-4537 no f the electronic elected a
PIN: check one box only	RREN AVERI	የጥጥ ፒ.ፒ.ሮ	to enter m		63187
		ERO firm name		-	r five numbers, but
					not enter all zeros
with a state ager	•	21 electronically filed return. If I have indicated with charities as part of the IRS Fed/State program, I als screen.			-
return. If I have i	ndicated within thi	ax with respect to the entity, I will enter my PIN as return that a copy of the return is being filed with my PIN on the return's disclosure consent screen.	, ,		•
Signature of officer or person subject	tion and Authe	ntiantian	D	ate 🕨	
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-	selected PIN. 5	0702884437 Do not enter all zeros		
-		N, which is my signature on the 2021 electronically requirements of <b>Pub. 4163,</b> Modernized e-File (Me			
ERO's signature 🕨				2	
		ERO Must Retain This Form - See Instr ubmit This Form to the IRS Unless Req			
					0070 TE

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

	000
Form	330

Department of the Treasury Internal Revenue Service

Т

# EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

<u>A</u> I	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check i applicat	C Name of organization		D Employer identific	cation number
	Addr	ess HEALING PAWS FOR WARRIORS INC			
	Nam	e		**-***318	37
	Initia retur		Room/suite	E Telephone number	
	  	PO BOX 4373		850-716-8	
	term ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	245,519.
X	Ame retur	FORT WALTON BEACH, FL 32549		H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer: MICHAEL ARENA		for subordinates	? Yes X No
	penc	<sup>ING</sup> PO BOX 4373, FORT WALTON BEACH, FL 325	49	H(b) Are all subordinates in	cluded? Yes No
		xempt status: 🔀 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) (	or 📃 527	If "No," attach a	list. See instructions
_		ite: WWW.HEALINGPAWSFORWARRIORS.ORG		H(c) Group exemption	
		of organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2015 N	<b>I</b> State of legal domicile: $\mathbf{FL}$
Pa	art I				
Ð	1	Briefly describe the organization's mission or most significant activities:			
anc		LOCAL VETERAN FOUND / VETERAN LED 501(C)(		T PROVIDES	
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Š	3				8
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)			20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		-
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 252,727.	Current Year 149,613.
ani	9			0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30.	524.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	95,382.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		252,757.	245,519.
	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)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. t	Total fundraising expenses (Part IX, column (D), line 25)	97.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		134,868.	156,805.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		134,868.	156,805.
	19	Revenue less expenses. Subtract line 18 from line 12		117,889.	88,714.
OC OC	2		Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		281,179.	369,894.
it As	21	Total liabilities (Part X, line 26)		0.	0.
Inet		Net assets or fund balances. Subtract line 21 from line 20		281,179.	369,894.
	art II	5			
Ind	er ner	alties of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	ints 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, EXECUTI	VE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Chi	eck PTIN			
Paid	LORI K. KELLEY, CPA		ii seli	f-employed P00111278			
Preparer	Firm's name 🕒 WARREN AVERETT,	LLC	Firm's El	N▶ **-**4437			
Use Only	Firm's address 36474C EMERALD C	OAST PKWY., SUITE 330	1				
	DESTIN, FL 32541 Phone no.850-837-0398						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	In section 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) HEALING PAWS FOR WARRIORS INC **-**3187	Page <b>2</b>
Par	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: <u>HEALING PAWS FOR WARRIORS IS A LOCAL VETERAN FOUND / VETERAN LED</u> 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 TH	E
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s X No
	If "Yes," describe these new services on Schedule O.	
3		s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 114, 217. including grants of \$) (Revenue \$)	)
	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	E
	VETERAN WITH CONTINUED SUPPORT; REDUCING THE STATISTIC OF VETERAN	
	SUICIDE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 114,217.	<b>990</b> (2021)

orm	990	(2021)	)

 Form 990 (2021)
 HEALING
 PAWS
 FOR
 WARRIORS
 INC

 Part IV
 Checklist of Required Schedules
 FOR
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			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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>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, 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	<u> 11a</u>	- 23	
b		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120		12a		x
h	Schedule D, Parts XI and XII	120		- 23
b		126		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>.</u> a		
5	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		х
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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	-10		<u> </u>
15		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		

Form 990 (2021)

Form	990	(2021)
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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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2021) HEALING PAWS FOR WARRIORS INC **-***3	187	Page	, <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes N	0
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	5
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	2
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	2
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			_
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	X	<u> </u>
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	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	X	<u> </u>
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	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	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 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			-
	excess parachute payment(s) during the year?	15	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X	<u>.</u>
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2021)	)

# HEALING PAWS FOR WARRIORS INC

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

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

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. X

Sec	tion A. Governing Body and Management				
		<u>م</u>	Y	′es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8			
	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 0.				
b	<b>5</b>	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				37
-	officer, director, trustee, or key employee?	2			Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				37
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6	Did the organization have members or stockholders?	6	; 		Х
7a					37
	more members of the governing body?	7:	3		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				х
~	persons other than the governing body?	71	2		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			x	
a		8		A X	
b	, , , , , , , , , , , , , , , , , , , ,	8		^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9			х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	.   9			Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			′es	No
102	Did the organization have local chapters, branches, or affiliates?	10		<del>6</del> 3	<u>No</u> X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		<u>u</u>		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	h		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11		x	
12a		12	a	x	
b	···· ··· ··· ··· ··· · · · · · · · · ·		_		Х
c		· –	~		
•	on Schedule O how this was done	12	c		х
13	Did the organization have a written whistleblower policy?				х
14	Did the organization have a written document retention and destruction policy?				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	15	а		х
	Other officers or key employees of the organization	15	b		Х
	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?	16	а		Х
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?	16	b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $igstar{}FL$				
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 onl	y) av	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ancia	ıl	
	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				
	SHEILA HALE - 8507168198				
	PO BOX 4373, FORT WALTON BEACH, FL 32549				

Form 990 (2	HEALING	PAWS FOR	WARRIORS	INC	**-***3187	Page 7
Part VII	Compensation of Officers,	Directors, Tr	ustees, Key E	mployee	s, Highest Compensated	
	Employees, and Independent Contractors					
	Check if Schedule O contains a res	ponse or note to	any line in this Par	t VII		X
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
4- 0	4. O we have the table for all a second and the ball of D and a second of the for the second s					

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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					Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an			s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MIKE ARENA	0.00				×	1 0	<u> </u>			
EXECUTIVE DIRECTOR		х		x				0.	0.	0.
(2) TAMI MAYNARD	0.00									
SECRETARY		Х						0.	0.	0.
(3) KELLEY FULLER	0.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) DENNIS KREBS	0.00									
CHAIRMAN		х		x				0.	0.	0.
(5) LENORA COOK	0.00									
DIRECTOR		х						0.	0.	0.
(6) SHEILA HALE	0.00									
DEPUTY DIRECTOR		Х						0.	0.	0.
(7) JOHN ZIMMERMANN	0.00									-
BOARD MEMBER		Х						0.	0.	0.
(8) TERRY COWAN	0.00									
BOARD MEMBER		х						0.	0.	0.
(9) CATHY CLARK	0.00									•
BOARD MEMBER		Х						0.	0.	0.
		-								
		-	-							
			-	-			-			
			•					•	•	

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	<u>990 (2021) HEALING E</u>									**_**	<u>**3</u>	187	Page 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees, a	and	Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box, offic	F not ch unless cer and	eck n s per:	nore f	than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	I	Esti amo	<b>(F)</b> mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orgai and	ensation m the nization related nizations
	Subtotal								0.		0.		0.
	Total from continuation sheets to Part VII								0.		0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							o re		000 of reportable	-		••
	compensation from the organization												0
3	Did the organization list any <b>former</b> officer,	director trust	o k		mole		a or	hia	hest compensated empl		ſ		Yes No
3	line 1a? If "Yes," complete Schedule J for su	,	,				,	0		,		3	x
4	For any individual listed on line 1a, is the su	m of reportable	e co	mper	nsat	tion	and	oth	er compensation from th	ne organization		4	x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	lual for services		4	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or suc	ch p	berso	on .	<u></u>				5	X
1	Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fron	n
	(A) Name and business			) NE					(B) Description of s			(C) ompens	
								+					
								+					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	hos: 0		ted	above) who received mo	ore than			

<u>Fo</u> rm	<u>1 990 (</u>			PAWS	FOR WARR	IORS INC		**_***3	187 Page 9
Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains	a respons	e or note to any lir				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
				- <u> </u>					sections 512 - 514
nts	1 a	Federated campaigns				-			
Gra	b				102 042	-			
ts, ( An	С	Fundraising events			123,943.	-			
ilar İlar	d	Related organizations				4			
ns,	е	Government grants (contr				4			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,			25 670				
ið H		similar amounts not included			25,670.	-			
ont nd (	g			1g \$	<b>`</b>	140 612			
ы С е	h	Total. Add lines 1a-1f			Business Code	149,613.			
					Business Code				
ice	2 a								
erv ue	b								
n S /en	c				-				
graı Rev	d				-				
Program Service Revenue	e				-				
-	•	All other program service							
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include							
	3	other similar amounts)	-			524.			524.
	4	Income from investment of				521.			521.
	5	Royalties		-					
	J	noyanics		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	()	(				
	b		6b			1			
	c		6c			1			
		Net rental income or (loss)	、 <u> </u>						
		Gross amount from sales of		Securities					
		assets other than inventory	7a			1			
	b	Less: cost or other basis							
ē		and sales expenses	7b						
enue	с	Gain or (loss)	7c						
Rev		Net gain or (loss)	· · · · ·						
er		Gross income from fundraisi							
Other		including \$ 123	,943	• of					
		contributions reported on	line 1c).	See					
		Part IV, line 18			Sa 95,382.				
	b	Less: direct expenses			вы О.				
	с	Net income or (loss) from	fundraisi	ng event <u>s</u>		95,382.			95,382.
	9 a	Gross income from gamin	-						
		Part IV, line 19			a				
	b	Less: direct expenses		e	b				
	с	Net income or (loss) from	gaming a	activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, I	less retur	ns					
		and allowances			0a				
		Less: cost of goods sold			0b				
	С	Net income or (loss) from	sales of i	nventory					
s					Business Code				
Miscellaneous Revenue	11 a								
lan.	b				-				
Sel	c				-				
Mis	d	All other revenue							
		Total. Add lines 11a 11d				245 510	0	0	05 006
	12	Total revenue. See instruction	ons		🕨	245,519.	0.	0.	95,906.

HEALING PAWS FOR WARRIORS INC

Check if Schedule O contains a respons	e or note to any line in t (A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
o, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits				
Payroll taxes				
Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
c Accounting	1,879.	958.	188.	733
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)				
Advertising and promotion	1,263.	644.	126.	493
Office expenses	16,805.	8,571.	1,681.	6,553
Information technology	7,341.	3,744.	734.	2,863
Royalties				
Occupancy				
Travel	2,825.	1,441.	282.	1,102
Payments of travel or entertainment expenses		,		
for any federal, state, or local public officials				
Conferences, conventions, and meetings	903.	903.		
Interest				
Interest Payments to affiliates				
Depreciation, depletion, and amortization	21,935.	21,935.		
Insurance	17,893.	9,126.	1,789.	6,978
Other expenses. Itemize expenses not covered		-,	=,	-,-,-,
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.)				
a DOG BOARDING	26,265.	26,265.		
CONTRACT SERVICE	18,377.	9,372.	1,838.	7,167
auto expenses	15,428.	7,868.	1,543.	6,017
d DOG VET AND MEDICAL FEE	11,584.	11,584.		.,,
e All other expenses	14,307.	11,806.	510.	1,991
	156,805.	114,217.	8,691.	33,897
	130,0030	<u> </u>		55,051
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation. Check here fill if following SOP 98-2 (ASC 958-720)				

HEALING	PAWS	FOR	WARRIORS	INC

\*\*-\*\*\*3187 Page 11

		Dalance Sheet					
		Check if Schedule O contains a response or not	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			185,079.	1	291,567.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		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	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	112,015.			
	b	Less: accumulated depreciation	10b	33,688.	96,100.	10c	78,327.
	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				15	
	16	Total assets. Add lines 1 through 15 (must equa			281,179.	16	369,894.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
lide		controlled entity or family member of any of thes	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			281,179.	27	369,894.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			281,179.	32	369,894.
-	33	Total liabilities and net assets/fund balances			281,179.	33	369,894.

Form **990** (2021)

# Part X Balance Sheet

Form	990	(2021
101111	000	12021

	1990 (2021) HEALING PAWS FOR WARRIORS INC	**_**	<u>3187</u>	Paç	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	245		
2	Total expenses (must equal Part IX, column (A), line 25)	2	156		
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281	.,1'	<u>79.</u>
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			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	369	, 89	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter				
	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	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				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
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	200	

Form **990** (2021)

SCHEDULE A	١
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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
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	e of t	he organization							identification number	
Dor	+ 1			OR WARRIORS					*-**3187	
Par		Reason for Public (					ee instructions	6.		
Г	-	zation is not a private found								
1		A church, convention of ch	,			n 170(b)(1	1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 [		A hospital or a cooperative						() <b>F</b>	41 1 <b>1</b> - 11	
4 [		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
_ [		city, and state:						14 al	1 <sup>1</sup>	
5 [		An organization operated for		lege or university owned	or operation	ed by a go	overnmental un	lit describe	ed in	
<b>a</b> [		section 170(b)(1)(A)(iv). (0	• •							
6 [ 		A federal, state, or local go	-						ande Danielane and Daniel Ma	
7 [		An organization that norma		ntial part of its support fi	rom a gove	ernmentai	unit or from th	e general p	DUDIIC described in	
•		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	• 11 \					
8 [ 9 [		A community trust describe			-	nd in oonii	upotion with a	and grant		
9 [		An agricultural research org								
		or university or a non-land-c university:	grant college of agric	ulture (see instructions).		lame, city	, and state of t	the college		
10 [	x	An organization that norma		than 33 1/304 of its supr	ort from o	ontribution	ne momborchi	n foos and	d gross receipts from	
	22	activities related to its exen								
		income and unrelated busir		-					-	
		See section 509(a)(2). (Col				000 00401	red by the erg			
11 [		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).			
12		An organization organized a	-	•	-			rv out the	purposes of one or	
-		more publicly supported or								
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga	• •					-	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	ı(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,	
		its supported organizatio	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.			
d		J Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
е		Check this box if the orga					Type I, Type I	l, Type III		
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]	
		r the number of supported o	•							
g		vide the following information ) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	(.	organization	(1) 2.13	(described on lines 1-10	in your governi Yes	ng document? No	support (see in:		support (see instructions)	
		-		above (see instructions))	165					
Total										

	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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1	1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, <sup>.</sup>	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
<b>16</b> a	1 33 1/3% support test - 2021. If the c	organization did no	ot check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	<b>33 1/3% support test - 2020.</b> If the c	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

#### Part II edule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) lbb

(b) 2018

(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.)

(c) 2019

(d) 2020

(f) Total

(e) 2021

HEALING PAWS FOR WARRIORS INC

(a) 2017

Schedule A (Form 990) 2021

	S	u	p	C	ort	S	ch

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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

# Schedule A (Form 990) 2021 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

	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	74,995.	76,962.	148,433.	252,727.	244,995.	798,112.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
~	•						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	74,995.	76,962.	148 433.	252 727.	244,995.	798,112.
	Amounts included on lines 1, 2, and	11,5550	, , , , , , , , , , , , , , , , , , , ,	110,100.	23277274	211/5551	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
78							0.
	3 received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						-
	amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						798,112.
Sec	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	74,995.	76,962.	148,433.	252,727.	244,995.	798,112.
	Gross income from interest,	14,555	10,502.	110,155.	252,727.	211,555.	750,1120
104	dividends, payments received on						
	securities loans, rents, royalties,					540	540
	and income from similar sources					542.	542.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b					542.	542.
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	<b>F</b> 4 0 0 F		1 4 0 4 0 0		045 505	800 654
13	Total support. (Add lines 9, 10c, 11, and 12.)	74,995.	76,962.	148,433.	252,727.	245,537.	798,654.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8. column (f). di	ivided by line 13. c	olumn (f))		15	99.93 %
	Public support percentage from 2020		•				100.00 %
	tion D. Computation of Inves						
	• • • • • • • • • • • • • • • • • • •			20.12 column (f))		17	.07 %
	Investment income percentage for 20						
	Investment income percentage from a						%
19a	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b> e	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Schedule A (Form 990) 2021

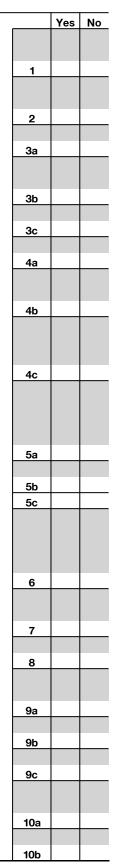
HEALING PAWS FOR WARRIORS INC

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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.)



#### HEALING PAWS FOR WARRIORS INC Schedule A (Form 990) 2021

1

2

No

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
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

SUDEIVIS	<del>-</del> u. or control	ieu liie suppl	JI LII IQ UI QAHIZA	
Section C.	Type II Su	pporting C	Drganizatio	ons

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> ( <i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaiea<i>ieaieaieaiea<i>iea<i>iaaieaieaaieaieaa<i>iaaieaaaaaaaaaaaaa</i></i></i></i></i></i></i></i></i></i></i></i>

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
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- Activities Test. Answer lines 2a and 2b below. 2
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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

		HEALING	PAWS	FOR	WARRIORS	INC
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#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part V

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

2

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4

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9

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1 2

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1	пса	THG	r P.	AWD	г	OR	W

pporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

Schedule A (Form 990) 2021

### PAWS FOR WARRIORS INC TID AT THO

			, ,			
Part V	Type III	Non-Fu	inctionally Integ	rated 50	9(a)(3)	Su
Schedule A	(Form 990)	2021	HEALING	G PAWS	FOR	W

Schedule A	(Form 990) 2021	HEALING	PAWS	FOR	WARRIORS	S INC		**-***31	87 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>nation.</b> Provid 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the expla , 5a, 6, 9a, t IV, Sectio	nations 9b, 9c, n E, line	required by Pa 11a, 11b, and s 1c, 2a, 2b, 3	rt II, line 10; 11c; Part IV, a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	17b; Part III, line 1 and 2; Part IV, Se , Section B, line 1	2:

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

*_	*	*	*	3	1	87	
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6		
	HEALING PAWS FOR WARRIORS INC	**_**
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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Name of organization

Employer identification number

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1	BEAST CODE 70 READY AVE	\$5,000.	Person X Payroll Noncash (Complete Part II for
	FORT WALTON BEACH, FL 32548		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	SHARE THE LOVE, SUBARU		Person X Payroll
	ONE SUBARU DR	\$ 14,067.	Noncash
	CAMDEN, NJ 08103		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 COMBAT VETERANS MOTORCYCLE ASSOC FL	Total contributions	Type of contribution
3	CHAPTER 20-11		Person X
	14A MEIGS DR	\$7,200.	Payroll Noncash
	SHALIMAR, FL 32579		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	WALMART		Person X
	748 BEAL PKWY NW	\$5,000.	Payroll Noncash
	FORT WALTON BEACH, FL 32547		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VETERAN COMMUNITY ACTION GRANT		Person X
	4500 BOWLING BLVD, STE 300	\$5,000.	Payroll Noncash (Complete Part II for
	LOUISVILLE, KY 40207		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	HELEN BELL FOUNDATION		Person X Payroll
	1416 KNOB HILL	\$\$	Noncash (Complete Part II for
	EVANS, GA 30809		noncash contributions.)

HEALING	PAWS	FOR	WARRIORS	INC

Part I (a)

	B (Form 990) (2021) organization	Empl	Pag oyer identification numbe
HEALT	NG PAWS FOR WARRIORS INC	*	*-**3187
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addit	I	5107
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MD TURBINES FOUNDATION	_	Person X Payroll
	<u>3850 W 108TH ST, STE 15</u>	\$11,676.	Noncash (Complete Part II for
	HIALEAH, FL 33018	—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EMERALD COAST VETERANS ASSOCIATION 5426 OAKMONT DR	\$10,000.	Person X Payroll Noncash
	PACE, FL 32571	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EMERALD COAST HONOR GAMES		Person X
	4568 LANDFALL CT	\$6,000.	Payroll Noncash (Complete Part II for
	DESTIN, FL 32541	_	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	UNIVERISTY OF SOUTH ALABAMA	_	Person X
	307 N UNIVERSITY BLVD	\$35,000.	Payroll Noncash
	MOBILE, AL 36688	_	(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

\$

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

# Sch Nan

Name of organization		Nar	ne c	of or	gan	izati	or
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HEALING PAWS FOR WARRIORS INC

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

Employer identification number

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Schedule B (Form 990) (2021)

Schedule B	s (Form 990) (2021)		Page <b>4</b>
Name of or	ganization		Employer identification number
μφάτ.τν	IG PAWS FOR WARRIORS INC	٩	**-***3187
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 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, ar	nd ZIP + 4	Relationship of transferor to transferee
(ạ) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	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, ar	nd ZIP + 4	Relationship of transferor to transferee
(c) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

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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

Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(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	-	
	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	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
De			
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		. <u>2</u> c
a	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
4	year ► Number of states where property subject to conservation ea	acment is located	
5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		handling of violations, and emotoring conserva	alon basements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	-	
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			<b>N N</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

PartIL       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's accussion, and other records, check any of the following that make significant use of its control times (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>b</li> <li>Collary treasures</li> <li>c</li> <li>Description</li> <li>d</li> <li>Description</li> <li>c</li> <li>Provide a description of the organization's collectores and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> <li>During the year, did the organization's collectores and explain how they further the organization's collectore?</li> <li>Ves</li>	Sche		PAWS FOR							*3187	Pa	<u>ge</u> 2
collection terms (check all that apply):       a       b <th>Par</th> <th>t III Organizations Maintaining Co</th> <th>ellections of Ar</th> <th>t, Historica</th> <th>I Trea</th> <th>sures, or (</th> <th>Other S</th> <th>Simila</th> <th>r Assets</th> <th>(continu</th> <th>ed)</th> <th></th>	Par	t III Organizations Maintaining Co	ellections of Ar	t, Historica	I Trea	sures, or (	Other S	Simila	r Assets	(continu	ed)	
a Public exhibition d	3	Using the organization's acquisition, accessio	n, and other record	s, check any c	of the fol	lowing that m	nake sigr	nificant u	use of its			
b       Scholary research       e       Other         c       Prevention for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts       to be solid to raise hunds rather than to be maintained as part of the organization collection?       Yes       No         Part W       Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IX, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Is the organization include an amount on form 990, Part X, line 21.       Intervention of the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?       Yes       No         B if Yes' explain the arrangement in Part XIII.       (a) Current year       (b) Prover year       (c) Two years back (e) Four years back         2 bit the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?       Yes       No         Beginning of year balance		collection items (check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Derint MEcorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part KI, line 9, or reported an amount on Form 980, Part X, line 21.         18       Is the organization an agent, thuster, custodial or other intermediary for contributions or other assets not included on Form 980, Part XII.         19       Is the organization answered "Yes" on Form 980, Part XIII.         2       Both organization answered "Yes" on Form 980, Part XIII.         10       Is the organization include an amount on Form 980, Part X, line 21.         2       Both organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         2       Dottine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         3       Dottine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         4       Part VIII Endowment Fundes. Complete if the organization maxwerd 'Yes' on Form 990, Part X, line 10.         14       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         15	а	Public exhibition	c	l 🗌 Loan	or excha	ange program	ı					
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Derint MEcorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part KI, line 9, or reported an amount on Form 980, Part X, line 21.         18       Is the organization an agent, thuster, custodial or other intermediary for contributions or other assets not included on Form 980, Part XII.         19       Is the organization answered "Yes" on Form 980, Part XIII.         2       Both organization answered "Yes" on Form 980, Part XIII.         10       Is the organization include an amount on Form 980, Part X, line 21.         2       Both organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         2       Dottine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         3       Dottine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         4       Part VIII Endowment Fundes. Complete if the organization maxwerd 'Yes' on Form 990, Part X, line 10.         14       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         15	b	Scholarly research	e	• Other								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization a solection?     Part W set on a magnet, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Segmining balance     degranization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Segmining balance     deditions during the year     tel     deditions during the year     tel     deditions during the year     tel     deditions during the year     deditions     dedit	с	Preservation for future generations										
S During the year, did the organization solicit or receive donations of art, historical treasure, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization is collection?     Part M Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 21.     The organization angent, fusate, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     Is the organization angent. Insuee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     Is the organization angent. In Part XIII and complete the following table:	4		lections and explai	n how thev fur	ther the	organization	's exemp	t purpo	se in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 10.       Image: the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 10.         Beginning of year balance       [a) Current year       [b) Prior year       [c) Two years back (e) four years back         a       Beginning of year balance       [a] Current year end balance (line 1g, column (a)) held as:       as and programs       [a] Current year end balance (line 1g, column (a)) held as:         a       Begin deginated or quanizations       [b] Prior year       [b] Controbution bar.       [b] Prior year	5		-	-		-						
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (December 2000).       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X (December 2000).         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Tron years back       (d) Frar years back       (d) Frar years back       (d) Frar years back       (d) Frar years back       (e) Four years back       (e) Four years back       (e) Four years back										Yes		No
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1c       1d       1d         1d       1d       1d         1d       1d       1d         2h Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Yes       (e) Four years back         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (d) Time years back       (e) Four years back         1a       Beginning of year balance       (a) Current year end balance (line 1g, column (a) held as:       a       a         1a       Beginning of year balance       (a) Current year end balance (line 1g, column (a) held as:       a       a       a         1b       Contributions       %       %       %       %       %       %	Par								 . Part IV. I	_		
on Form 990, Part X?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back (f) Three years back (f) Three years back (f) Four years back (f) Four years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Three years back (f) Four year back (f) Four year back (				5					, , ,			
on Form 990, Part X?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back (f) Three years back (f) Three years back (f) Four years back (f) Four years back (f) Four years back (f) Three years back (f) Four years back (f) Four years back (f) Three years back (f) Four year back (f) Four year back (	1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contrib	outions of	or other asset	ts not inc	luded				
b       If "Yes," explain the arrangement in Part XII and complete the following table:										Yes		No
c       Beginning balance       Image: Construction of the grant of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Construction of the organization answered "Yes" on Form 990, Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII.       Image: Construction of the organization answered "Yes" on Form 990, Part XII.       Image: Construction of the organization answered "Yes" on Form 990, Part XII.         1a       Beginning of year balance       Image: Construction of the organization answered "Yes" on Form 990, Part XII.       Image: Construction of the organization answered "Yes" on Form 990, Part XII.         1a       Beginning of year balance       Image: Construction of the organization answered "Yes" on Form 990, Part XII.       Image: Construction of the organization answered "Yes" on Form 990, Part XII.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Construction of the organization answered "Yes" on Form 990, Part X, line 10.         2       Provide the estimated percentage of the organization's endowment funds.       Image: Construction of the organization's endowmen	b									_		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       as a ford seignated or quasi-endowment >										Amount		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Administrative expenses       (a) Current year end balance (line 1g, column (a)) held as:       as a ford seignated or quasi-endowment >	c	Beginning balance						10				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (c) Two years back       (d) Three years back       (e) Four years back       feuintyears       feui		° °										
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custolial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10.         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a)       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a)       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a)       (c) Three years back       (e) Four years back       (e) Four years back         1a       Contributions       (a)       (c) Three years back       (e) Four years back       (e) Four years back         1a       Contributions       (a)       (b) Prior year       (c) Three years back       (e) Four years back         2       Choremonitions       (a) <td< th=""><th>f</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	f											
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance (line 1g, column (a)) held as:       (a) Comment b       (b) Premanent endowment b       (c) Yes Not         c Term endowment b	2a									Ves		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (a) Current year       (d) Expenditures for facilities       (a) Courrent year       (b) Prior year       (c) Two years back       (f) Two years back       (f) Two years back       (f) Two years back       (f) Two years back		-					-	•			$\square$	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance									<u></u>			
1a       Beginning of year balance									/ears back	(e) Four y	ears t	back
b       Contributions	1a	Beginning of year balance				., ,						
c       Net investment earnings, gains, and losses	h											
d Grants or scholarships	č											
e       Other expenditures for facilities and programs	о Ь											
and programs	ů											
f       Administrative expenses	e											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         mth percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (investment)       basis (other)         basis (other)       (b) Cost or other basis (other)         (c) Accumulated depreciation       (d) Book value depreciation         basis (investment)       basis (other)         basis (other)       1122,015.         as 3a, 688.       78,327.												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations	-		nt year and balana									
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		•		mn (a)) r	heid as:						
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) agi(i)</li></ul>	a			%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) Sign (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)</li></ul>												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       5       5       5         c Leasehold improvements       5       5       5         d Equipment       5       112,015.       33,688.       78,327.	с											
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 0 Description of Part All Land 112,015. 33,688. 78,327.	•											
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	3a		sion of the organiza	ation that are r	ield and	administered	d for the	organiza	ation		(00)	No
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       5       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       5         c       Leasehold improvements       5         d       Equipment       5         e       Other       112,015.       33,688.		-										INU
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land					le R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land				wment funds.								
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	T ai			) Part IV lina	110 500	Eorm 000 E	Dart V lin	0.10				
basis (investment)     basis (other)     depreciation       1a Land												
b Buildings		Description of property		•					ed	( <b>d)</b> Book	value	,
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment         112,015.         33,688.         78,327.												
e Other												
					112	,015.		33,6	88.	78	, 32	27.
				X. column (B).								

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.	on Form 000, Port IV, line	11b Cap Form 000 Dart V line 10	
(a) Deserin	Complete if the organization answered "Yes"			of yoor more to the
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u> (G)				
(H)				
	b) must equal Form 000 Part Y col (R) line 12)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)			
	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-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
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)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>mn (b) must equal Form 990, Part X, col. (B) line</u>	25.)	🕨	

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

### HEALING PAWS FOR WARRIORS INC Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Sche	dule D (Form 990) 2021 HEALING PAWS FOR WARRIORS	INC	**-***3187 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	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		
с	Recoveries of prior year grants		
d			
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 Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<u> </u>
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
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 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 <b>4a</b> and <b>4b</b>		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 Informati	on Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB N	o. 1545-0047
(Form 990)						eart IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2	021
Department of the Treasury Internal Revenue Service			tach to Form 990						Open Inspe	to Public
Name of the organization		to www.irs.gov/	Form990 for instr	uction	s and	the latest information	on.	Employer	•	ation number
Nume of the organization		PAWS FOR	WARRIORS	IN	2			**_**		
Part I Fundrais						n Form 990, Part IV, I	ine 1			
	complete this part		-							
1 Indicate whether the		ed funds through		•		,				
<b>b</b> Internet and <b>c</b> Phone solici			f Solicita g Special							
d In-person so			g openal	lanar	long					
2 a Did the organization	on have a written o	r oral agreement v	with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
			•			undraising services?			<b>f</b> es	No No
<b>b</b> If "Yes," list the 10	•		fundraisers) pursu	ant to	agreer	ments under which th	ne fui	ndraiser is to	be	
compensated at le	ast \$5,000 by the	organization.		_						
(i) Name and addres	s of individual			(iii) fund	Did raiser	(iv) Gross receipts		Amount pai or retained b	(VI)	Amount paid
or entity (fund		(ii) A	ctivity	have c or cor	ustody ntrol of	from activity		fundraiser		r retained by)
					utions?		lis	ted in col. (i	)	
				Yes	No					
Total										
3 List all states in whi or licensing.	ch the organizatio	n is registered or l	icensed to solicit o	contrib	utions	or has been notified	it is	exempt from	n registrat	ion

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

Schedule G (Form 990) 2021

HEALING PAWS FOR WARRIORS INC

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Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000	
	of fundraising event contri	butions and gross income on Form 990.F7, lines 1 and 6b. List events with gross receipts greater than \$5.00	ſ

		of fundraising event contributions and gro	oss income on Form 990.	EZ, IINES I AND OD. LIST	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HEALING PAW		NONE	(add col. (a) through
			FUNDRAISING		(tetel you were an)	col. <b>(c)</b> )
er			(event type)	(event type)	(total number)	
Revenue	4	Crease reasilita	219,325.			219,325.
Re	1	Gross receipts	215,525.			217, 525.
	2	Less: Contributions	123,943.			123,943.
	-					
	3	Gross income (line 1 minus line 2)	95,382.			95,382.
	4	Cash prizes				
	5	Noncash prizes				
ses	~					
kpei	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	'	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)		<b>&gt;</b>	
		Net income summary. Subtract line 10 from li				95,382.
Pa	rt I	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1	<b>I</b>	
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue						col. <b>(a)</b> through col. <b>(c)</b> )
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	2	Cash prizes				
oen	3	Noncash prizes				
: Exl	-					
Direct Expenses	4	Rent/facility costs				
Ō						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No	

	7 Direct expense summary. Add lines 2 through 5 in column (d)		
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization conducts gaming activities:		
	a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No No
~			

132082 10-21-21

Yes

No

Sch	edule G (Form 990) 2021	HEALING	PAWS	FOR	WARRIOR	S INC	**_*	**3187	Page 3
11	Does the organization conduct ga	aming activities wi	ith nonme	mbers?				Yes	No
	Is the organization a grantor, bene								
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gaming								
	The organization's facility							13a	%
	An outside facility							13b	%
	Enter the name and address of th								
	Name 🕨		- 						
	Address 🕨								
15a	Does the organization have a con	tract with a third ı	party from	n whom	the organization	i receives gamir	ig revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam	ing revenue recei <sup>,</sup>	ved by the	e organi:	zation 🕨 💲 \_		and the amount		
	of gaming revenue retained by the	e third party 🕨 \$							
c	If "Yes," enter name and address	of the third party:	:						
	Name								
	Address 🕨								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation	► \$							
	Description of services provided	▶							
	Director/officer	Employee			Independent co	ntractor			
17	Mandatory distributions:								
a	Is the organization required under	state law to mak	e charitat	ole distril	butions from the	e gaming procee	eds to		
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions								
	organization's own exempt activit								
Ра	rt IV Supplemental Infor	mation. Provid	e the exp	lanation	s required by Pa	art I, line 2b, col	umns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide a	ny addit	ional informatio	n. See instructio	ons.		

Schedule G	(Forn	n 990)
	-	

Part IV	Supplemental Information	(continued)

SCHEDULE O (Form 990)

(10111000)

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, PAGE 1, PART II SIGNATURE BLOCK

THE RETURN IS BEING AMENDED TO CHANGE THE TITLE OF OFFICER SIGNING THE

# RETURN

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 C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

EITHER THROUGH THEIR WEBSITE OR UPON REQUEST.

FORM 990, PAGE 7, SECTION A

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization HEALING PAWS FOR WARRIORS INC	Employer identification number **-**3187
THE RETURN IS BEING AMENDED TO UPDATE BOARD OF DIRECTORS	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.

# 2021 DEPRECIATION AND AMORTIZATION REPORT

## FOI

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	ну	21	6,500.				6,500.	3,380.		1,248.	4,628.
2	FORD TRANSIT CARGO VAN	09/30/20	SL	5.00		21	35,255.				35,255.	1,763.		7,051.	8,814.
3	BUS	06/29/20	SL	5.00		21	66,098.				66,098.	6,610.		13,220.	19,830.
4	TRAILER	02/23/21	SL	5.00	НУ	19B	4,162.				4,162.			416.	416.
	* TOTAL 990 PAGE 10 DEPR						112,015.				112,015.	11,753.		21,935.	33,688.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						107,853.			0.	107,853.	11,753.			33,272.
	ACQUISITIONS						4,162.			0.	4,162.	0.			416.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						112,015.			0.	112,015.	11,753.			33,688.
	ENDING ACCUM DEPR											33,688.			
	ENDING BOOK VALUE											78,327.			

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

F	Form	4562	
		ment of the Treasury Revenue Service	(99
	1	<b>.</b> .	

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172 2

Attachment Sequence No. **179** 

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

			Dusine	ss of activity to with		5	Identifying humber
HEALING PAWS FOR WARRI				м 990 ра			**-***3187
Part I Election To Expense Certain Proper	ty Under Section 17	9 Note: If you hav	ve any lis	ted property, c	omplete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)						1	1,050,000.
2 Total cost of section 179 property place							
<b>3</b> Threshold cost of section 179 property							2,620,000.
4 Reduction in limitation. Subtract line 3 t	from line 2. If zero	or less, enter -0-				4	
5 Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0	0 If married filing separ	ately, see ir	nstructions		5	
6 (a) Description of pro	operty	(b)	Cost (busin	ess use only)	(c) Elected	cost	
7 Listed property. Enter the amount from	line 29			7			
8 Total elected cost of section 179 prope							
9 Tentative deduction. Enter the smaller							
10 Carryover of disallowed deduction from							
<b>11</b> Business income limitation. Enter the si							
12 Section 179 expense deduction. Add lin	nes 9 and 10, but	don't enter more	than line			12	
13 Carryover of disallowed deduction to 20				🕨 13			
Note: Don't use Part II or Part III below for	11,	,					
Part II Special Depreciation Allowa							
14 Special depreciation allowance for qual	ified property (oth	er than listed prop	perty) pla	ced in service	during		
the tax year							
15 Property subject to section 168(f)(1) ele	ction						
						16	
Part III MACRS Depreciation (Don't	include listed proj						
		Section					
17 MACRS deductions for assets placed in		<b>U</b>				17	
18 If you are electing to group any assets placed in servi							
Section B - Assets	(b) Month and	(c) Basis for depre			eral Deprecia	tion Syster	n
(a) Classification of property	year placed in service	(business/investme only - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property							
<b>b</b> 5-year property		4,	162.	5 YRS.	HY	SL	416.
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
h Desidential contail and a state	/			27.5 yrs.	MM	S/L	
h Residential rental property	/			27.5 yrs.	MM	S/L	
• New side the set are set of	/			39 yrs.	MM	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets P	laced in Service	During 2021 Tax	Year Us	ing the Altern	ative Deprec	iation Syst	em
20a Class life						S/L	
<b>b</b> 12-year				12 yrs.		S/L	
<b>c</b> 30-year	/			30 yrs.	MM	S/L	
d 40-year	/			40 yrs.	MM	S/L	
Part IV Summary (See instructions.)							
21 Listed property. Enter amount from line	28					21	21,519.
22 Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20 in co	olumn (g)	, and line 21.			
Enter here and on the appropriate lines						22	21,935.
23 For assets shown above and placed in	service during the	current year, ente	er the			Τ	
portion of the basis attributable to secti	ion 263A costs			23			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instructions.

Fo	rm 4562 (2021)	HEA	LING PA	WS F	OR W	ARRI	ORS	INC				**_	***3	187	Page 2
_	art V Listed Proper				ner vehic	les, cer	tain aircr	aft, an	d property	/ used f	or				<u> </u>
	entertainment, <b>Note:</b> For any	,		,	standard	d milead	ae rate o	r dedu	cting leas	e exper	se. com	olete <b>or</b>	<b>lv</b> 24a.		
	24b, columns (	a) through (c	) of Śection A	, all of Se	ection B,	and Se	ection C	if appli	icable.	•	· ·		• ·		
		Depreciatio						_							
<u>24</u> ;	a Do you have evidence to s			ent use cla	aimed?	X Y		_ No	24b If "Y	′es," is t T					<u>No</u>
	<b>(a)</b> Type of property	(b) Date	(c) Business		<b>(d)</b> Cost or		(e) sis for depre		(f) Recovery	М	(g) ethod/		( <b>h)</b> eciation	Ele	(i) cted
	(list vehicles first)	placed in service	investmen use percenta		ther basis	10)	isiness/inve use only		period	Cor	vention	ded	uction		on 179 ost
25	Special depreciation allo	owance for g	ualified listed	property	placed i	n servic	ce durina	the ta	x vear and	1 1					
	used more than 50% in						0				. 25				
26	Property used more that														
		: :		%											
		: :		%											
S	TATEMENT 1	: :		%								21,	519.		
27	Property used 50% or le	ess in a qualif	ied business	use:											
		: :		%						S/L -					
		: :		%						S/L ·					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	Enter here	e and on	line 21,	, page 1				. 28	21,	<u>519.</u>		
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	l on line 7	7, page 1							<u></u>	29		
				Section I	B - Infor	mation	on Use	of Veh	nicles						
Co	mplete this section for ve	hicles used b	by a sole prop	orietor, pa	artner, or	other "	more that	an 5%	owner," o	r related	l person.	If you p	rovided \	/ehicles	
toy	your employees, first ans	wer the ques	tions in Secti	on C to s	ee if you	meet a	an excep	tion to	completir	ng this s	ection fo	r those v	vehicles.		
										-					
				(	a)	(	(b)		(c) (d)		(	(e)		f)	
30	Total business/investment		•	Vel	nicle	Ve	hicle	<u>۱</u>	/ehicle	Ve	ehicle	Ve	hicle	Ver	icle
	year ( <b>don't</b> include commu														
	Total commuting miles of														
32	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 perso	nal												
	use?	<u> </u>						L							
A			- Questions	•	-				-						
	swer these questions to o ore than 5% owners or rela			exception	to comp	bieting a	Section E	s for ve	enicies use	ea by er	npioyees	who a	rent		
	Do you maintain a writte	•		obibite a	ll porcon		of vobiolo	e incl		mutino	by your			Yes	No
37														165	NU
38	employees? Do you maintain a writte														
00	employees? See the ins							•							
39	Do you treat all use of v														
	Do you provide more that	2													
10	the use of the vehicles,														
41	Do you meet the require														
••	Note: If your answer to														
P	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	fcosts	Dat	e amortization begins		Amortiza amoun			Code section		Amortiza period or per			nortization or this year	
42	Amortization of costs th	at begins du	ring your 202		ır:							· 1			
		~		;;;											
43	Amortization of costs th	at began bef	ore your 202	1 tax yea	r							43			
	Total. Add amounts in c											44			

FORM 4562, E	ART V	LISTE	D PROPERTY	INFORMA	TION-MC	ORE THAN !	50% STAT	EMENT 1
(A) DESCRIPTION	(B) DATE	(C) BUS.		(E) BASIS	(F) LIFE		(H) DEDUCTION	(I) 179 ELECTED
(J) (K) AUTO TOTAI NO MILES	BUSIN	) ESS C ES	(M) OMMUTING E MILES		(O) WAS VE AVAIL. Y P	EH. > 5% ? OWNER:		
USED TRANSIT CONNECT VAN	03/04/19	100.0	0 6,500.	6,500	. 5.00	200DB-HY	1,248.	
FORD TRANSIT CARGO VAN	09/30/20	100.0	0 35,255.	35,255	. 5.00	SL -HY	7,051.	
BUS	06/29/20	100.0	0 66,098.	66,098	. 5.00	SL -HY	13,220.	
TOTAL TO FOR	ам 4562,	PART V	, LINE 26				21,519.	

HEALING PAWS FOR WARRIORS INC

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

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Туре о	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer identification number (TIN)					
print	HEALING PAWS FOR WARRIORS I	INC			**-***318	7			
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.						
instruction			ress, see instructions.						
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			01			
Applica	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A						
Form 4	720 (individual)	03	Form 4720 (other than individual)						
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870						
Form 9	90-T (corporation)	07							
<ul> <li>If the</li> <li>If the</li> <li>box </li> <li>1</li> <li>the</li> <li>the&lt;</li></ul>	phone No. ► <u>8507168198</u> e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the orga ► calendar year <u>2021</u> or ► tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of IBER 15, 2022 , to file return for:	f this is fo all membe	r the whole group, c ers the extension is npt organization retu	for.			
<u>a</u> b If	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	3a	\$	0.					
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$									
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by       using EFTPS (Electronic Federal Tax Payment System). See instructions.         3c       \$								
	: If you are going to make an electronic funds withdrawal				L ♥ d Form 8879-TE for ∣	0 <b>.</b> payment			

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

Form 8868 (Rev. 1-2022)