

JULY 24, 2023

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 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 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





www.warrenaverett.com

## 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, 2022** 

### 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, 2023

### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2022, or fiscal year beginning \_\_\_\_\_\_, 2022, and ending

, 2022, and ending \_\_\_\_\_ , 20 \_

2022

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN \*\*-\*\*\*3187 HEALING PAWS FOR WARRIORS INC Name and title of officer or person subject to tax MICHAEL ARENA EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b \_\_\_\_166,018. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize WARREN AVERETT, LLC 63187 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 50702884437 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/24/23 ERO's signature Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑI	For the	e 2022 calendar year, or tax year beginning and en	nding				
	Check if applicabl	C Name of organization		D Employer identifie	cation number		
	Addre chang	e   HEALING PAWS FOR WARRIORS INC					
	Name chang	Doing business as		**-***31	87		
	Initial return Final return	PO BOX 4373	oom/suite	E Telephone number 850-716-8198			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	166,018.		
	Ameno return	FORT WALTON BEACH, FL 32349		H(a) Is this a group re			
	Application pendir	F name and address of principal officer: MICHAEL ARENA	,	for subordinates	·····= =		
_		PO BOX 43/3, FORT WALTON BEACH, FL 32545		<b>H(b)</b> Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or [ te: WWW.HEALINGPAWSFORWARRIORS.ORG	527	•	list. See instructions		
	Websit	forganization: X Corporation Trust Association Other	l Voor o	H(c) Group exemption	n number <b>1</b> State of legal domicile: <b>FL</b>		
	art I	Summary	L Year C		N State of legal domicile. P 1		
	1	Briefly describe the organization's mission or most significant activities: <u>HEALIN</u>					
Governance		LOCAL VETERAN FOUND / VETERAN LED 501(C)(3)					
erne	2	Check this box if the organization discontinued its operations or disposed		1 1			
Š	3			3	8		
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			8		
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35		
Ę		Total number of volunteers (estimate if necessary)			0.		
Ą		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
_	B	Net unrelated business taxable income from Form 990-1, Fart i, line 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		149,613.	164,881.		
ĭe	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		524.	944.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,382.	193.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245,519.	166,018.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	12,099.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
<u>e</u>	. в	Total fundraising expenses (Part IX, column (D), line 25) 67,385					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		156,805.	179,380.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		156,805.	191,479.		
	19	Revenue less expenses. Subtract line 18 from line 12		88,714.	-25,461.		
Net Assets or			Beg	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		369,894.	344,433.		
A	21	Total liabilities (Part X, line 26)		0.	0.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		369,894.	344,433.		
		-	nd atatama	nto and to the best of my	I knowledge and halief it is		
		llties of perjury, I declare that I have examined this return, including accompanying schedules an tt, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and belief, it is		
	,	, , ,					
Sig	n	Signature of officer		Date			
Her		MICHAEL ARENA, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN		
Paid	i	LORI K. KELLEY, CPA		if self-employ			
Pre	parer	Firm's name WARREN AVERETT, LLC		Firm's EIN *	*-***4437		
Use	Only	Firm's address 36474C EMERALD COAST PKWY., SUITE	3301				
		DESTIN, FL 32541		Phone no.85	0-837-0398		
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

111,000.

Total program service expenses

Form 990 (2022) HEALING PAWS FOR WARRIORS INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
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			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٠,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	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			
	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? If "Yes," complete Schedule G, Part 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,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) HEALING PAWS FOR WARRIORS INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			١
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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			۱
	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			3,7
	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			x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) HEALING PAWS FOR WARRIORS INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		<u> X</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).	_		v
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
	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			х
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Λ
		7e		Х
e f	Did the constitution during the constitution of the distribution o	7 <del>6</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 25
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>-</b> '''		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
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:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		y
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	''		

Form 990 (2022) HEALING PAWS FOR WARRIORS INC

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b below to lines 2 through 7b below 1b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	,		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	] 9		
000	tion B. I diloted (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	N <sub>a</sub>
10-	Did the exemination have lead charters branches as offiliated?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
12a	7 " " " " " " " " " " " " " " " " " " "	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a	<del>                                     </del>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHEILA HALE - 8507168198			
	PO BOX 4373, FORT WALTON BEACH, FL 32549			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do not c		Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		l ai		lecto	I I us	(66)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	la la	Key employee	Highest compensated employee	Je.	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) DENNIS KREBS	0.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) KELLEY FULLER	0.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) TAMI MANARD	0.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JOHN ZIMMERMANN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LENORA COOK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(6) TERRY COWAN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MARIAN OLSON	0.00	1								
BOARD MEMBER		Х						0.	0.	0.
(8) CATHY CLARK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MIKE ARENA	0.00									
EXECUTIVE DIRECTOR		Х						0.	0.	0.
(10) SHEILA HALE	0.00	1							_	_
DEPUTY DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								
		<u> </u>				-				
		4								
		<u> </u>	_							
		4								
		-				-				
		1								
			l	l		1		1		

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Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do not		Posi			200	Reportable	Reportable	,	Es	stimate	ed
	hours per					tnan d s both		compensation	compensation		ar	nount	of
	week	offic	cer an	d a di	a director/trustee)			from	from related	l t		other	
	(list any	ctor						the	organization	ıs	com	pensa	tion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS	SC/	fr	om th	е
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	Itrus	nal tr		oyee	d mo		1099-NEC)			an	d relat	ed
	below	vidua	Institutional trustee	Ser	Key employee	lest o	ner				orga	anizati	ons
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former						
										-+			
						_				-			
dh Cubtatal						l		0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)													0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for so	ıch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				,			•			5		Х
Section B. Independent Contractors	olete Scriedule	<i>J</i> 10	or su	ICII Ļ	bers	OH .							
	managet ad in d	lono			· ~ + ~ ·		,a +h	act received mare than C	100 000 of com		tion fr		
1 Complete this table for your five highest cor										Jensai	LIOII II	וווכ	
the organization. Report compensation for t	ne calendar ye	ear e	nair	ig w	ith c	or wi	tnin T		ear.				
(A)	addraaa	370						(B)	am ilaaa		))		_
Name and business	address	NC	ONE	5			$\dashv$	Description of s	ervices		ompe	nsatio	11
										i			
										i			
										i			
										ì			
							$\dashv$						
										i			
O Total number of independent control	aludia a I	A 15	ni+	1 + - '	lle -	!! -	<u> </u>	obovo) who was the d	avo the				
2 Total number of independent contractors (in		ot IIN	ıııtec	ı tO 1	_		ιea	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				(	,							

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			Check if Schedule O	conta	ains a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
ran uni		b	Membership dues			1b					
Ω. E			Fundraising events			1c	85,245.				
ifts ar A						1d					
s, Biis			Government grants (contri			1e					
Š			All other contributions, gifts,								
bet			similar amounts not included			1f	79,636.				
Ē		g	Noncash contributions included in			1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					164,881.			
							Business Code				
a l	2	а									
Ş		b									
Program Service Revenue		С									
am eve		d									
ge		е									
P.		f	All other program service	rever	nue						
	3		Investment income (include								
		other similar amounts)						944.			944.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>							
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
len/		С	Gain or (loss)	7с							
her Revenue		d	Net gain or (loss)			<u></u>					
ĕ	8	а	Gross income from fundraising	ng eve	ents (no	ot					
₹			including \$85	, 2	<u>45.</u>	of					
			contributions reported on	line 1	1c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses			8b	0.				
		С	Net income or (loss) from	fundr	raising	events		193.			193.
	9	а	Gross income from gamin								
			Part IV, line 19			9a	ı				
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng acti	ivities					
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10	a				
		b	Less: cost of goods sold			101	o				
		С	Net income or (loss) from	sales	of inv	entory .					
g							Business Code				
Miscellaneous Revenue	11	а								ļ	
ane		b								ļ	
cell ev		С								ļ	
Mis			All other revenue								
			Total. Add lines 11a-11d		<u></u>			166 010			1 105
	12		Total revenue See instruction	ne				166.018.	0.	1 0.	1 137.

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### Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponioso	general expenses	<u> </u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,200.	4,316.	1,120.	5,764.
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	899.	346.	90.	463.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,929.	1,514.	393.	2,022.
d					
е	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.)				
12	Advertising and promotion	9,506.	3,663.	951.	4,892.
13	Office expenses	18,803.	7,245.	1,880.	9,678.
14	Information technology	2,496.	962.	250.	1,284.
15	Royalties				
16	Occupancy				
17	Travel	2,263.	872.	226.	1,165.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	01 050	01 050		
22	Depreciation, depletion, and amortization	21,852.	21,852.	425	0 000
23	Insurance	4,351.	1,677.	435.	2,239.
24	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.)	CO FC1	26 421	6 056	25 204
a	CONTRACT SERVICE	68,561.	26,421.	6,856.	35,284.
b	DOG BOARDING	21,612.	21,612.		
С	DOG VET AND MEDICAL FEE	11,253.	11,253.	746	2 020
d	AUTO EXPENSES	7,460.	2,875.	746.	3,839.
	All other expenses	7,294.	6,392.	147.	755.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	191,479.	111,000.	13,094.	67,385.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	291,567.	1	287,957.		
	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					
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	onsrsons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	120,015.			
	b	Less: accumulated depreciation	10b	63,539.	78,327.	10c	56,476.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	369,894.	16	344,433.		
	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. Comple	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial o	contributor, or 35%			
iabi		controlled entity or family member of any of t	hese pers	ons		22	
_	23	Secured mortgages and notes payable to uni		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	ated third	oarties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
w		Organizations that follow FASB ASC 958, or	check her	e X			
čě		and complete lines 27, 28, 32, and 33.			260 004		244 422
alar	27	Net assets without donor restrictions			369,894.	27	344,433.
Ä	28	Net assets with donor restrictions			28		
Ĕ		Organizations that do not follow FASB ASC	C 958, che	eck here			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			260 004	31	2/// //22
Ž	32	Total net assets or fund balances		369,894.	32	344,433.	
	33	Total liabilities and net assets/fund balances			369,894.	33	344,433.

Form **990** (2022)

Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,018.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,479.
3	Revenue less expenses. Subtract line 2 from line 1	3		,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	369	,894.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	344	1,433.
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🔲
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Open to Public Inspection

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

HEALING PAWS FOR WARRIORS INC

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).			
4	一	A medical research organiz					•	the hospital's name.		
•		city, and state:		,				,		
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
٠	ш	section 170(b)(1)(A)(iv). (C		nogo or armorency owner	or operati	ou by a go	Volumental and accomb	5 <b>4</b> III		
6		A federal, state, or local gov		aontal unit described in	coction 17	70/6\/4\/ <b>A</b> \/	(v)			
7	H	An organization that norma						aublia dagaribad in		
'	ш		-	intial part of its support if	om a gove	on in icinai	unit or norm the general i	Jublic described in		
		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Der	+ II \					
8	H					ad in coniu	unation with a land arout	aallaga		
9	Ш	An agricultural research org	•			-	-	-		
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
40	v	university:	II	H 00 4 /00/ - f :h				d annual and a financial and a financial		
10	X	An organization that norma								
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	mer June 30, 1975.		
		See section 509(a)(2). (Con	•							
11	$\mathbb{H}$	An organization organized a	•	*	•					
12		An organization organized a	•	•	•		•			
		more publicly supported or	~					check the box on		
		lines 12a through 12d that	* *							
а			· · · · · · · · · · · · · · · · · · ·	•	•	-				
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting		
	_	organization. <b>You must c</b>								
b	) <u> </u>									
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus								
С	: L		-				• •	ed with,		
		its supported organization								
C								* *		
		that is not functionally int	-		-		•	/eness		
	_	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е	· L	Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		er the number of supported of								
		vide the following information  (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	Таррон (сос жолололо)	Годран (сос топасного)		
					-					
_	_									

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		*	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		~			or more, check thi	
b	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (	
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE OIGHILL	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		ala not oncon a	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	00000.0000010	

# Schedule A (Form 990) 2022 HEALING PAWS FOR WARRIORS INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	,	, ,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	76,962.	148,433.	252,727.	244,995.	165,074.	888,191.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			-			·
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	76,962.	148,433.	252,727.	244,995.	165,074.	888,191.
	Amounts included on lines 1, 2, and	•	,	•	,	•	<u>,                                      </u>
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						888,191.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	76,962.	148,433.	252,727.	244,995. 542.	165,074. 944.	1,486.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				542.	944.	1,486.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	76,962.	148,433.	252,727.	245,537.	166,018.	889,677.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_							
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	, ,,,	•	olumn (f))		15	99.83 %
<u>16</u>	Public support percentage from 2021					16	99.93 %
	ction D. Computation of Inves						17 ~
	Investment income percentage for 20		• • • • • • • • • • • • • • • • • • • •			17	.17 % .07 %
	Investment income percentage from 2					18   3 1/20/ and line 17	
198	a 33 1/3% support tests - 2022. If the						r is not
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. 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						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	<u></u>

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
<b></b>		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	dule A (Form 990) 2022 HEALING PAWS FOR WARRIORS INC	<u>"Это</u>	/ Pa	age <b>5</b>
Par	t 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		
	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			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	non 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion of Type it Supporting Organizations		,, I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
566	Hon B. All Type in Supporting Organizations		<b>V</b>	
	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		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	4		
•	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.	'		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	O LO 7 Tage O
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

instructions).

Sche <b>Par</b>		(a)(3) Supporting Orga	mi-aliana .		
	on D - Distributions	(u)(o) oupporting orga	nizations (continued	<u>a)</u> 	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		1	Ourrent real
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp	-			
2	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	es or supported organizations	•	4	
<del></del> -	Qualified set-aside amounts (prior IRS approval required - pri	avida datalla in Dort VII		5	
_ <del></del> 6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	o organization is responsive			
0		ie organization is responsive			
	(provide details in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6			9	
9_10	•		+.	10	
10	Line 8 amount divided by line 9 amount	(i)		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			$\neg$	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

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

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

HEALING PAWS FOR WARRIORS INC

OMB No. 1545-0047

**2022** 

Name of the organization

**Employer identification number** 

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

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### HEALING PAWS FOR WARRIORS INC

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	EMERALD COAST VETERANS ASSOCIATION  5426 OAKMONT DR  PACE, FL 32571	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMERICAN LEGION #382 BINGO  1850 LUNETA STREET  NAVARRE, FL 32566	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CAROL BAKER VIA THE ANNE CAROL WOODWARDS BAKER TRUST  20 EAST THOMAS RD, STE 2000 PHOENIX, AZ 85012	\$ 10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4  VFW POST  1783 ABERCROMBIE RD  GULF BREEZE, FL 32563	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CORMA AUTOMOTIVE LLC  696 BEAL PKWY NW, FWB,FL 32547  FORT WALTON BEACH, FL 32548	\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FIRST NATION GROUP  4566 HIGHWAY 20 EAST, STE 208  NICEVILLE, FL 32578	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### HEALING PAWS FOR WARRIORS INC

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

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

Page 4 Name of organization **Employer identification number** \*\*-\*\*\*3187 HEALING PAWS FOR WARRIORS INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HEALING PAWS FOR WARRIORS INC

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

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	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				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	rt III   Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	easures, o	r Other	Simila	ar Asset	s (contii	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	1 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	е	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explair	n how the	y further th	ne organizatio	on's exem	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be mair	ntained as part of t	he organi	zation's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermed	liary for c	ontribution	s or other as:	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b										
									Amoun	t
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a							ty?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C									
Par	rt V Endowment Funds. Complete if t	the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	( <b>b)</b> Pr	ior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	011 111 1 1 1 1111									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g	column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	1								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held ar	nd administer	red for the	е			
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the o		wment fu	nds.						
Par	rt VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	"Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ad	ccumula	ted	(d) Boo	k value
		basis (investr	ment)	basis	(other)	dep	oreciatio	n		
1a	Land									
b	Buildings	1								
С	Leasehold improvements									
d	Equipment									
е	Other			12	0,015.		63,5	39.	5	6,476.
Total	I. Add lines 1a through 1e. (Column (d) must each	ual Form 990. Part	X colum	n (B) line 1	0c.)				5	6,476.

Schedule D (Form 990) 2022 HEALING PAW; Part VII Investments - Other Securities.	S FOR WARRIOR	S INC **	-***3187 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D-+ IV line	11d Coo Forms 000 Port V line 15	
Complete if the organization answered "Yes"		Trd. See Form 990, Part X, line 15.	(h) Deele velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	<u>: 15.)                                    </u>		l
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form 900 Part V line 25	
(-) December of Belefith	on Fait IV, IIIIe	THE OF THE GET FORM 990, Part A, IIII 23	(b) Book value
<del></del>			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			+
(4)			
(5)			1

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

Schedule D (Form 990) 2022

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*3187 HEALING PAWS FOR WARRIORS INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

1 6	וונו	of fundraising event contributions and gro	•	· ·		•
			(a) Event #1 PENGUIN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			PLUNGE	DISC GOLF		col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
Revenue	1	Gross receipts	21,450.	5,314.	58,674.	85,438.
_	2	Less: Contributions	21,450.	5,314.	58,481.	85,245.
	3	Gross income (line 1 minus line 2)			193.	193.
	4	Cash prizes				
s	5	Noncash prizes				
shense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
_		Net income summary. Subtract line 10 from li				193.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(1.) Dull take (in atom)		( N Tatal manais of a dal
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
	_					

Sch	nedule G (Form 990) 2022 HEALING PAWS FOR WARRIORS INC **-	***3	187	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1		
	a The organization's facility	13a	-	<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
r	retain the state gaming license?  Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	103	110
~	organization's own exempt activities during the tax year \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, Iir	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	HEALING I	PAWS	FOR	WARRIORS	INC	**-***3187	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)					. age :
	•••	(continue	<i>,</i>					

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HEALING PAWS FOR WARRIORS INC

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

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

TRAINED SERVICE DOGS TO VETERANS FACED WITH POST TRAUMATIC STRESS

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

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

REDUCING THE STATISTIC OF VETERAN SUICIDE. A RESILIENT PROGRAM THAT

REPRESENTS VETERANS HELPING VETERANS FROM PERSONAL EXPERIENCE AND

TRAINED SERVICE DOGS.

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

VETERAN WITH CONTINUED SUPPORT; REDUCING THE STATISTIC OF VETERAN

SUICIDE. A RESILIENT PROGRAM THAT REPRESENTS VETERANS HELPING VETERANS

FROM PERSONAL EXPERIENCE AND TRAINED SERVICE DOGS.

FORM 990, PART VI, SECTION A, LINE 4:

MORE THAN TWO (2) CONSECUTIVE TERMS ON THE BOARD OF DIRECTORS. HOWEVER,

DIRECTORS SHALL BE ELIGIBLE FOR RE-ELECTION TO THE BOARD ONE (1) YEAR

FOLLOWING THE TERMINATION OF THEIR PREVIOUS TERM ON THE BOARD' AND ADDED

'BOARD MEMBERS WILL SERVE TWO (2) YEAR TERMS NOT TO EXCEED 2 CONSECUTIVE

TERMS. NO BOARD MEMBER SHALL BE ELIGIBLE FOR RENOMINATION AFTER SERVING

TWO CONSECUTIVE TERMS UNTIL AFTER A ONE YEAR BREAK IN SERVICE'.

SECTION 6, SELECTION AND ELECTION OF DIRECTORS - REMOVED EACH DIRECTOR

SHALL HOLD OFFICE UNTIL THE EXPIRATION OF THE TERM FOR WHICH ELECTED, OR

UNTIL A SUCCESSOR HAS BEEN ELECTED AND SHALL HAVE QUALIFIED, OR UNTIL

RESIGNATION OR REMOVAL' AND ADDED 'THE CHAIRMAN OF THE BOARD WILL SERVE A

Schedule O (Form 990) 2022 Page **2** 

Name of the organization HEALING PAWS FOR WARRIORS INC	Employer identification number  **-***3187
FOURTH (4TH) YEAR AS IMMEDIATE PAST CHAIR. THIS POSITION	WILL NOT BE
COUNTED IN THE BOARD POSITION NUMBER AND IT WILL BE A VOTI	NG POSITION'.
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS BEFOR	E FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION MONITORS AND ENFORCES ITS WRITTEN CONFLIC	T OF INTEREST
POLICY DISCLOSURES ANNUALLY THROUGH SELF-DISCLOSURE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE T	O THE PUBLIC
EITHER THROUGH THEIR WEBSITE OR UPON REQUEST.	

FORM 990 PAGE 10 990

5,377 15,865 33,049 1,248 8,000.
. 33,049. . 1,248. . 8,000.
. 1,248. . 8,000.
8,000.
63,539.

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

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

HE	EALING PAWS FOR WARRI	ORS INC		FOF	RM 9	90 1	PAGE 10		**-***3187
P	art   Election To Expense Certain Propert	y Under Section 17	<b>'9 Note:</b> If yo	ou have any li	sted pr	operty	, complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)							1	1,080,000.
2	Total cost of section 179 property place	d in service (see i	instructions)					2	
3	Threshold cost of section 179 property k	pefore reduction i	in limitation					3	2,700,000.
4	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	er -0-				4	
5	Dollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter -	0 If married filin	g separately, see i	instructio	ns		5	
6	(a) Description of prop	perty		(b) Cost (busin	ness use	only)	(c) Elected	cost	
	Listed property. Enter the amount from I					7			
	Total elected cost of section 179 proper								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sm								
	Section 179 expense deduction. Add lin							12	
	Carryover of disallowed deduction to 20		•			13			
_	te: Don't use Part II or Part III below for li				l				
	Openial Bopt column 7 in citati		•						Γ
14	Special depreciation allowance for quality						_		
4-	the tax year								
	Property subject to section 168(f)(1) elec	tion						15	
	Other depreciation (including ACRS) art III MACRS Depreciation (Don't i	nclude listed pro	nerty See in	etructions \				16	
	MACING Depreciation (Don't	riciade listed pro		ection A					
17	MACRS deductions for assets placed in	sonvice in tax ve			<u> </u>			17	832.
	If you are electing to group any assets placed in service	•	•					ij <b>  ''</b>	032.
<u></u>	Section B - Assets I						neral Deprecia	ion Svste	em
		(b) Month and	(c) Basis fo	r depreciation	T	Recovery	. 1		
	(a) Classification of property	year placed in service		nvestment use instructions)	\ \ \	period	(e) Convention	(f) Method	(g) Depreciation deduction
198	a 3-year property								
k	5-year property								
	7-year property								
	10-year property								
	15-year property								
f	20-year property								
	g 25-year property				2	5 yrs.		S/L	
	h Residential rental property	/			27	.5 yrs.	MM	S/L	
_'	n nesidential fertal property	/			27	.5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	
		/					MM	S/L	
	Section C - Assets PI	aced in Service	During 2022	2 Tax Year U	sing th	e Alter	rnative Depreci	ation Sys	tem
<u>20</u> ;	a Class life							S/L	
	b 12-year					2 yrs.		S/L	
	c 30-year	/			+	0 yrs.	MM	S/L	
_	d 40-year	/			4	0 yrs.	MM	S/L	
	art IV Summary (See instructions.)							_	01 000
	Listed property. Enter amount from line							21	21,020.
22	Total. Add amounts from line 12, lines 1								21 052
00	Enter here and on the appropriate lines of				tions - s	see ins	tr	22	21,852.
23	For assets shown above and placed in sportion of the basis attributable to section	-	-			23			
		III ZDAA COSTS				1.3			

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

> Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) X **24a** Do you have evidence to support the business/investment use claimed? **24b** If "Yes," is the evidence written? X No Nο Yes (b) (c) (e) (i) (f) (g) (h) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 21,020 STATEMENT 1 % 27 Property used 50% or less in a qualified business use % S/L -% S/L · % S/L 020 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 \_\_\_\_\_ Yes Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (a) (c) (d) (e) Description of costs Amortization Date amortization Amortizable Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2022 tax year 43 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

FORM 4562, PA	ART V	LISTED	PROPERTY	Y INFORMA	TION-MOI	RE THAN 5	50% STATEM	ENT 1
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE 	(G) MTH/CV	, ,	I) 179 LECTED
(J) (K) AUTO TOTAL NO MILES	(L BUSIN MIL	ESS CO	(M) MMUTING E MILES	(N) PERSONAL MILES	(O) WAS VEI AVAIL.: Y N			
USED (TRANSIT CONNECT VAN	03/04/19	100.00	6,500.	. 6,500	. 5.00 2	200DB-HY	749.	_
FORD ( TRANSIT CARGO VAN	09/30/20	100.00	35,255.	. 35,255	. 5.00 £	SL -HY	7,051.	
BUS (	06/29/20	100.00	66,098.	. 66,098	. 5.00 S	SL -HY	13,220.	
TOTAL TO FORM	M 4562,	PART V,	LINE 26				21,020.	

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print \*\*-\*\*\*3187 HEALING PAWS FOR WARRIORS INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 4373 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions FORT WALTON BEACH, FL 32549 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) SHEILA HALE The books are in the care of ▶ PO BOX 4373 - FORT WALTON BEACH, FL 32549 Telephone No. ► 8507168198 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until \_\_\_\_ NOVEMBER 15, 2023 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_ tax year beginning and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

### - CURRENT YEAR FEDERAL -

### HEALING PAWS FOR WARRIORS INC

Asset No.	Description	Dat Acqui	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	USED TRANSIT CONNECT VAN FORD TRANSIT CARGO	0304	119	200DB	5.00	21	6,500.			6,500.	4,628.		749.
		0930	20	SL	5.00	21	35,255.			35,255.	8,814.		7,051.
3	BUS	0629	20	SL	5.00	21	66,098.			66,098.	19,829.		13,220.
4	TRAILER	0223	321	SL	5.00	17	4,162.			4,162.	416.		832.
5		0607	717	SL	5.00	16	8,000.			8,000.	8,000.		0.
	* TOTAL 990 PAGE 10 DEPR						120,015.		0.	120,015.	41,687.		21,852.
											_		_