#### 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 2019

**Open to Public** Inspection

Form 990 (2019)

	OI LITE	e 2019 Calendar y	year, or tax year begi	nning	, 2019, a	and ending		, 20		
В	Check if a	applicable:	C Name of organization	Paws Patrol Inc			D Emplo	yer identification number		
Address change Doing business as			the second secon				1	20-5537148		
	Name change			Poom/ouite						
	Initial return PO Box 1642						E Telephi	one number		
	Final return/terminated  City or town, state or province, country, and ZIP or foreign postal code							(520) 207-4024		
	Amended		The state of the s		code		G Gross receipts			
$\overline{\Box}$			Green Valley,				\$	201,810		
U /	Application	on pending	F Name and address of	principal officer:		H(a) Is this a	group return fo	r subordinates? Yes X No		
-						H(b) Are all	subordinates	s included? Yes No		
1	Tax-exem	npt status: X 501	1(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1)	or 527	If "No,"	' attach a list.	. (see instructions)		
J 1	Nebsite:	www.p	pawspatrol.pet	finder.org			p exemption	400		
		organization: X Cor	prporation Trust A	association Other	L Year of formation		State of lega			
Pa	rt I	Summary			1 1	2000   111	otate of lega	domicile. AZ		
	1	Briefly describe t	the organization's mis-	sion or most significant activities:	Spay and Neu	ton Forel Co				
4		•	•	and the second s	spay and Neu	cer rerai Ca	its			
ဋ										
na na										
Activities & Governance	1	Oh a all this to a	. П.:							
8	2	Check this box	If the organization	on discontinued its operations or	disposed of more than 25	5% of its net assets				
∞5	3			erning body (Part VI, line 1a)			. 3	0		
es	4	Number of indep	pendent voting member	ers of the governing body (Part V	l, line 1b)		. 4	0		
Ξ	5	Total number of i	individuals employed i	n calendar year 2019 (Part V, line	e 2a)		. 5	0		
5	6		volunteers (estimate if				. 6			
A	7a			Part VIII, column (C), line 12			. 7a			
	b	Net unrelated bu	isiness tavable income		AND AND					
	+	THOU GITTCIGLOG DG	isiness taxable income	: IIOIII 1 OIIII 990-1, IIII e 39			· 7b	0		
		0				Prior Year		Current Year		
a)	8		nd grants (Part VIII, line			•		201,552		
Revenue	9	Program service		0						
ě	10	Investment incor	me (Part VIII, column	(A), lines 3, 4, and 7d)				7		
8	11	Other revenue (F	Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c, and 11e)				52		
	12	Total revenue - a	add lines 8 through 11	(must equal Part VIII, column (A	), line 12)			201,611		
	13							20 are 2 38 11 11 22 20 12 10 20 20 20 20 20 20 20 20 20 20 20 20 20		
	14		or for members (Part I					0		
	15			ee benefits (Part IX, column (A),				0		
Expenses			draising fees (Part IX,		and the same of th	•		0		
eus						•		0		
×	1000			olumn (D), line 25)	0					
ш	17							115,403		
	18			t equal Part IX, column (A), line 2	25)	•		115,403		
	19	Revenue less ex	kpenses. Subtract line	18 from line 12		•		86,208		
o Ses			AVA	All .		Beginning of Curr	ent Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Par	rt X, line 16)	V		. 20	,545	92,324		
ASS	21	Total liabilities (P	Part X, line 26)				1,649	220		
Fee	22	Net assets or fur	nd balances. Subtract	line 21 from line 20			,896			
Pai	rt II	Signature					7,030	92,104		
Unde	r penaltie	es of perjury, I declare	that I have examined this ret	urn, including accompanying schedules a	nd statements, and to the hest of	f my knowledge and belie	of it is			
true,	correct, a	and complete. Declarat	tion of preparer (other than o	fficer) is based on all information of which	preparer has any knowledge.	, miemeage and bene	), it io			
Sign	n l	Patti F Signature of c						02-07-2020		
1576	- 1	Signature or t	Officer				Date			
Her	e		Hogan, Preside	nt ,						
			name and title	W CO	· -cl/a					
		Print/Type prepare	er's name	Pepaher's signature	ULL TO Date	Check	☐ if F	PTIN		
Paid	k	Kristen L	Smith	Kristen L Smith	02-07-20	1000000000	ploved	P00641558		
Pre	parer			& Smith CPA PC	DZ 07 20	Firm's EIN	-10,00	-00041330		
1	Only			ille de las Tiendas 1	USB					
		, illino dudicas P			035	Phone no.				
March	ho IDC	2 diaguage this as t		alley AZ 85614				25-4929		
				nown above? (see instructions)		· · · · · · · · ·		· · · Yes X No		
LOL P	aperw	vork Reduction A	Act Notice, see the se	parate instructions.				Form 990 (2019)		

	n 990 (2019) Paws Patrol Inc 20-5537148 Page 2
Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	Spay and Neuter Feral Cats
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$114,085 including grants of \$) (Revenue \$101,626)
	Spay and Neuter Feral Cats, Rescue, Foster, Adopt Out Eligible Pets
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
7/35	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 114,085

#### 9) Paws Patrol Inc Checklist of Required Schedules Part IV

	A 18 CONTRACTOR OF THE STATE OF		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	Х	
3		2	X	
ŭ	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			
4		3		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
·	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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
•	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
	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			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	2000	X
	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,"			2.5%
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114	^	
	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>x</u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-17		X
	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?		Λ.	
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
10000				

	1990 (2019) Paws Patrol Inc rt IV Checklist of Required Schedules (continued)	20-55371	48	F	Page 4
22	Did the annual of the second o			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		Х
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23		X
	\$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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		240		
	to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · ·		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				-
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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				
<b>L</b>	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule in		29		X
•	conservation contributions? If "Yes," complete Schedule M	1020 105 1020 105 105 105 105	30		
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? <i>If "Yes,"</i>				X
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
20	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 in Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O.		20		
Par			38	X	
· ai	Check if Schedule O contains a response or note to any line in this Part V				
-	and the state of t			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
			-		0010

#### 20-5537148 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... 3a 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a X h X C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? 7f X q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? ......... 9a X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...... b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.). 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

16

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . .

X

X

15

16

Form 990 (2019) Paws Patrol Inc Page 6 20-5537148 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 0 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. Enter the number of voting members included in line 1a, above, who are independent 1b 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 X 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 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: 8a X Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in 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 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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, and financial 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

Name and title  Average hours per week (list any hours for	Page
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 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 and/or Box 7 of Form 1099-MISC) of more than \$10,000 from the organizations and any related organizations.  • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$10,000 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 instructions for the order in which to list the persons above.  (C)  (A)  (A)  Name and title  (B)  Average box, unless person is both an officer and a director/trustee.  (C)  (D)  (E)  Reportable compensation from the organizations of an enderotrytization from the organizations both an officer and a director process of the organization organizations of the order in which to list the persons above.  (C)  (A)  (B)  (B)  (C)  (C)  (D)  (D)  (E)  (E)  (E)  (E)  (E)  (E	yees, and
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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations 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 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 instructions for the order in which to list the persons above.  (B)  (C)  (C)  (C)  (D)  (B)  (A)  Name and title  (B)  (A)  (B)  (B)  (C)  (C)  (C)  (C)  (D)  (D)  (D)  (E)  (D)  (E)  (D)  (D	
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List all of the organization's <b>former directors or trustees</b> 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 instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organizations of the organization of the orga	
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See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organizations (W-2/1099-MISC)  Reportable compensation from the organizations (W-2/1099-MISC)  Reportable compensation from the organizations (W-2/1099-MISC)	
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  (III)  (B)  Average hours per week (list any hours for related organizations below dotted line)  (III)  (ID)  Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)	
(A) Name and title  Average hours per week (list any hours for related organizations below dotted line)  (B)  Average hours per week (list any hours for related organizations below dotted line)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation from the compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  (D)  Reportable compensation from from the organization (W-2/1099-MISC)  (W-2/1099-MISC)	
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)	
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hours per week (list any hours for related organizations below dotted line)  hours for related organizations below dotted line)	timated amount
(list any hours for related organizations below dotted line)  (list any hours for related organizations below dotted line)	of other
hours for related organizations below dotted line)  To find the component of the component	compensation from the
organizations below dotted line) to rustee	ganization and
	ted organizations
(1) Patti Hogan 5.00	
(1) Patti Hogan 5.00	
I'l Fatti Hogan	
President X 0 0	0

(A) Name and title	(B) Average hours per week	Average box, unless person is bo officer and a director/trust per week						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amou of other compensatior		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	orga	rom the nization d organiz	
(15)				+	1								
(16)					1								
(17)				1						1			
(18)				1	1		4			+			
(19)					1	A							
(20)				1									
(21)				4				4					
(22)			1										
(23)		7	1				_			+			
(24)			1							+			
(25)				1									
	·····			• •	•		. •						
d Total (add lines 1b and 1c)	4000	• • •		• •	• •	• • •	• •	0		0			
Total number of individuals (including but not limit reportable compensation from the organization							nore		L	0			0
3 Did the organization list any former officer, director	r trustee kev	emplo	vee o	r hia	hes	t com	nens	eated		Г		Yes	No No
employee on line 1a? If "Yes," complete Schedule				-			200				3		X
4 For any individual listed on line 1a, is the sum of													
organization and related organizations greater that													
5 Did any person listed on line 1a receive or accrue										٠. ا	4		X
for services rendered to the organization? If "Yes,											5		х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Report com-										r.			
(A) Name and business addr	222							(B) Description of service		C	(C)	ation	
Name and business addr	C35							Description of service	,es		ompens	auon	
Total number of independent contractors (including)	ng but not limite	ed to the	nose	listed	d ab	ove) v	vho				76.5		
received more than \$100,000 of compensation fr	_		<b>&gt;</b>			-, .	entited)						

Statement of Revenue

		Check if Schedule O contains a response or no	te to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns 1a					sections 512–514
v	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	15,631			100 A . 1 . 27 . A	0.90 20 5
E G	d	Related organizations 1d	20/002				
sifts ar A	е	Government grants (contributions) 1e					
S, E	f	All other contributions, gifts, grants,					
r Si		and similar amounts not included above 1f	185,921				
the the	g	Noncash contributions included in	103,921				
dort		lines 1a-1f 1g	\$				
S E	h			201,552			
			Business Code	201,552			
ø	2a		Dusiness Code		Samuel Inches		
Program Service Revenue	b						
	C						
E E	d			<b>A</b>			
gra Re	e			-			
5	f	All other program service revenue					
_		Total. Add lines 2a-2f					
Revenue	3 4 5	Investment income (including dividends, interest, a other similar amounts)  Income from investment of tax-exempt bond procedure.	▶ eds · ▶	7	7		
	b c d 7a b	Gross rents	(ii) Personal				
Othe	b c 9a b c 10a	events (not including \$ 15,631 of contributions reported on line 1c). See Part IV, line 18	251 199				
	С	Net income or (loss) from sales of inventory · ·		52	52		
w			Business Code			The second second	
Miscellanous Revenue	11a						
llan ent	b						
Sev	C	All atherwise					
N N		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		201,611	59	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) (B) (C) (D) Fundraising Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 .... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ...... 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) Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): a b C 352 352 d e Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 4,542 4,542 13 Office expenses · · · · 666 666 14 Information technology . . . . 15 16 12,911 12,911 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest · · · · · · · · · · · · · · · · Payments to affiliates ....... 21 22 Depreciation, depletion, and amortization . . . . . . 300 300 23 Insurance ...... 1,660 1,660 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 O.) Bank Service Charges 1,459 1,459 b Small Equipment 1,352 1,352 C Postage 1,514 1,514 d Cat Expenses 90,647 90,647 All other expenses 25 Total functional expenses. Add lines 1 through 24e · · · 115,403 114,085 1,318 0 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	19,994	1	91,701
	2	Savings and temporary cash investments	20/002	2	31,701
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		W80 8	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	THE RESERVE THE PROPERTY OF THE PARTY OF THE
	6	Loans and other receivables from other disqualified persons (as defined	w.	2000	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,563			
	b	Less: accumulated depreciation · · · · · · · · · 10b 1,312	551	10c	251
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	372
	16	Total assets. Add lines 1 through 15 (must equal line 33)	20,545	16	92,324
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,	41.00.00.00.00.00.00.00		GREEN BROKE
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	14,649	25	220
	26	Total liabilities. Add lines 17 through 25	14,649	26	220
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions	ASSAULT AND THE CONTRACT OF TH	28	
nd		Organizations that do not follow FASB ASC 958, check here			
Ţ		and complete lines 29 through 33.			
3 01	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	5,896	31	92,104
Net Assets or Fund Balances	32	Total net assets or fund balances	5,896	32	92,104
_	33	Total liabilities and net assets/fund balances	20,545	33	92,324

-	1 990 (2019) Paws Patrol Inc rt XI Reconciliation of Net Assets	20-553	37148	P	age <b>12</b>		
ra							
1	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \square$		
2	Total revenue (must equal Part VIII, column (A), line 12)			201,	611		
3	Total expenses (must equal Part IX, column (A), line 25)						
4	Revenue less expenses. Subtract line 2 from line 1	-		86,208			
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		5,	896		
6	Net unrealized gains (losses) on investments	. 5					
7	Donated services and use of facilities						
8	Investment expenses	. 7					
9	Prior period adjustments	. 8					
1000	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						
Dat	32, column (B))	- 10		92,	104		
Га							
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$		
				Yes	No		
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			253			
	reviewed on a separate basis, consolidated basis, or both:				150		
148	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						
	Schedule O.		198		4376		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
EEA			Forn	n <b>990</b> (2	2019)		
	4. W 1						

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization

Paws Patrol Inc

Employer identification number

Pa	rt I	Reason for Public Charity	Status (All or	ganizations must o	omplete	this part	.) See instructions	8
The	orga	nization is not a private foundation beca					,,	-
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Ħ	A medical research organization opera					VIII) Estas tha	
3.		hospital's name, city, and state:	ica in conjunction w	nur a nospital described il	section 1	/ U(B)(1)(A)	(III). Enter the	
5	П	An organization operated for the benefit	fit of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in	
	_	section 170(b)(1)(A)(iv). (Complete P		versity owned or operate	ou by a gov	ciriinentai	driit described in	
6		A federal, state, or local government or	SELECTION OF THE PROPERTY OF T	described in section 170	(b)(1)(A)(v)			
7		An organization that normally receives					the general public	
		described in section 170(b)(1)(A)(vi).		on the support months gove	a	01 110111	the general public	
8	П	A community trust described in section		Complete Part II.)				
9	П	An agricultural research organization d			d in conjund	ction with a	land-grant college	
	_	or university or a non-land-grant colleg						
		university:	je or agriculture (se	c mandenoria). Enter the	riarrie, city,	and state t	of the college of	
10	X	An organization that normally receives	: (1) more than 33 1	1/3% of its support from (	contribution	s member	ship fees and gross	
		receipts from activities related to its ex						
		support from gross investment income						
		acquired by the organization after June				off tax) from	n businesses	
11	П					\/ A\		
12	H	An organization organized and operate						
12	Ц	An organization organized and operate						
		of one or more publicly supported orga						
	_	Check the box in lines 12a through 12a						
	а	Type I. A supporting organization of						
		the supported organization(s) the	100		of the dire	ctors or tru	stees of the	
		supporting organization. You mus						
	b	Type II. A supporting organization		The state of the s				
		control or management of the sup			ons that co	ontrol or ma	anage the supported	
		organization(s). You must comple	The state of the s					
	С	Type III functionally integrated.	Contract of the Contract of th				ally integrated with,	
	300	its supported organization(s) (see i	ARREST TO SECURE			ACCOMPANIES CONTRACTOR AND ACCORDING		
	d	☐ Type III non-functionally integra						
		that is not functionally integrated.	The organization ge	nerally must satisfy a dis	tribution red	quirement a	and an attentiveness	
		requirement (see instructions). You						
	е	☐ Check this box if the organization				a Type I, Ty	pe II, Type III	
		functionally integrated, or Type III		egrated supporting organ	ization.			
	f	Enter the number of supported organiz	400					
	g	Provide the following information about	t the supported org	anization(s).	Ţ		_	
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
		The same of the sa		(described on lines 1-10 above (see instructions))	docum	ir governing ent?	support (see instructions)	other support (see instructions)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				includes on by
					Yes	No		
(A)								
. ,								
(B)								
(C)								
(D)								
-								
(E)								
T-4-					ENGLAND CANDON		percentage of the second secon	

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 ..... 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 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . . . . 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . % % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this П b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

#### 990 or 990-EZ) 2019 Paws Patrol Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				(4)	(0, 20.0	(i) rotal
	received. (Do not include any "unusual grants.")	81,613	57,989	61,422	68,445	186,172	455,641
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		9.7000	01/122	00,443	100,172	433,041
3	Gross receipts from activities that are not an						**************************************
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization'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						
	Total. Add lines 1 through 5	81,613	57,989	61,422	68,445	186,172	455,641
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			The state of the s			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		48				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		No. of Street, or other Persons and Street, o				
8	Public support. (Subtract line 7c from						
0	line 6.)						455,641
	tion B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	81,613	57,989	61,422	68,445	186,172	455,641
ıua	Gross income from interest, dividends,	The second second					
	payments received on securities loans, rents,						
<b>L</b>	royalties, and income from similar sources	2				7	7
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	-					
c	Add lines 10a and 10b						<u>-</u>
	Net income from unrelated business					7	7
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)	4,523	4,208	16,621	8,347	15 621	40 330
13	Total support. (Add lines 9, 10c, 11,	4,525	4,200	10,021	8,347	15,631	49,330
7.7	and 12.)	86,136	62,197	78,043	76,792	201,810	504,978
14	First five years. If the Form 990 is for the org						304,310
	organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Support				***************************************		
15	Public support percentage for 2019 (line 8, c	olumn (f), divide	ed by line 13, o	column (f)) · ·		15	90.23 %
16	Public support percentage from 2018 Sched	ule A, Part III, li	ne 15			16	90.51 %
Sec	ction D. Computation of Investment In	come Percen	itage				
17	Investment income percentage for 2019 (line	10c, column (f)	, divided by line	e 13, column (f	))	17	0.00 %
18	Investment income percentage from 2018 Sc	chedule A, Part I	III, line 17 · ·			18	0.00 %
19a	33 1/3% support tests - 2019. If the organization	ation did not che	eck the box on	line 14, and line	e 15 is more tha	an 33 1/3%, and	line
	17 is not more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the organization	ation did not che	eck a box on lin	ne 14 or line 19	a, and line 16 is	s more than 33 1	/3%, and
	line 18 is not more than 33 1/3%, check this b	oox and <b>stop h</b> e	ere. The organi	zation qualifies	as a publicly s	supported organi	zation 🕨 🗌
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a,	or 19b, check	this box and se	e instructions	▶ 🛚

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b	potential and	
	4c		
	5a		
	5b	Part Line No.	
-	5c		
	6		
	7		
	8		
	9a		
			636
	9b		
	9c		
	10a		
	ANIE O SE		5/83
	10b		

	Supporting Organizations (Continued)			
11	Has the organization accorded a gift or contribution from any of the fall with a garden		Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations	110		
1			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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,	0.43		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	1.		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		0000
	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			
800	supported organizations played in this regard.	3		
<u> </u>	tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	4		
a		tructioi	15).	
b				
C		ee inst	ruction	ne)
2	Activities Test. Answer (a) and (b) below.	cc man	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	17. 696		
	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,	- 1		
	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 in (a) 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 (a) and (b) below.			
a	Same and particular a			
120	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
FFA	0.1.1.4			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organiza	tions	37148 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	TOWN THE TOTAL CONTRACTOR OF THE STATE OF TH	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	74 100	
4 Add lines 1 through 3.	4	***************************************	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		The second secon	
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	W (500)		
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	A STATE OF THE STA	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	t.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		
7 Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting	organization (see

instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiz	cations (continued)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ons	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7				
8	Distributions to attentive supported organizations to which th			
	(provide details in Part VI). See instructions.			
	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018	02 9 0 0 A VE V. E. D. S. D. S		
f	Total of lines 3a through e		The following the second	
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	M		
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018 · · · ·			

e Excess from 2019

. . . .

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
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.)
XXXXIII XXXIII XXXII	
<del>Sand Color Color</del>	
	. 7
***************************************	
***************************************	
New Year of the Control of the Contr	
X	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Paws Patrol Inc 20-5537148 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
instructions.	
General Rule	
X For an organization	n 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 of	ontributions.
0	
Special Rules	
For an organizat	ion described in section E04(a)/2) filing Form 000 or 000 F7 that must the 20 4/00/
	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
	r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
	and that received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000, or <b>(2)</b> 27	6 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 organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
Allert Control of the	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
interary, or educa	tional purposes, or for the prevention of crueity to children or animals. Complete Parts 1, 11, and 111.
For an organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	g the year, contributions exclusively for religious, charitable, etc., purposes, but no such
	aled more than \$1,000. If this box is checked, enter here the total contributions that were received
	or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	plies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions
	r more during the year · · · · · · · · · · · · · · · · · · ·
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,
	nust 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
	to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
. J JOO 1 1, 1 alt 1, III C 2,	to destiny that it added the tilling requirements of deficults to (FOITH 330, 330-EZ, OF 330-FF).

Name of organization

Paws Patrol Inc

Employer identification number 20-5537148

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Vicky Mournian  5933 S Meadow Hills Loop  Green Valley, AZ 85622	\$5,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Mary Gay Income Trust  4515 N 32nd Street Ste 200  Phoenix, AZ 85018	\$ 27,033	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	Linda Moser  943 E Sawmill Canyon Road  Green Valley, AZ 85614	\$ 62,152	Person
(a)	(b)	_ (c)	_ (d)
	Name, address, and ZIP + 4  Rebecca Gray  7530 N La Cholla Blvd  Tucson, AZ 85741	\$ 12,440	Person Rayroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

**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.

2019

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

-	s Patrol Inc		20-5537148
Pa	- Same manned man g Donor Advisca i u		nts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	s's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advi		
	only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	r Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or education of land for public use)		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
			. 2d
3	Number of conservation easements modified, transferred, relea		
	tax year •	ood, oxangalorios, or terminated by the organia	zation during the
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	The state of the s	
	violations, and enforcement of the conservation easements it has		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, har		
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation eas	ements during the year
	<b>&gt;</b> \$		3,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(E	3)(i)
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense statem	nent, and
	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ice of public
	service, provide, in Part XIII the text of the footnote to its financi	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1 · · ·		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures		
	following amounts required to be reported under FASB ASC 95		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

	ule D (Form 990) 2019 Paws Patrol Inc			20-5537	148 P	age 2
	t III Organizations Maintaining Colle	ections of Art, His	storical Treasures,	or Other Similar Ass	sets (continu	ıed)
3	Using the organization's acquisition, accession, and or	other records, check any	of the following that mak	ce significant use of its	- Automorphism - Adapti	
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange	programs		
b	Scholarly research	е	Other			
C	Preservation for future generations					-
4	Provide a description of the organization's collections	and explain how they fu	urther the organization's e	xempt purpose in Part		
	XIII.		and organization of	Acript purpose in rait		
5	During the year, did the organization solicit or receive	donations of art historic	cal treasures or other sin	nilar		
	assets to be sold to raise funds rather than to be main				Yes	No
Pai	t IV Escrow and Custodial Arrangem	ents.	gariization s collection:			] NO
	Complete if the organization answ		m 990 Part IV line	9 or reported an amo	unt on Form	
	990, Part X, line 21.	0.00 100 0111 011	m ood, r art rv, mre	o, or reported an amo	unt on i onn	
1a	Is the organization an agent, trustee, custodian or oth	er intermedian, for cent	ributions or other seeds .			
				10t • • • • • • • • • • • • • • • • • • •		٦
b					· 🗌 Yes 📙	No
U	If "Yes," explain the arrangement in Part XIII and com	plete the following table				
	Desired to be less				ount	
C						
d	Additions during the year					
е	, , , , , , , , , , , , , , , , , , , ,					
f	Ending balance					
2a	Did the organization include an amount on Form 990,		The second secon		Yes _	No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation ha	as been provided on Part	XIII	• • • • • [	
Par	t V Endowment Funds.					
	Complete if the organization answ	ered "Yes" on Forr	n 990, Part IV, line	10.		
	(a)	Current year (b) F	Prior year (c) Two years	s back (d) Three years back	(e) Four years b	back
1a	Beginning of year balance					
b	Contributions		1 4			
C	Net investment earnings, gains, and					
	losses	1				
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance				<b>+</b>	******
2	Provide the estimated percentage of the current year	end balance (line 1g. co	olumn (a)) held as:			
а	Board designated or quasi-endowment		namm (a)) mola ao.			
h	Permanent endowment > %	/0				
c	Term endowment					
·	The percentages on lines 2a, 2b, and 2c should equa	1.100%				
20	Are there endowment funds not in the possession of t		bold and administered fo	a the		
3a		ne organization that are	e neid and administered to	or the	[ <u>v</u>	T
	organization by:				Yes	No
	(i) Unrelated organizations				3a(i)	-
-					3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organizations list				3b	
4	Describe in Part XIII the intended uses of the organization		S.			
Pai	t VI Land, Buildings, and Equipment		000 0 1 11 11			_
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, line	11a. See Form 990, P	art X, line 10	0.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	
		(investment)	(other)	depreciation		
1a	Land · · · · · · · · · · · · · · · · · · ·					
b	Buildings		1,563	1,312		251
C	Leasehold improvements					
d	Equipment					
е	Other					
Total	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X. column (I	B), line 10c.)			251
-						

Schedule D (Form 990) 2019

Paws Patrol Inc

Part X, line 12.  of valuation: ar market value
of valuation: ar market value  Part X, line 13.
Part X, line 13.
of valuation:
ar market value
Part X, line 15.
(b) Book value
372
372
990, Part X,

_	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue re	20-5537148	Page 4
Га	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return.	
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	The second secon	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o poi moturni	
1	Total expenses and losses per audited financial statements	11	************

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	26		
d	20	6.6.5 + 6 - 5	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	, , , , , , , , , , , , , , , , , , , ,	15.35	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Га	The state of the s	per Re	turn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
2	Total expenses and losses per audited financial statements	1	
a			
b	Donated services and use of facilities		
c	Other losses · · · · · · · · · · · · · · · · · ·		
d			
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	200	
b		200	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.	1-1-	
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par	t X, line	A Company of the Comp
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	0		
			·

#### **SCHEDULE G** (Form 990 or 990-EZ)

## 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 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization						Employer ide	ntification number
ws Patrol Inc						20-55	37148
art I Fundraising Activitie	s. Complete if t	he organ	ization ans	wered "Yes" on	Form 99	0, Part IV.	line 17.
Form 990-EZ filers are n	ot required to cor	nplete this	part.				
Indicate whether the organization rai	sed funds through a	ny of the foll	lowing activitie	es. Check all that app	ılv.		
a Mail solicitations		e □	Solicitation of	f non-government gra	ents		
b Internet and email solicitations		fΠ		f government grants	arito		
c Phone solicitations		,	Special fundr				
d In-person solicitations		аП	opecial fullul	aising events			
a Did the organization have a written o	Dod VIII or orbit :	ın any individ	dual (including	officers, directors, tr	ustees,		
or key employees listed in Form 990	, Part VII) or entity in	1 connection	with profession	onal fundraising servi	ces?		es 🗌 No
b If "Yes," list the 10 highest paid indivi	duals or entities (fur	ndraisers) pu	irsuant to agre	eements under which	the fundra	iser is to be	
compensated at least \$5,000 by the	organization.						
				,			
(i) Name and address of individual		(iii) Did fu	ndraiser have	(iv) Gross receipts		ount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of	from activity		ained by) er listed in	(or retained by)
		contr	ibutions?			ol. (i)	organization
		Yes	No				
*							
	-					***************************************	
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	-	-					
	<del></del>	1997	-				
		<b>Y</b>	4				
	- V						
		10					
		-					
	100						
	1						
	6						
	00						
	M &						
al	D						
List all states in which the organization	n is registered or lice	ensed to soli	cit contribution	ns or has been notifie	d it is even	nt from	L
registration or licensing.	magnitude of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on communication	io or rido beer riodine	d it is excit	ipt iroini	
and the same of th							
				***************************************			
					-		·
						***************************************	N
							HICKORIS CONTROL CONTR
						Walliam Co.	
					100000000000000000000000000000000000000		

	dule G	Fundraising Events. Comp than \$15,000 of fundraising	vs Patrol Inc plete if the organization	answered "Yes" on Form	n 990, Part IV, line 18, or	5537148 Page 2 reported more			
		gross receipts greater than	\$5,000.	d gross income on Form	1990-EZ, lines 1 and ob	. List events with			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts							
ш	2	Less: Contributions							
	3	Gross income (line 1 minus							
		line 2)							
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs · · · · · · ·							
Expe	7	Food and beverages · · · · ·							
Direct	8	Entertainment							
	9	Other direct expenses		0					
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1							
Pa	rt II	Gaming. Complete if the or	rganization answered "	es" on Form 990, Part I	V, line 19, or reported m	ore than			
_		\$15,000 on Form 990-EZ,	line 6a.		Т				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
nses	2	Cash prizes	×						
Expens	3	Noncash prizes							
Direct Exper	4	Rent/facility costs · · · · · ·							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No				
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtra	act line 7 from line 1, colum	n (d)					
•	_								
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?									
а	En					Yes No			
7	En:					· · · . Yes No			
а	Entire If "I	the organization licensed to conduct ga	aming activities in each of t	hese states?		Yes No			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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 990-EZ.

OMB No. 1545-0047

Employer identification number

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Paws Patrol Inc

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

20-5537148 01. Form 990 governing body review (Part VI, line 11) A copy of the Form 990 is provided to the governing body for review before submitting to the IRS. 02. Governing documents, etc, available to public (Part VI, line 19) The governing documents are available to the public upon request

## Form 4562

Department of the Treasury

Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Attachment Sequence No. 179

Paws Patrol Inc FORM 990 - 1 20-5537148 **Election To Expense Certain Property Under Section 179** Part Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 8 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12▶ Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election ...... 15 16 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 17 300 If you are electing to group any assets placed in service during the tax year into one or more general 18 asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (f) Method (e) Convention (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L MM property 27.5 yrs. S/L MM Nonresidential real S/L 39 yrs. property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L S/L c 30-year 30 yrs. S/L d 40-year 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions - · · · · · 22 300 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

#### IRS e-file Signature Authorization for an Exempt Organization

	•	
or calendar year 2019, or fiscal year beginning		, and ending

OMB No. 1545-1878

F Do not send to the IRS. Keep for your records 2019 Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number Paws Patrol Inc 20-5537148 Name and title of officer Patti Hogan, President Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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. 1a Form 990 check here **X** b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's federal taxes owed on this return, and the 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | lauthorize Bradley & Smith CPA PC to enter my PIN 37148 as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 865905 13080 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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.

ERO's signature

Kristen L Smith

Date > 02-07-2020

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

		AMT		300
PAGE 1		Accumulated Depreciation	362	3,262
	Social security number/EIN 20-5537148	Current Depreciation	833	300
	Social secu	Prior Depreciation	1,950 733 279	2,962
		Rate	19.2	
		Method	200 DB HY	2,962
		Life	N N N	
neral		Depreciable Basis	1,131	3,513
Management & General For your records only		Bonus		
		Section 179		
		Business	100.00 1000.00 1000.00	
		Basis Adjustment		
		Cost	1,131 432	3,513
		Date	03202017	
for Section 199A calculations. See "UBIA" in lower right corner.	e(s) as shown on return Paws Patrol Inc	Description	Organizational Expens 09122006 Computer and Printers 01142017 Computer  O3202017	Totals
r Sect	me(s) a	o S	Λ	P

Next	Year's	Depre	ciation	Worksheet
				TTOTICOL

			(Keep for your records)			201	9
	ne(s) as ahown on return						Number
ws	Patrol I	nc Paradistics				20-5	5537148
rm FT	Multi-Form 1		Date	Basis	Method	Life	Deduction
T	1	Organizational Expenses	09-12-2006	1,950	AMT	5	
T	1	Computer and Printers Computer	01-14-2017 03-20-2017	1,131	M	5	130
		Computer	03-20-2017	432	М	5	50
		TOTAL					180
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