Form 990

Department of the Treasury

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.

2024

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2024)

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2024 calendar year, or tax year beginning 2024, and ending 20 Check if applicable: C Name of organization Paws Patrol Inc D Employer identification number Address change Doing business as 20-5537148 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return PO Box 1642 (503)806 - 6942Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Green Valley, AZ 85622 255.644 Application pending Name and address of principal officer H(b) Are all subordinates included? 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 527 If "No," attach a list. See instructions www.pawspatrol.petfinder.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Association 2006 L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Spay and Neuter Feral Cats Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 228,914 Revenue 9 9,972 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,700 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,058 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 255,644 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 118,377 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 118,377 Revenue less expenses. Subtract line 18 from line 12 137,267 Or **Beginning of Current Year** End of Year Net Assets of Fund Balanc 20 Total assets (Part X, line 16) 345,857 486,480 21 Total liabilities (Part X, line 26) 4,326 7,682 22 Net assets or fund balances. Subtract line 21 from line 20 341,531 478,798 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Debby Tripp Sign Signature of officer Here Debby Tripp, Treasurer Type or print name and title Preparer's name Check Paid Kristen L Smith CPA 02-07-2025 self-employed P00641558 Preparer Firm's name Bradley & Smith CPA PC Firm's EIN **Use Only** Firm's address 75 W Calle de las Tiendas 103B Phone no. Green Valley AZ 85614 520-625-4929 May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2024) Paws Patrol Inc		20-5537148 Page
Pa	rt III Statement of Program Ser		
_	Check if Schedule O contains a resp	onse or note to any line in this Part III	
1	Briefly describe the organization's mission:		
	Spay and Neuter Feral Cats		
2		program services during the year which were not listed on t	
3	Did the organization cease conducting, or mail	se significant changes in how it conducts, any program	Yes No
4	If "Yes," describe these changes on Schedule		
	expenses. Section 501(c)(3) and 501(c)(4) ore the total expenses, and revenue, if any, for each	ganizations are required to report the amount of grants and a ch program service reported.	allocations to others,
4a		116,110 including grants of \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		<u></u>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
		modeling grants or	
4d	Other program services (Describe on Schedu		
10		ding grants of \$) (Revenue \$)
4e	Total program service expenses	116,110	

Form 990 (2024) Part IV C 4) Paws Patrol Inc Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	1		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
- 25	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			
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f		11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		^
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	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			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundariois a great great great in a great great in the schedule G.	17		X
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	If "Yes," complete Schedule G, Part III	100		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other party of the Concession, Name of				X

-	n 990 (2024) Paws Patrol Inc 20-55373 ort IV Checklist of Required Schedules (continued)	48	F	age 4
	(continuou)	-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	-110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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			
26		25b		Х
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
	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		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		X
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
••	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34		Х
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
, a	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		X
7	111 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		Х
	19? Note: All Form 990 filers are required to complete Schedule O	20		
Par		38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		72.	
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2024) Paws Patrol Inc. 20-5537148 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 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 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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 required to file Form 8282? 7c X If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 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? a 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b X 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 11a b Gross income from other sources. (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069. Form 990 (2024)

_	m 990 (2024) Paws Patrol Inc 20-55371	.48	F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	nd for	a "No	o"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e inst	ructio	ins.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1,000
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
l1a	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 on Schedule O the process, if any, used by the organization to review this Form 990.		**	
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		42
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-
	describe on Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		х
4	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			Λ.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		v
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		^
6a	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		37
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		Х
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
7	List the states with which a copy of this Form 990 is required to be filed			
8	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)			
9	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.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Debby Tripp (503)806-6942, PO Box 1642, Green Valley, AZ 85622			
EA	1000,000 0042, FO BOX 1042, Green Valley, AZ 85622	-	990 /	006:

	(2024)

EEA

Paws Patrol Inc

20-5537148

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Form 990 (2024)

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

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

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

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

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

(B) Average hours per week (list any hours for related organizations below dotted line)	box	unles	Pos eck m	ition ore th	both ar	1	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
5.00									
F 00			X		_		0	0	0
			v				•		
5.00			^				0	0	0
3.00			x				0	0	0
							,		
					24110				
					. 9				
	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)	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) 5.00 X 5.00 X 25.00 X 25.00 X	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) - 5.00 - 5.00 X	Average hours per week (list any hours for related organizations below dotted line) - 5.00 - 5.00 X	(B) 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) 5 .00 X 5 .00

	(A) Name and title		(B) Position (do not check more than or box. unless person is both officer and a director/truster per week (list any						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		ition
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1	from the ganization ed organi	n and
(15)													
(16)													
(17)													
(18)								4					
(19)							-						
(20)						4							
(21)													
(22)													
(23)			7										
(24)												pre'.	
(25)													
1b c	Subtotal				• • •			:					
2 2	Total (add lines 1b and 1c)	t limited to							0 eceived more th	0 an \$100,000 of			0
3	reportable compensation from the organizat											Yes	No
4	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i> For any individual listed on line 1a, is the sum of relorganization and related organizations greater than	for such indi- portable com	<i>vidual</i> pensat	tion a	and o	othe	· · ·	ensa	ation from the		3		X
5	individual	ompensation	· · ·	· · · any ι	unre	ated	orga				4		x
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	edule .	for s	such	per	son				5		X
1	Complete this table for your five highest corcompensation from the organization. Report	npensated t compensa	indep	end or th	ent ne c	con	tract	ors ti	hat received mo	re than \$100,00	0 of	s tax v	ear
	(A) Name and business address								(B) Description of service		(C Comper)	Juli.
2	Total number of independent contractors (in received more than \$100,000 of compensations)	cluding but	not li	mite	ed to	the	ose li	sted	above) who		0804		

20-5537148 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII П

*****			To be more to any in	TO IT CITO I GIL V			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a			THE PROPERTY AND ADDRESS.		
	b	Membership dues					
nts							
Gra	C			THE RESERVE			
Am Am	d	Related organizations 10					
ia ia	е	Government grants (contributions) 16					
Sim,	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above 1f	187,567				
GE ST	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g	\$				
0 10	h	Total. Add lines 1a-1f		228,914			
			Business Code				
ø	2a	Adoptions	900099	9,972	9,972		
Z Z	b						
yram Ser Revenue	С						
E S	d						
gra Re	е						
Program Service Revenue	f	All other program service revenue		Alexander of the second			
_		Total. Add lines 2a-2f		9,972			
	3			9,912			
	3	Investment income (including dividends, interest, other similar amounts)		7,700	7 700		
	4	Income from investment of tax-exempt bond prod		1,100	7,700		
	5	Royalties					
	60	Gross rents 6a	(ii) Personal				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	a	Net rental income or (loss)		, , , , , , , , , , , , , , , , , , , ,			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
d)	b	Less: cost or other basis					
Ē		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
-	2000	Net gain or (loss)					
Othe	8a	Gross income from fundraising					
Ö		events (not including \$ 41,347					
		of contributions reported on line					
		1c). See Part IV, line 18	a				
		Less: direct expenses	b				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9	a				
	b	Less: direct expenses 9	b				
	C	Net income or (loss) from gaming activities .					
		Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold					
		NI-11					
		ti (leas) warm called at invariony	Business Code	(a)			
ns	11a	Mark to Market	900099	9.050	0.050		
our	b		500099	9,058	9,058		
scellanou Revenue	c						
Miscellanous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d		9,058			
				255,644	26,730		
				200,044	20, 130	0	0

24) Paws Patrol Inc Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete	e all columns. All ot	her organizations mu	st complete column (A).
_	Check if Schedule O contains a response or n	ote to any line in thi	is Part IX		[
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16			Charles and Charles and Charles	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	-			
а	Management		7 2		
b	Legal		The state of the s		
c	Accounting				
d		572	572		
	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,409	4,409		
13	Office expenses	906	906		
14	Information technology				
15	Royalties				
16	Occupancy	13,713	13,713		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,267		2,267	
23	Insurance	2,604	2,604		
24	Other expenses, Itemize expenses not covered	新安全建筑市市			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			A CONTRACTOR OF THE PARTY OF TH	
	(A), amount, list line 24e expenses on Schedule O.)				
a	Bank Service Charges	1,931	1,931		
b	Small Equipment	324	324		
С	Postage	459	459		
d	Cat Expenses	90,464	90,464		
е	All other expenses	728	728		
25	Total functional expenses. Add lines 1 through 24e	118,377	116,110	2,267	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 if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2024) Paws Patrol Inc
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	288,729	1	418,480
	2	Savings and temporary cash investments	2007125	2	410,400
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,195		2353 E	
	b	Less: accumulated depreciation	3,725	10c	5,342
	11	Investments - publicly traded securities	53,403	11	
	12	Investments - other securities. See Part IV, line 11	55,405	12	62,658
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	345,857	16	486,480
	17	Accounts payable and accrued expenses	343,637	17	400,400
	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	
Se	22	Loans and other payables to any current or former officer, director,		4000	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		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	4,326	25	7,682
	26	Total liabilities. Add lines 17 through 25	4,326	26	7,682
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	320,771	27	460,277
Ba	28	Net assets with donor restrictions	20,760	28	18,521
pur		Organizations that do not follow FASB ASC 958, check here			
Ę.		and complete lines 29 through 33.			
8 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4	31	Retained earnings, endowment, accumulated income, or other funds		31	
+-	32	Total net assets or fund balances	341,531	32	478,798
Se l	33	Total liabilities and net assets/fund balances			310,130

	990 (2024) Paws Patrol Inc	20-5537	7148	Pa	age 12
Part					-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		255,	644
2	Total expenses (must equal Part IX, column (A), line 25)	2		118,	377
3	Revenue less expenses. Subtract line 2 from line 1	3		137,	267
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		341,	531
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		Land Land or the	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		478,	798
Part					
II)	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule 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				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		4000		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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		13
	If the organization changed either its oversight process or selection process during the tax year, explain on		2.0		
	Schedule O.				

3a

3b

Form 990 (2024)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

on. Inspection
Employer identification number

Paws Patrol Inc 20-5537148 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 15 15 % 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2024. 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 10%-facts-and-circumstances test - 2023. 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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	190,514	119,440	67,421	107,326	110,031	594,732
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			62,963	48,124	128,855	239,942
4	Tax revenues levied for the		The second secon				
	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						
6	Total. Add lines 1 through 5	190,514	119,440	130,384	155,450	238,886	834,674
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3		-				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						834,674
	on B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	190,514	119,440	130,384	155,450	238,886	834,674
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	237	6,605	472	3,264	7,700	18,278
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	237	6,605	472	3,264	7,700	18,278
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)	43,380	34,414	23,480	8,868	9,058	119,200
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	234,131	160,459	154,336	167,582	255,644	972,152
14	First 5 years. If the Form 990 is for the organization, check this box and atom because						P.054 http://
Secti	organization, check this box and stop here on C. Computation of Public Suppo	e	<u> </u>				
15				0 1 (0)		T T	
16	Public support percentage for 2024 (line 8	s, column (t), al				15	85.86 %
The second second second	Public support percentage from 2023 Schoon D. Computation of Investment In	edule A, Part II	ii, line 15 .			16	85.15 %
17	Investment income percentage for 2024 (iii	no 100 column	tage	II. 40 I			
18	Investment income percentage for 2024 (li	Cabadula A Di	i (i), aivided by		SOUTH AND THE SECOND	17	2 %
19a	Investment income percentage from 2023	scriedule A, Pa	art III, IINE 1/	on line 44		18	1 %
	33 1/3% support tests - 2024. If the organ	nzauon ulu not	The argania	on line 14, and	line 15 is more	tnan 33 1/3%,	and line
b	17 is not more than 33 1/3%, check this bo	and stop ne	re. The organiz	cation qualities	as a publicly su	upported organi	ization
2	33 1/3% support tests - 2023. If the organization	and otom base T	oox on line 14 or li	ine 19a, and line 1	6 is more than 33	3 1/3%, and	()
20	line 18 is not more than 33 1/3%, check this box a Private foundation. If the organization did	not check a b	e organization qu	lailles as a public	ly supported orga	nization	Ц
-	ato roundation. If the organization dic	THUL CHECK A DI	UN UIT IIITE 14, 1	ad, or 190, che	ck this box and	see instruction	18

Part IV Supporting Organizations

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

Section	A. All	Supporting	Organizations

		res	N
documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	1		
under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
	-		
	30		
	Ja		
	26		
A CONTRACTOR AND A CONT	30		
nurnoses? If "Vas " explain in Part VI what controls the experiention put in place to ensure such use	0-		
Was any supported organization not organized in the United States ("ferging currented experiential and the supported experiences.	30		
"Ves." and if you chooked 12a or 12b in Port L. chower lines 4b and 4b below			
	4a		
supported organization? If "Ves." describe in Part VI how the organization had such central and discretion			
despite being controlled or supervised by or in connection with its supported experientions	41.		
	40		
under sections 501(c)(3) and 509(a)(1) or (2)2 If "Vos " explain in Part Whybet controls the expenientian used			
to ensure that all support to the foreign supported organization was used evaluationly for section 470(a)(a)(b)			
	4-		
	40		
numbers of the supported organizations added, substituted, or removed: (ii) the reasons for each such actions			
(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	50		
	Ja		
designated in the organization's organizing document?	Eh		
Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
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			
penefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI	6		
Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A PARTY	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	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. 1 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). 1 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 1 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. 2 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) and satisfied the public supported organization to torganization put in place to ensure such use. 3 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization had such control and discretion 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) ourposes. 4 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted supported organizations added, substituted, or removed; (ii) the reasons for each such action; in the organization organization document). 5 Did the organization organizat	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. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) ourposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 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 lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization sport any foreign supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) burposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," a

with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

Bid the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

7

8

9a

9b

9c

10a

10b

Schedul	e A (Form 990) 2024 Paws Patrol Inc 20-553714	8	P	age 5
rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
0 (1	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
4			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	7 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	No. 10		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	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	1000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
3	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
٠	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	tions	1
a	The organization satisfied the Activities Test. Complete line 2 below.	suut		/.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test, Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		THE TANK	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	1000		
	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			
3	have engaged in these activities but for the organization's involvement.	2b		
a	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
2	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		4.0

			on Nov. 20, 1970 <i>(expla</i>	The state of the s
Section	instructions. All other Type III non-functionally integrated supporting organiz on A - Adjusted Net Income	ation	ns must complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

7

(see instructions).

-	e A (Form 990) 2024 Paws Patrol Inc			5537	148 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part V)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2024	ns	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023		CONTRACTOR OF THE PARTY OF THE		
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)	9			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
b	Excess from 2021				
C	Excess from 2022				
d	Excess from 2023	THE RESIDENCE OF THE PARTY OF T			

e Excess from 2024

. . . .

Schedule A (Fo	m 990) 2024 Paws Patrol Inc	20-5537148	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line	10; Part II, line 17a or 1	7b; 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, 8	Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; P	art 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, 9	Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See i	nstructions.)	
XIII SAN			
	4. W		

Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

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 **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Paws Patrol Inc

Employer identification number 20-5537148

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	R L Glazener 599 N Ramos Lane Green Valley AZ 85614	\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Janice McClellan 1655 W Placita Sin Parada Sahuarita AZ 85629	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Dolores Goetze Trust 5404 E Desert Forest Trail Cave Creek AZ 85331	\$ 67,205	Person x Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.

Paws Patrol Inc

Employer identification number 20-5537148

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

Schedule B (Form 990) (Rev. 12-2024) Name of organization Employer identification number 20-5537148 Paws Patrol Inc Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Paws Patrol Inc 20-5537148 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements b 2b Number of conservation easements on a certified historic structure included on line 2a C 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) /.... Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1

3	Using the organization's acquisition, access							sets (C	ontin	uea)
	collection items (check all that apply).		,	, 00 .	onowing that me	and sign	mount asc of its			
а	☐ Public exhibition		d	Птоап	or exchange pr	oaram				
b	Scholarly research		e	Other		ogram				
С	Preservation for future generations			LI Other						-
4	Provide a description of the organization's or	allactions and avaloin	how thou	further the						
	XIII.	ollections and explain	now tries	riuither the	e organization's	exempt	purpose in Part			
5	During the year, did the organization solicit of	r receive donations o	f art, histo	orical treas	ures, or other s	imilar				
	assets to be sold to raise funds rather than t	o be maintained as pa	art of the	organizatio	on's collection?			. П ү	es	No
Par	t IV Escrow and Custodial Arra	angements								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	rm 990,	Part IV, line	9, or r	eported an amo	ount o	1 For	m
1a	Is the organization an agent, trustee, custod	ian, or other intermed	iary for co	ontributions	s or other asset	s not				
	included on Form 990, Part X?							ПΥ	es [No
b	If "Yes," explain the arrangement in Part XIII									
•	Paginaina balansa						Amo	ount		
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F						?	_ Y	es [No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	has been	provided in Part	t XIII			. [
Par	A STATE OF THE PROPERTY OF THE									
	Complete if the organization	answered "Yes"	on For	m 990,	Part IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance		-							
b	Contributions				-					
C	Net investment earnings, gains,			A						
	and losses		10	100						
d	Grants or scholarships									
е	Other expenditures for facilities and							+		
	programs		1							
f	Administrative expenses							-		
g	End of year balance							-		
2	Provide the estimated percentage of the curr	ent year and halance	/line 1a	oolumn (a)	\\ hald as:					
а	Board designated or quasi-endowment	or year end balance	(life 1g,	column (a))) neid as:					
b	Permanent endowment %	70								
c	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho									
20										
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that a	re held and	d administered t	for the				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i		
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	organization's endov	ment fun	ds.						
Part										
-	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	11a. S	ee Form 990, F	Part X.	line 1	10.
		(a) Cost or other		100000	or other basis		Accumulated		ok value	
	Description of property	(-) 0000 01 0110								
	Description of property	(investme	nt)		(other)	de	preciation			
1a	Description of property Land	And the second	nt)		(other)	de	preciation			
1a b		And the second	nt)			de				240
-	Land	And the second	nt)		(other) 11,195	de	preciation 5,853			342
b	Land	And the second	nt)			de				342
b c	Land	(investme	nt)			de				342

Part VII	Investments - Other Securities			20-553	
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	e 11b. See Form 990	O, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial					
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related	"			
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	e 11c. See Form 990), Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method o	
			(a) book value	Cost or end-of-ye	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) must squal Form 000 Part V line 12 and	Dill	4		
Part IX	n (b) must equal Form 990, Part X, line 13, col. (a Other Assets	B))			
· arenz	Complete if the organization answ	ered "Yes" on Form	990 Part IV line	11d See Form 000	Dort V line 15
		(a) Description	1 990, Part IV, IIIIe	e Tru. See Form 990	
(1)		(a) bescription			(b) Book value
(2)	-				
(3)					
(4)		-			
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	n (b) must equal Form 990, Part X, line 15, col. (l Other Liabilities	B))			
raitx	Complete if the organization answ line 25.	ered "Yes" on Form	990, Part IV, line	e 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	10		
(1) Federal in		(b) book valu	ie.		
	Cards Payable		7,682		
(3)			7,002		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, line 25, col. (B))		7,682	SELECTION OF THE PERSON OF THE	
Liability for i	uncertain tax positions. In Part XIII, provide the	text of the footnote to the	organization's financia	al statements that reports	ilea

Part	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	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b		9049
c	Donated services and use of facilities	
d		
е	Other (Describe in Part XIII.)	2-
3	Subtract line 2e from line 1	2e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
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.)	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ner Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	portionali
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part		
2: Part	e 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; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art X, line
	and 15.7 lies and 16.7 lies complete this part to provide any additional information.	
-		
- 11		

SCHEDULE G (Form 990)

Name of the organization

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Paws Patrol Inc 20-5537148 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations a Solicitation of nongovernment grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (ii) Activity (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 8 9 10 Total . . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		(a) Event #1 None (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	(event type)	(event type)	(total number)	our (e),
3	Less: Contributions Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages		1		
8	Entertainment				
9 10 11	Other direct expenses Direct expense summary. Add line: Net income summary. Subtract line:				
rt III	Gaming. Complete if the org \$15,000 on Form 990-EZ, li	ganization answered '		/, line 19, or reported mo	re than
	Ψ10,000 0111 01111 000-LZ, II	no ou.			
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1 2	Gross revenue			(c) Other gaming	
	Gross revenue			(c) Other gaming	
2	Gross revenue			(c) Other gaming	
2	Gross revenue	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c)
2 3 4	Gross revenue		bingo/progressive bingo	(c) Other gaming Yes% No	
2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines	(a) Bingo Yes 9 No s 2 through 5 in column (column (c	bingo/progressive bingo Yes% No	☐ Yes%	
2 3 4 5 6 7 8 Elisis	Gross revenue	Yes	bingo/progressive bingo Wes	☐ Yes%	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Paws Patrol Inc	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 re-	view before submitting to
the IRS.	
00 0	
02. Governing documents, etc, available to public (Part VI, li	
The governing documents are available to the public upon reques	t.
+ V	

4562

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Business or activity to which this form relates

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

Attachment Sequence No. 179

FORM 990 - 1 20-5537148 Paws Patrol Inc Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2024 17 1,490 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only-see instructions) placed in service (e) Convention (f) Method (g) Depreciation deduction period 19a 3-year property 5-year property 3,885 5 HY 200 DB 777 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 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 2,267 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning

, 2024, and ending

, 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2024

OMB No. 1545-0047

Name of filer						EIN or SSN	
Paws Patr	col Inc					20-5537148	
Name and title	of officer or person subjec	t to tax					
Debby Tri	pp, Treasurer						
Part I	Type of Return a	and Return	n Information				
8038-CP and 3a, 4a, 5a, 6a, 3b, 4b, 5b, 6b	Form 5330 filers may e 7a, 8a, 9a, or 10a belo	nter dollars an w, and the am iichever is app	g this Form 8879-TE and end cents. For all other forms ount on that line for the retublicable, blank (do not enter one line in Part I.	, enter whole dollars or rn being filed with this f	nly. If you ch form was bla	neck the box on line 1a ank, then leave line 1b	a, 2a, a, 2b,
1a Form	990 check here	x	Total revenue, if any (Fo	orm 990, Part VIII, colu	umn (A), line	12)	1b 255,644
2a Form	Form 990-EZ check here D b Total revenue, if any (Form 990-EZ						2b
3a Form	1120-POL check here	🗌 t	Total tax (Form 1120-Po	OL, line 22)			3b
4a Form	990-PF check here	🗌 t	Tax based on investme	ent income (Form 990	-PF, Part V,	line 5)	4b
5a Form	8868 check here	🗌 t	Balance due (Form 886	8, line 3c)			5b
6a Form	990-T check here	🗌 t	Total tax (Form 990-T, F	Part III, line 4)			6b
7a Form	4720 check here	🔲 t	Total tax (Form 4720, P	art III, line 1)			7b
8a Form	5227 check here	🔲 t	FMV of assets at end o	f tax year (Form 5227	, Item D)		8b
	5330 check here		Tax due (Form 5330, Pa	art II, line 19)			9b
	8038-CP check here .		Amount of credit paym				10b
Part II			Authorization of O	fficer or Person	Subject	to Tax	
	es of perjury, I declare t	hat	I am an officer of the above			subject to tax with re	
of entity) , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and							
acknowledgen the date of any (direct debit) e return, and the 1-888-353-45: processing of the payment. I electronic fund	nent of receipt or reason y refund. If applicable, I entry to the financial inse e financial institution to 37 no later than 2 busin the electronic payment I have selected a perso ds withdrawal.	n for rejection authorize the titution accoundebit the entry less days prio of taxes to re	onic return originator (ERO) of the transmission, (b) the U.S. Treasury and its designt indicated in the tax prepart to this account. To revoke r to the payment (settlemer ceive confidential information number (PIN) as my signal.	reason for any delay in gnated Financial Agen tration software for pay a payment, I must cor nt) date. I also authoriz on necessary to answe	n processing it to initiate a yment of the ntact the U.S te the financer inquiries a	the return or refund, an electronic funds with federal taxes owed of the stream of the	and (c) thdrawal on this Agent at d in the ated to
PIN: check or							
x I author	ize Bradley &	Smith CF	PA PC	to enter	r my PIN	37148	as my signature
ERO firm name						Enter five numbers, b	
agency(return's As an o filed retu	(ies) regulating charities disclosure consent scr fficer or person subject urn. If I have indicated v	s as part of the een. to tax with res within this retu	n. If I have indicated within a IRS Fed/State program, I spect to the entity, I will enter that a copy of the return PIN on the return's disclose	also authorize the aform of the store of the	rementioned	d ERO to enter my Pl	state N on the
Signature of offi	cer or person subject to ta	ix				Date 02-05-2	2025
Part III	Certification and						
ERO's EFIN/F	PIN. Enter your six-digit () followed by your five-	electronic filing	g identification		WAYNER OF THE PARTY OF		
namber (El III) lollowed by your live-	ulgit sell-selec	cted PIN.	865905	13080		
					Do not enter		
Providers for E	this return in accordance	ce with the req	ich is my signature on the aurements of Pub. 4163, Mo	2024 electronically fileo odernized e-File (MeF)	d return indi Information	cated above. I confirm for Authorized IRS e-	n that I file
ERO's signature	Kriston L 9	mith CPA	Worker C 8		Date	02-07-2025	
		ED/	O Must Datain This	F 0 1			