US 990

Main Information Sheet

For calendar year 2020 or tax year beginning	and ending								
Name: PAWS WITH PURPOSE INC Name line 2:	EIN: 20-0681397 Telephone No: 502-689-0804								
Email address . PAWSWITHPURPOSE . ORG Web site address . PAWSWITHPURPOSE . ORG Fiduciary name, if applicable . SHEILAH ABRAMSON-MILES Name of officer signing return . SHEILAH ABRAMSON-MILES Title of officer/trustee/fiduciary signing return . PRESIDENT Group exemption number . I Check if exemption application is pending . I Accounting method . Cash: Accrual: X List states desired . KY I Specify: I									
Type of exempt organization: ☑ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990) ☑ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ) ☑ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF) ☑ Exempt organization with unrelated business income (Form 990-T)									
Preparer ID: 001 Preparer name: AARON BURNS Firm's name: BONAVENTURE BOOKKEEPING LLC Address: 801 HOLZ RD City, State, ZIP Code: NEW ALBANY IN 47150	Time in this return: 570 minutes Date: $08/01/2022$ PTIN: $P02387044$ Self-employed: X Firm's EIN: $83-4380921$ Phone: $502-614-6944$								

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

2020 Open to Public . Inspection

OMB No. 1545-0047

Α	For the	2020 cal	endar year, or tax year beginning		, and e	nding			
В	Check if a	applicable:	C Name of organization PAWS WITH PURPOR	SE INC		DE	Employer ident	ification r	number
	Address of	change	Doing business as Number and street (or P.O. box if mail is not delivered to		Room/suite				
	Name cha	ange	-0681397 Telephone number						
_		-	PO BOX 5458 City or town	State	ZIP code	E	elephone numi	ber	
	Initial retu	Irn	LOUISVILLE KY 40255-	Sidle	ZIF COUE	502	-689-080	4	
	Final return/	/terminated	Foreign country name Foreign province/stat	e/countv	Foreign postal	code			
х	Amended	return	· · · · · · · · · · · · · · · · · · ·		· · · · · g. · p · · · ·		Gross receipts \$	5	312191.
	Applicatio	n pending	F Name and address of principal officer: SHEILAH A	BRAMSON-M	TT.F	LI(a) la thia a gra	un roturn for oubor	dinataa?	Yes X No
	Applicatio			40255-			oup return for subor		
							ubordinates incl		Yes No
		npt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	li No, a	attach a list. See	einstructio	115
J	Website	: 🕨 PAV	SWITHPURPOSE.ORG			H(c) Group ex	emption number	er 🕨	
κ	Form of c	organizatio	n: X Corporation Trust Association O	ther >	L Yea	ar of formation:	М	State of le	egal domicile: KY
	Part I	Su	nmary						
	1		escribe the organization's mission or most sign	ificant activiti	es: TO I	PROVIDE	HIGHLY S	KILLE	 D
Se		-	CE DOGS AND CONTINUED SUPPORT TO						
nar			LITIES OTHER THAN BLINDNESS.						
Activities & Governance			nis box ▶ if the organization discontinued	its operations	s or dispose	d of more th	an 25% of i	ts net as	sets.
ŝ	3		of voting members of the governing body (Par						7
ංජ	4		of independent voting members of the governi	. ,					· · · · · · · · · · · · · · · · · · ·
ties	5		mber of individuals employed in calendar year	• • •					5
ť	6		mber of volunteers (estimate if necessary).						50
Ac	7a		related business revenue from Part VIII, colum						
	b	Net unre	elated business taxable income from Form 990	-T, Part I, line	11		. 7b		
						Prior	r Year	(Current Year
Ð	8	Contribu	itions and grants (Part VIII, line 1h)				247709.		257668.
- nue	9	Program	a service revenue (Part VIII, line 2g)						
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, an	id 7d)					7547.
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c				42022.		46478.
	12		enue—add lines 8 through 11 (must equal Part VIII				289731.		311693.
	13		and similar amounts paid (Part IX, column (A), I					-	
	14		paid to or for members (Part IX, column (A), lin						
es	15		other compensation, employee benefits (Part IX, co	()·	,		124738.	•	185746.
Expenses	16a		onal fundraising fees (Part IX, column (A), line	•					
<u>8</u>	b		ndraising expenses (Part IX, column (D), line 2				140010		155004
	111		xpenses (Part IX, column (A), lines 11a–11d, 1				149818.	•	155204.
	18		penses. Add lines 13–17 (must equal Part IX, o e less expenses. Subtract line 18 from line 12 .				274556.	•	340950.
2	<u>19</u>	Revenu				Beginning of	15175. f Current Year		-29257 . End of Year
ets o	20	Total as	sets (Part X, line 16)			Dogining o	346420.		314394.
Ass	21		bilities (Part X, line 26)				3958.		-311.
Net Assets or	22		ets or fund balances. Subtract line 21 from line				342462.		314705.
	art II		nature Block			•			
			y, I declare that I have examined this return, including accor	npanying schedu	les and stateme	ents, and to the	best of my kno	wledge	
and	belief, it is	s true, corr	ect, and complete. Declaration of preparer (other than officer	r) is based on all i	information of w	which preparer h		•	
Si	an						08/01/2	022	
He	-		Signature of officer				Date		
			SHEILAH ABRAMSON-MILES		PRE:	SIDENT			
		Drin	Type or print name and title	iapoturo		Date			PTIN
Ра	hid	Pnn	/Type preparer's name Preparer's si	Aaron	BUDA	Dale	Check		PTIN
	eparer	AAF	ON BURNS AARON B			08/01/2	16	· · · · ·	202387044
	-		's name ► BONAVENTURE BOOKKEEPING	LLC		Firm'	s EIN ▶ 83-	43809	21
US	e Only			ALBANY	IN 4	17150 Phon		-614-	
Ma	w the ID		s this return with the preparer shown above? S					-	X Yes No
	-		is this return with the preparer shown above?		J			· · <u>L</u>	
-01		WALK ROOM	WIND ACT NOTICE SEE THE SEPARATE INSTRUCTIONS						Form MMI (2020)

	90 (2020)		20-0681397	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission:		
•		THE ITALLY OFTITED GENERATE DOGS AND COMMINIED OF TO		
		S WITH DISABILITIES OTHER THAN BLINDNESS.		
	D: 1.4			
2		rganization undertake any significant program services during the year which were not listed on	—	—
		Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O.		
3	Did the o	rganization cease conducting, or make significant changes in how it conducts, any program		
	services?)	Yes	X No
	If "Yes," o	describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program services	s. as measured t	v
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al		
		expenses, and revenue, if any, for each program service reported.		,
		skponodo, and rovondo, il any, for odon program convice reported.		
4-	(O a al a a	(\mathbf{F}_{i})	<u></u>	· · ·
4a	(Code:) (Expenses \$ 237888. including grants of \$) (Revenue	\$)
	PLACEM	ENT OF SERVICE DOGS WITH QUALIFIED RECIPIENTS.		
			*	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4.0	(Code)		<u></u>	· · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	Φ)
	Othe			
4d		ogram services (Describe on Schedule O.)	,	
	(Expense)	
4e	Total pro	gram service expenses 237888.		

Form 990 (2020) PAWS WITH PURPOSE INC Part IV Checklist of Required Schedules

Par	Checklist of Required Schedules			<u> </u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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 debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	- 23	
13	If "Yes," complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
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		х

Form 990 (2020) Part IV

PAWS WITH PURPOSE INC

Par	t IV Checklist of Required Schedules (continued)			0
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	250		Х
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		Λ
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Test, complete Schedule N, Part T</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	51		21
52	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
Par	19? Note: All Form 990 filers are required to complete Schedule O. 19	38	Х	
- al	Check if Schedule O contains a response or note to any line in this Part V.		Ī	
		• •	· Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	х	
			990 ((2020)

Form 990 (2020)
Part V

PAWS WITH PURPOSE INC Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5									
b										
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)									
3a ⊾										
b										
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b										
	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		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	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		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
-	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		х						
9	Sponsoring organizations maintaining donor advised funds.	0		- 21						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_								
11	Section 501(c)(12) organizations. Enter:									
a ⊾	Gross income from members or shareholders	-								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-	the organization is licensed to issue qualified health plans									
с 14а	Enter the amount of reserves on hand	14a								
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year	15		х						
	If "Yes," see 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		х						
	If "Yes," complete Form 4720, Schedule O.									

Form 9	990 (2020) PAWS WITH PURPOSE INC 20-068	139	7 р	Page 6				
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	struct	<u>ions</u> .				
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sect	ion A. Governing Body and Management			1				
4 -	For the same has a function of the second in the during the second of the territory of the second of		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7 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		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		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		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
•	stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a		х				
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0						
-	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.))					
			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						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	V					
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ					
Ŭ	describe in Schedule O how this was done	12c		х				
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official.	15a		Х				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Soct	ine organization's exempt status with respect to such analyements?	100						
<u>Sect</u> 17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	on 50'	1(c)					
- •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		. (3)					
	Own website Another's website Upon request X Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		',					
	and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	SUSANNE PORTER 502-689-080)4						
	PO BOX 5458 LOUISVILLE KY 40255-							

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	🔲
	Employees, and Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	t
Form 990 (2020)	PAWS WITH PURPOSE INC	20-0681397 Page 7

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson lirect	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHEILAH ABRAMS PRESIDENT	20	x		x				0	0	0
(2) SUE WETTLE	20	~		Λ				0	0	0
VICE PRESIDENT		х		х				0	0	0
(3) ELAINE WEISBER	20									
VICE PRESIDENT		Х		Х				0	0	0
(4) KEVIN HISEL TREASURER	5	x						0	0	0
(5) DOLORES BILES SECRETARY	5			х				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2020) PAWS WITH PURPOSE IN									20-068			a 8
P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			High	est	Compensated	Employees (co	ntinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	erson direct	e is or/trust Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com f orgai	(F) ated amou of other opensation rom the nization and organizatio	d
(15)													
(16)			-										
(17)													
(18)													
<u>(19)</u>													
(20)													
(21)			-										
(22)													
(23)													
(24)			-										
(25)			-										
1b c d	Subtotal . Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).	Section A											
2	Total number of individuals (including but not l reportable compensation from the organization		listed	abo	ove)) wh	io rec	eive	ed more than \$1	00,000 of			
3	Did the organization list any former officer, din employee on line 1a? If "Yes," complete Sche						•				3		lo <
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual		-						-		4	2	Z
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If								•		5		K
-	tion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization. Report co								ig with or within				
	(A) Name and business add	Iress							(B) Description of ser	vices ((C) Compen		
2	Total number of independent contractors (inclu	uding but not lim	nited	to th	nose	e lis	ted at	200	e) who received				

Form 9	990 (20	20) PAWS WITH PURE	POSE	INC					20-0)681397 _{Page} 9
Par	t VIII	Statement of Reven	ue							
		Check if Schedule O co	ontain	s a respo	nse o	r note to any line	in this Part VIII.			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s S	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
Ū, Č	С	Fundraising events			1c					
ar A	d	Related organizations			1d					
s, G	е	Government grants (contri			1e	25800.				
ion	f	All other contributions, gifts				001000				
but the		similar amounts not include Noncash contributions incl			1f	231868.				
d Tri	g	lines 1a–1f			1g	¢				
a C	h	Total. Add lines 1a–1f					257668.			
						Business Code				
e	2a									
e Š	b									
Se	С									
e ve	d									
Program Service Revenue	е									
Pr	f	All other program service r								
	g	Total. Add lines 2a–2f								
	3	Investment income (includ other similar amounts) .					7547			7547.
	4	Income from investment of					7547.			/54/.
	4 5	Royalties								
	Ŭ		· ·	(i) Re		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u></u>							
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets	_							
¢)		other than inventory	7a							
enue	b	Less: cost or other basis	7b							
<u>eve</u>	с	and sales expenses Gain or (loss)	70 70							
Ř	d	Net gain or (loss)								
Other Rev			ising		· ·					
ō		events (not including \$	Ũ							
		of contributions reported o								
		See Part IV, line 18			8a	26443.				
		Less: direct expenses			8b	498.				
		Net income or (loss) from f		•	ents.	<u> ▶</u>	25945.			
	9a	Gross income from gaming See Part IV, line 19			9a					
	h	Less: direct expenses			9a 9b					
		Net income or (loss) from (•				
		Gross sales of inventory, le		ig douvide						
		returns and allowances .			10a					
	b	Less: cost of goods sold .			10b					
		Net income or (loss) from s			ory.	·►				
SL						Business Code				
eor		REIMBURSEMENTS				900099	14662.	14662.	ļ	
cellaneo Revenue		OTHER MISC REVENUE				900099	5871.	5871.	 	
Sel Sel	C d	All other revenue								
Miscellaneous Revenue	d e	All other revenue				L	20533.			
	е 12	Total revenue. See instru-					311693.	20533.		7547.
									1	

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Management and Total expenses Program service Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 157008 80793 34320 41895. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 11900 7874 2013. 2013. 16838 10 8664. 3681 4493. 11 Fees for services (nonemployees): Legal. b . . Accounting С Professional fundraising services. See Part IV, line 17. е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 5226 3413 918 895. Advertising and promotion 12 976 70. 621. 285. 13 5284 3132. 1652. 500. 14 3575 3575. 15 3970 16 1985 993 992. 17 14304 14304 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 16677. 12460. 4217. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PUPPY FOOD N TREATS 46267. 46267. 21686. **b** PUPPY SUPP N EQUIP 21686 c veterinary costs 28560 28560. d ADI & KCIW & WHELPING 8679 8679. e All other expenses Total functional expenses. Add lines 1 through 24e . 340950. 237887. 51990 51073. 25 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 (20	20)
Part X	

Balance Sheet

(A) (B) Beginning of year End of year 304729. 1 239564. 1 2 2 3 3 4 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets 7 7 8 8 9 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 31895. b Less: accumulated depreciation 10b 10c 31895. 21394. 22638. 11 11 12 Investments-other securities. See Part IV, line 11 12 13 13 14 14 15 20297. 15 20297. 346420. 314394. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 17 3958. 17 -311. 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 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 25 3958. -311. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check her Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 314705. Net assets without donor restrictions 342462. 27 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds . . 31 342462. 32 314705. 32 Total liabilities and net assets/fund balances 33 346420. 314394. 33

Form 990 (2020)

Form 9	990 (2020) PAWS WITH PURPOSE INC	20-06	81397	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3116	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3409	50.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-292	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3424	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-	3132	05.
Part				-	
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain o	n			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ī	_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

Depar	tment	of the Treasury		Attach	n to Form 990 or Form 9	90-EZ.			Open to Public
		venue Service	► Go to	o www.irs.gov/Form	990 for instructions a	nd the late	est inform	ation.	Inspection
Name	of the	e organization						Employer identification	n number
PAW	SI	WITH PUR	POSE INC					20-0681397	
Par	t I	Reason fo	r Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	orga	nization is not	a private founda	ation because it is: (For lines 1 through 12	, check o	nly one bo	ox.)	
1		A church, conv	ention of churcl	hes, or association	of churches described	in section	on 170(b)	(1)(A)(i).	
2	Π.	A school desc	ribed in section	170(b)(1)(A)(ii). (A	ttach Schedule E (For	rm 990 or	990-EZ).)	
3	_				ization described in s				
4		•	•		unction with a hospital				Enter the
-			e, city, and state	· ·	-	uescribe			
5		-	-		ge or university owned	d or oporc	tod by a	aovornmontal unit d	
3)(1)(A)(iv). (Cor		ge of university owned		aleu by a		
6		-			ental unit described in	section ?	170(6)(1)(Δ)(γ)	
	=			•					
7	Χ	described in s	ection 170(b)(1	(A)(vi). (Complete	ial part of its support fi Part II.)	rom a gov	/ernmenta	al unit of from the ge	neral public
8		A community t	rust described ir	n section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9					section 170(b)(1)(A)				
					lture (see instructions)	. Enter th	e name, c	city, and state of the	college or
10	П	An organizatio	n that normally	receives: (1) more t	han 33 1/3% of its sup	port from	contribut	ions membershin f	and gross
10		receipts from a	activities related	to its exempt functi	ons—subject to certai	n exception	ons. and (2) no more than 33	1/3% of its
		support from g	ross investment	income and unrela	ited business taxable i	income (le	ess sectio	n 511 tax) from busi	
		acquired by the	e organization a	fter June 30, 1975.	See section 509(a)(2	2). (Comp	lete Part	III.)	
11		An organizatio	n organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).	
12					ely for the benefit of, to				
					escribed in section 5				
	Г			•	ribes the type of suppo	•••		•	
а					pervised, or controlled ularly appoint or elect				
				mplete Part IV, Se		a majoniy	y or the di		i the supporting
b	Γ			•	or controlled in connec	ction with	its suppor	rted organization(s).	by having
		control or m	anagement of the	he supporting orgar	nization vested in the s				
	Г			•	Sections A and C.				
С					organization operated				tegrated with,
d			•		orting organization ope				organization(s)
u					ation generally must sa				
	_				plete Part IV, Section				
е					ritten determination fro			s a Type I, Type II, T	ype III
4	r				ally integrated support		nization.		
t g					ted organization(s).				•••
9		lame of supported		(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1–10	-	ur governing	support (see	other support (see
					above (see instructions))	docui	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(=`									
(E)									

Total

OMB No. 1545-0047

2020

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	124620.	155829.	260991.	247709.	257668.	1046817.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	124620.	155829.	260991.	247709.	257668.	1046817.
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							1046817.
<u>6</u>	ction B. Total Support						1040017.
-	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_		124620.	155829.	260991.	247709.	257668.	1046817.
7	Amounts from line 4	124020.	100029.	200991.	24//09.	25/000.	104001/.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from					8548	DE 40
	similar sources					7547.	7547.
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	5151.	7893.	17889.	15990.	20533.	67456.
11	Total support. Add lines 7 through 10						1121820.
12	Gross receipts from related activities, etc. (se	,				12	
13	First 5 years. If the Form 990 is for the organized						
	organization, check this box and stop here .						🕨
Sec	ction C. Computation of Public Sup	oport Percenta	ae				
	Public support percentage for 2020 (line 6, c			f))		14	93.31%
15		.,				15	94.69%
16a	33 1/3% support test—2020. If the organiza					ck this box	
	and stop here. The organization qualifies as				-		> X
h	33 1/3% support test—2019. If the organiza	ation 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 qualifie			-			
172	10%-facts-and-circumstances test—2020.		-				
17a	10% or more, and if the organization meets	U					
	Part VI how the organization meets the facts				•		
	organization		0	•			· · · ▶
b	0 10%-facts-and-circumstances test—2019.	If the organization	did not check a bo	x on line 13. 16a. 1	16b. or 17a. and li	ne	
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fac						
	organization						· · · 🕨 📘
18	Private foundation. If the organization did n	ot check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check	this box and see		
	instructions						
		-					n 990 or 990-EZ) 2020
						Joneudie A (POII	11 JJU UL JJU-EZJ ZUZU

Schedule A (Fo	orm 990 or 990-EZ) 2020 PAWS WITH PURPOSE INC	20-0681397	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	a or 17b; Part t IV, Section ines 1c, 2a, 2b,	
SCH A,	PART II, LINE 10		
REIMBUR	RSEMENTS FOR PUPPIES AND TRAINERS. OTHER MISC		
REIMBUR	SEMENTS FROM CLIENTS. AND OTHER MISC REVENUES.		

Sch	edule	В
-		

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

hei

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

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

2020

Name of the organization		Employer identification num
PAWS WITH PUR	POSE INC	20-0681397
		÷

Organization type (check one):

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. BCA Name of organization

Employer identification number

PAWS WITH PURPOSE INC

20-0681397

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Foreign State or Province: Foreign Country:	\$28,173.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Foreign State or Province: Foreign Country:	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Foreign State or Province: Foreign Country:	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Foreign State or Province: Foreign Country:	\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Foreign State or Province: Foreign Country:	\$15,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Foreign State or Province: Foreign Country:	\$11,053.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

PAWS WITH PURPOSE INC

20-0681397

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Foreign State or Province: Foreign Country:	\$10,000.	PersonXPayrollNoncashNoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Foreign State or Province: Foreign Country:	\$6,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D		Supplemental Financial Statements			OMB No. 1545-0047
(Form 990)		Complete i	 Complete if the organization answered "Yes" on Form 990, 		
		Part IV, line 6	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	► Go to www.irs.go	Attach to Form 990. v/Form990 for instructions and the latest information	formation.	Open to Public Inspection
Name of the organization Employer identificatio					
PAWS WITH PURPOSE INC 20-0681397				_397	
Part			Advised Funds or Other Similar Fun	ds or Ac	counts.
	Complete	if the organization answe	red "Yes" on Form 990, Part IV, line 6.		
	- · · · · ·		(a) Donor advised funds	(b) Funds and other accounts
1		end of year			
2 3		contributions to (during year) grants from (during year)			
4		e at end of year			
5		•	onor advisors in writing that the assets held	in donor ad	dvised
			t to the organization's exclusive legal contro		
6	•	.	ors, and donor advisors in writing that gran		
			penefit of the donor or donor advisor, or for		
					Yes No
Part		tion Easements.			
1			red "Yes" on Form 990, Part IV, line 7. by the organization (check all that apply).		
		of land for public use (for exam		n of a histor	rically important land area
		of natural habitat			ied historic structure
2		n of open space	tion held a qualified conservation contributi	on in tho fo	rm of a consorvation
2		e last day of the tax year.			Held at the End of the Tax Year
а				. 2a	
b			sements		
С	Number of cons	ervation easements on a ce	rtified historic structure included in (a).		
d			d in (c) acquired after 7/25/06, and not on a		
2			ter		
3	the tax year	ervation easements modified	d, transferred, released, extinguished, or ter	minated by	the organization during
4		s where property subject to	conservation easement is located		
5			regarding the periodic monitoring, inspection	n, handling	of
	violations, and e	nforcement of the conservation	ion easements it holds?		🗌 Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, i	nspecting, handling of violations, and enforcing c	onservation	easements during the year
_	•				
7		es incurred in monitoring, inspe	cting, handling of violations, and enforcing conse	rvation ease	ments during the year
8	► \$	anyation accoment reported	on line 2(d) above satisfy the requirements	of coction	170/b)(4)(P)(i)
U					
9			ports conservation easements in its revenue		
		5	text of the footnote to the organization's fir	•	
		ccounting for conservation e			
Part			tions of Art, Historical Treasures, or	Other Sir	nilar Assets.
4-			red "Yes" on Form 990, Part IV, line 8.		
1a	-	-	er FASB ASC 958, not to report in its reven nilar assets held for public exhibition, educa		
			the footnote to its financial statements that		
b			er FASB ASC 958, to report in its revenue s		
	-	-	nilar assets held for public exhibition, educa		
		rovide the following amount	-		
			, line 1		
-					▶ \$
2	-		art, historical treasures, or other similar ass		ncial gain, provide the
~			nder FASB ASC 958 relating to these items		► ¢
			e1		
For Pa	aperwork Reducti	on Act Notice, see the Instruc	tions for Form 990.		Schedule D (Form 990) 2020
BCA		,			(· · · · · · · · · · · · · · · · · · ·

	lule D (Form 990) 2020 PAWS WITH PURPO					-0681		Page 2
Part	t III Organizations Maintaining Collecti						,	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d		exchange progra				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and ex	kplain how they	further the organi	zation's exempt pu	rpose in	Part	
	XIII.							
5	During the year, did the organization solicit or					— –1		
	assets to be sold to raise funds rather than to		as part of the o	organization's colle	ection?	Ye	s	No
Part	t IV Escrow and Custodial Arrangemen					_		
	Complete if the organization answere	ed "Yes" on F	orm 990, Part	IV, line 9, or rep	ported an amount	on For	m	
4-	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					ΠYe	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII a						:5	NO
N N			ne following tab	Γ	A	mount		
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X	, line 21, for eso	crow or custodial	account liability?	Υe	s X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if t	he explanation	has been provide	d on Part XIII..			
Part	V Endowment Funds.							
	Complete if the organization answere	<u>ed "Yes" on F</u>	<u>orm 990, Part</u>	IV, line 10.				
	(a) Cu	urrent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
f	and programs							
n n	End of year balance							
2	Provide the estimated percentage of the curre	ent vear end ba	alance (line 1g. g	column (a)) held a	IS:	1		
а	Board designated or quasi-endowment	0.00%	(³ ,					
b	Permanent endowment 0.0	0%						
С	Term endowment 0.00 %							
	The percentages on lines 2a, 2b, and 2c shou	-						
3a	Are there endowment funds not in the posses	sion of the org	anization that a	re held and admir	istered for the	Г		
	organization by:					0.0	Yes	No
	(i) Unrelated organizations					3a(i)		
b	(ii) Related organizations					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the					30		
Part		organization o						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other b			(c) Accumulated		ok valu	е
	· · · ·	(investment)	• •	other)	depreciation	. ,		
1a	Land							
b	Buildings							
c	Leasehold improvements							
d		21 00	<u> </u>			<u>م</u>		5
<u>e</u> Total	Other	31,89		(B) line 100)			L,89 L,89	
iula	\mathbf{u} ruu mes la inough le. (Column \mathbf{u}) must e	9001 1 01111 330	, , , , , , , , , , , , , , , , , , , ,	, (J), III (J), IU(J), (J), (J), (J), (J), (J), (J), (J),		5-	-,07	5.

Schedule D	(Form 990) 2020
Concure D	1 01111 330	, 2020

Part VII Investments—Other Securities.			
Complete if the organization answer	<u>ed "Yes" on Form 990,</u>	Part IV, line 11b. See Form 990, Pa	rt X, line 12.
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	ne
(1) Financial derivatives			
(2) Closely held equity interests			
(A)			
(B)			
<u>(C)</u>			
(D)			
(Ē)			
(F)			
(G)			
(H) Tetel (Column (b) must acual Form 000, Port X, col. (B) line 12			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.	.) 🕨		
Part VIII Investments—Program Related.			
Complete if the organization answer	<u>ed "Yes" on Form 990,</u>	Part IV, line 11c. See Form 990, Part	<u>t X, line 13.</u>
(a) Description of investment	(b) Book value	(c) Method of valuation:	
(4)		Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.	.) ►		
Part IX Other Assets.			
Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	Description	(k) Book value
(1) TRAINING DOGS			20,297.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	. (B) line 15.)	<u></u> . >	20,297.
Part X Other Liabilities.			
Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See Form 99	90, Part X,
line 25.	,		, ,
	scription of liability	(t) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25)		
\mathbf{r}	. (

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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

	evenits with gross recei	olo groator than \$0,00	0.				
		(a) Event #1 <u>WALK-A-THON</u> (event type)	(b) Event #2 <u>TRIVIA NIGHT</u> (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))		
1	Gross receipts	14,400.	10,759.	1,284.	26,443.		
<u>з</u>		14,400.	10,759.	1,284.	26,443.		
4	Cash prizes						
5	Noncash prizes						
6	Rent/facility costs						
7	Food and beverages						
8	Entertainment						
9	Other direct expenses						
11	Net income summary. Subtra	ct line 10 from line 3, co	lumn (d)		26,443.		
art II		-	ed "Yes" on Form 990,	Part IV, line 19, or repo	orted more than		
	than \$15,000 on Form \$	990-EZ, line 6a.					
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
1	Gross revenue						
2	Cash prizes						
3	Noncash prizes						
4	Rent/facility costs						
5	Other direct expenses						
6	Volunteer labor	Yes0.0% No	Yes0.0% No	Yes 0.0%			
7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 4 5 6 7 8 4 5 6 7 8 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 10 11 1 1 2 3 4 10 11 1 1 2 3 4 10 11 1 1 2 3 4 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 Gross receipts	(a) Event #1 WALK-A-THON (eventype) 1 Gross receipts	(a) Event #1 (b) Event #2 TRIVIA NIGHT (event type) 1 Gross receipts 14,400. 3 Gross income (line 1 minus line 2) 14,400. 4 Cash prizes 14,400. 5 Noncash prizes 5 6 Rent/facility costs - 7 Food and beverages - 9 Other direct expenses - 10 Direct expense summary. Add lines 4 through 9 in column (d) - 11 Gross revenue - 12 Cash prizes - 9 Other direct expenses - 10 Direct expense summary. Add lines 4 through 9 in column (d) - 11 Gross revenue - 12 Cash prizes - 13 Gross revenue - 14 Gross revenue - 15 Other direct expenses - 16 Bingo (b) Pull tabs/instant bingo/progressive bingo 11 Gross revenue - 2 Cash prizes - 3 Noncash prizes - 3 Noncash prizes - 4 Rent/facility costs - 5 Other direct expenses - 6 Volunteer labor N	(a) Even #1 WLK-A-THON (event tree) TRIVIA NIGHT TRIVIA NIGHT (event tree) 2 (b) Event #2 (e) Other events (event tree) 1 Gross receipts 14,400. 10,759. 1,284. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 14,400. 10,759. 1,284. 4 Cash prizes - - - - 5 Noncash prizes - - - - 6 Rent/facility costs - - - - 7 Food and beverages - - - - - 8 Entertainment - - - - - - 10 Direct expenses summary. Add lines 4 through 9 in column (d)		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE O (Form 990 or 990-EZ)			
Department of the Treasury Internal Revenue Service		Open to Public Inspection	
Name of the organization PAWS WITH PUI	RPOSE INC	Employer ident	ification number 97
990, PART VI	, LINE 11B		
THE TREASURE	R REVIEWS THE FORM 990 BEFORE IT IS FILEI) WITH	
THE IRS.			
990, PART VI	, LINE 19		
MADE AVAILAB	LE VIA OUR WEBSITE AND UPON REQUEST.		
CHANGES MADE	WHEN AMENDING 1/3 - 990, PART IX, LINES	24A-D	
LINES 24A TH	RU 24D, TOTALS FROM COLUMN B WERE NOT		
CARRIED OVER	TO COLUMN A ON ORIGINAL CAUSING EXPENSES	5 TO	
BE UNDERSTATI	ED AND NET INCOME TO BE OVERSTATED.		
CHANGES MADE	WHEN AMENDING 2/3 - 990, PART IX, LINE 7	7, COL B	
IMMATERIAL C	LERICAL ERROR ON ORIGINAL		
HAD COLUMN B	EXPENSE OVERSTATED BY 1 DOLLAR.		
CHANGES MADE	WHEN AMENDING 3/3		
INCLUDED SCHI	EDULE B. ORIGINAL MISTAKENLY SKIPPED SCH	в.	