### EXTENDED TO NOVEMBER 15, 2024

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### 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.

Inspection

OMB No. 1545-0047

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change PETS FOR PATRIOTS INC Name change 27-1082210 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 877-473-8223 218 EAST PARK AVE 543 termin-ated 453,615. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended LONG BEACH, NY 11561 H(a) Is this a group return Applica-F Name and address of principal officer: BETH ZIMMERMAN Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PETSFORPATRIOTS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation L Year of formation: 2009 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TRANSFORM THE LIVES OF VETERANS Activities & Governance BY HELPING THEM SAVE AN AT RISK SHELTER DOG OR CAT oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <del>15</del> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 343,806. 377,063. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) -31,883. 18,075. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 311,923. 395,138 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 214,811.204,723. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 226,077. 249,541. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 430,800. 464,352. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -69,214. -118,877. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 558,196. 609,797. 20 Total assets (Part X, line 16) 27.461. 23,672. 21 Total liabilities (Part X, line 26) 582,336. Net assets or fund balances. Subtract line 21 from line 20 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 anv knowledge. Signature of officer Date Sign BETH ZIMMERMAN, FOUNDER & CHIEF EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name Paid WILLIAM SKODY WILLIAM SKODY 06/24/24 P00631754 self-employed SKODY SCOT & CO, CPAS, PC Firm's EIN 13-3597814 Preparer Firm's name Use Only 520 EIGHTH AVE, SUITE 2200 Firm's address Phone no. 212 967-1100 NEW YORK, NY 10018 May the IRS discuss this return with the preparer shown above? See instructions X Yes

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	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO TRANSFORM THE LIVES OF VETERAN	IS BY
	HELPING THEM SAVE AN AT RISK SHELTER DOG OR CAT, AND TO END ALI	
	HOMELESSNESS IN THE US AND ENRICH THE LIVES OF MEN AND WOMEN WI	
	SERVE, AND HAVE SERVED OUR COUNTRY. THE ORGANIZATION ALSO PROVI	DES
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$\\$ 377,493. including grants of \$\\$ ) (Revenue \$\\$ ASSIST VETERANS TO PAY FOR COSTS OF BASIC PET NEEDS.	)
	ASSIST VETERANS TO PAI FOR COSTS OF BASIC PET NEEDS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$ including grants or \$) (Revenue \$)	,
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
	/(Lipsing game 8. V	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 377,493.	
		Form <b>990</b> (2023)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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### Part IV | Checklist of Required Schedules (continued)

			V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	00		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
Z-Tu	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
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			
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<b>24</b> 0		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	OZ		
	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		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	
. •	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 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	_ 41	

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### 023) PETS FOR PATRIOTS INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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 transa		5b		Х					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	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 contribut	ions 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 set	vices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w									
	to file Form 8282?	l I	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X					
f	3 7 3 7 71 7 7 3 7 1									
g										
h	, , , , , , , , , , , , , , , , , , , ,									
8	, , ,									
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.		00							
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	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							
	<b>Note:</b> 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	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				77					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х					
	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 ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 6									
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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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	Х							
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								
11a	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 on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
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	X							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NY, CA, IL, MA, MI, NJ, NC, PA, UT									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial							
	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									
	THE ORGANIZATION - 877-473-8223									
	218 EAST PARK AVE, 543, LONG BEACH, NY 11561									

# 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of		Highest compensated shaployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KEITH WEAVER	2.00	,,		77					0	0
CHAIR	2 00	Х		Х				0.	0.	0
(2) ANDREA ARDEN	2.00	X		х				0.	0.	0
SECRETARY (3) MARLA DICANDIA	4.00	^		Λ				0.	0.	0
TREASURER	4.00	x		х				0.	0.	0
(4) JAY FARRAR	2.00	<del>-``</del>	$\vdash$			$\vdash$		0.	0.	
DIRECTOR		x						0.	0.	0
(5) LETITIA WHITE	2.00									
DIRECTOR		Х						0.	0.	0
(6) BETH ZIMMERMAN	40.00									
OUNDER & CHIEF EXECUTIVE DIRECTOR		Х		Х				107,516.	0.	14,755
(7) SHON CREWE	2.00									
DIRECTOR		Х						0.	0.	0
				1	Ī	ı	ĺ	l	I	

(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	ation ie tion ted ions	
1b Subtotal  c Total from continuation sheets to Part V								107,516.		0.	1	4,7	55. 0.
d Total (add lines 1b and 1c)								107,516.		0.	1	4,7	55.
Total number of individuals (including but a compensation from the organization								eceived more than \$100	0,000 of reportab	le			1
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 3			-	-	-		-	-	•		3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from	the organization				
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		X
rendered to the organization? If "Yes," con	-				-			-			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	ampapatad in	done		nt o	ont			that received mare than	¢100 000 of con		otion	· · · · ·	
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-	-								iperis	allon	10111	
(A) Name and business	addraga	37/	\ <b>N</b> TT					(B) Description of s	onioos		()		'n
	s address	INC	ONE	<u>.</u>				Description of s	services		ompe	i isalio	
2 Total number of independent contractors		ot li	mite	d to		se lis	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization										Form	<b>990</b> (	(2023)

332008 12-21-23

Pa	rt V	Ш			a in their Dark VIII			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant			Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber			similar amounts not included above 1f	377,063.				
oğ.		<b>a</b>	Noncash contributions included in lines 1a-1f					
Sor		_	Total. Add lines 1a-1f		377,063.			
		<u></u>	Totali / Ida iii ii i	Business Code				
Ð	2	а						
vic		b						
Program Service Revenue		c						
am		d						
ogr		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		11,956.			11,956.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 64,596.	,				
_		b	Less: cost or other basis					
Jue			and sales expenses 76 58,477.					
Revenue		С	Gain or (loss) 7c 6,119.	,				
		d	Net gain or (loss)		6,119.			6,119.
ther	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See	]				
		<b>L</b>	Part IV, line 19 9a Less: direct expenses 9b					
				1				
			Net income or (loss) from gaming activities  Gross sales of inventory, less returns					
	10	а	and allowances 10a					
		h	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory	-				
		Ť		Business Code				
Miscellaneous Revenue	11	а						
nue		b						
eve		c						
disc.			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		395,138.	0.	0.	18,075.

### 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).

D٥	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122,271.	113,650.	5,069.	3,552
_	trustees, and key employees	144,4/1.	113,030.	3,009.	3,332
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	77,550.	72,082.	3,215.	2,253
7	Other salaries and wages	11,550.	14,004.	3,413.	4,400
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	173.	161.	7.	5
9	Other employee benefits	14,817.	13,772.	615.	430
10	Payroll taxes	14,017.	13,772•	013.	430
11	Fees for services (nonemployees):				
a					
b		14,000.		14,000.	
C	5 ······ F	14,000.		14,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	3,719.		3,719.	
f	// / L 100/ / L 05 F	3,713.		3,713.	
g	column (A), amount, list line 11g expenses on Sch 0.)	15,773.		15,773.	
12	Advertising and promotion	2377731		2377734	
13	Office expenses	40,977.	10,738.	11,349.	18,890
14	Information technology	77,382.	69,644.	3,869.	3,869
15	Royalties	7.70021	05,0111	3,0031	3,003
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	12,234.	12,115.	119.	
23	Insurance	==,===	==,===		
23 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.)				
а	PET SUPPLIES AND OTHER	82,960.	82,960.		
b	PRINTING EXPENSE	2,496.	2,371.		125
c		,	,		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	464,352.	377,493.	57,735.	29,124
<u> </u>	<b>Joint costs.</b> 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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		73,937.	1	211,897.	
	2	Savings and temporary cash investments			9,309.	2	
	3	Pledges and grants receivable, net			8,870.	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
ts		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,241.	9	2,241
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	36,701.			
	b			28,546.	0.	10c	8,155.
	11	Investments - publicly traded securities	495,051.	11	335,903.		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets	20,389.	14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	609,797.	16	558,196.		
	17	Accounts payable and accrued expenses			27,461.	17	23,672.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
iab		controlled entity or family member of any of t	hese pers	ons		22	
_	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			27,461.	26	23,672.
w		Organizations that follow FASB ASC 958, or	heck her	e X			
č		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions		541,785.	27	483,146.	
Ä	28	Net assets with donor restrictions		<u></u>	40,551.	28	51,378.
Ĕ		Organizations that do not follow FASB ASC	C 958, ch	eck here			
F		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fun	ds			29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income,	or other funds		31	
Ne	32	Total net assets or fund balances			582,336.	32	534,524.
	33	Total liabilities and net assets/fund balances			609,797.	33	558,196.

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Part X	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
<b>1</b> Tot	tal revenue (must equal Part VIII, column (A), line 12)	1				38.		
2 Tot	tal expenses (must equal Part IX, column (A), line 25)				52.			
3 Rev	venue less expenses. Subtract line 2 from line 1	3				14. 36.		
4 Net	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5 Net	t unrealized gains (losses) on investments	5		21	L,4	02.		
6 Dor	nated services and use of facilities	6						
	estment expenses	7						
	or period adjustments	8						
9 Oth	ner changes in net assets or fund balances (explain on Schedule O)	9				0.		
<b>10</b> Net	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
col	umn (B))	10		534	1,5	24.		
Part X	III Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
<b>1</b> Acc	counting method used to prepare the Form 990: Cash X Accrual Other							
If th	he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_					
<b>2a</b> We	ere 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	d on a						
ser	parate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
<b>b</b> We	ere the organization's financial statements audited by an independent accountant?			2b	Х			
	Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
cor	nsolidated 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 th	e audit	t,					
	iew, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	he organization changed either its oversight process or selection process during the tax year, explain on Sch		_					
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	iform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х		
	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
	audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>I</b>	3b				

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

\_\_\_\_ \_\_\_

Employer identification number

		PETS	FOR PATRI	OTS INC				٠/ ·	-1082210
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.		
The	orgar	nization is not a private found							
1		A church, convention of ch							
2		A school described in sect							
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organiz					•	the	e hospital's name.
		city, and state:		. ,					· · · · · · · · · · · · · · · · · · ·
5		An organization operated f	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit descri	hed	Lin
Ŭ		section 170(b)(1)(A)(iv). (0		maga ar armvaranty attrict	a or opera	iou by u g	overnmental and accom		
6		A federal, state, or local go	•	nental unit described in	section 17	70/61/41/41	(v)		
	X	, ,	ŭ				` '	Lou	ublic described in
′	21	An organization that norma		initial part of its support i	rom a gov	emmema	unit or from the genera	ı pu	iblic described in
_		section 170(b)(1)(A)(vi). (C		MANAY (Occupated Dec					
8	Н	A community trust describ							
9		An agricultural research or							
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge c	or
		university:							
10		An organization that norma							
		activities related to its exer							
		income and unrelated busi	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	n aft	er June 30, 1975.
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)						
11	$\vdash$	An organization organized	and operated exclus	ively to test for public sa	ifety. See s	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	е рі	urposes of one or
		more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Che	eck the box on
	_	_lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.		
а	L	☐ Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	y gi	ving
		the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	sup	porting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	, L	Type II. A supporting org	ganization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	avin	ıg
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the su	ppo	orted
		organization(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functionally integrat	ted	with,
		its supported organization	on(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	izat	tion(s)
		that is not functionally in	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	tive	ness
		requirement (see instruct	-	- ·	•		•		
е		Check this box if the org						ı	
		functionally integrated, o					31 / 31 / 31		
f	Ent	er the number of supported							
		vide the following information						_	
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	su	pport (see instructions)
				above (see instructions))				t	
								T	
								T	
								+	
								+	
								$\perp$	

### 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	458,561.	377,346.	427,305.	343,806.	377,063.	1984081.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	458,561.	377,346.	427,305.	343,806.	377,063.	1984081.
	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)						58,578.
6	Public support. Subtract line 5 from line 4.						1925503.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	458,561.	377,346.	427,305.	343,806.	377,063.	1984081.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15,645.	7,807.	35,141.	10,352.	18,075.	87,020.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2071101.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	28.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2023 (I					14	92.97 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	94.84 %
16a	33 1/3% support test - 2023. If the o	~					
	<b>stop here.</b> The organization qualifies						
b	<b>33 1/3% support test - 2022.</b> If the o	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				· ·	_	
_	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle						H
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	sL

Schedule A (Form 990) 2023

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` `	, ,	<u> </u>	1	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf			+		+	
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge					+	
	Total. Add lines 1 through 5					+	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
k	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•		•	

332023 12-21-23

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
401		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
	Did the averagination musticle to each of its averaged averaginations by the last day of the fifth wealth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
a	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.

332025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Charle have if the august year in the avacatization's first as a pan functions	Illy intograta	d Type III supporting are	anization (ass

Schedule A (Form 990) 2023

instructions).

	t V Type III Non-Functionally Integrated 509		anizations /		7-1002210 Page 7
	•	(a)(b) Supporting Org	arrizations (continu	ied)	Current Year
	ion D - Distributions  Amounts paid to supported organizations to accomplish exe	mnt nurnaga		1	Current Year
1	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple a supported organizations to accomplish exemples and the supported organizations and the supported organizations are supported organizations.			-	
2	organizations, in excess of income from activity	or barboses or subborted		2	
3	Administrative expenses paid to accomplish exempt purpos	os of augmented organization	20	3	
	· · · · · · · · · · · · · · · · · · ·	es of supported organization	15	4	
4	Amounts paid to acquire exempt-use assets	ovido dotaile in Bert VI)		5	
5	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in <b>Part VI</b> ). See instructions.	DVIDE DELAIIS III Part VI)		6	
6	,			7	
7	<b>Total annual distributions.</b> Add lines 1 through 6.  Distributions to attentive supported organizations to which t	ho organization is responsiv			
8	(provide details in <b>Part VI</b> ). See instructions.	ne organization is responsive	₹	8	
9	Distributable amount for 2023 from Section C, line 6			9	
	,			10	
10	Line 8 amount divided by line 9 amount	/i)	/ii)	10	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				<u> </u>
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2023

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a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

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

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PETS FOR PATRIOTS INC

**Employer identification number** 27-1082210

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 furt	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		J / F
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990. Part X		\$

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Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Coll	lections of Ar	t, His	torical Tr	easures, o	or Othe	r Similar <i>i</i>	Assets(continued)
3	Using the organization's acquisition, accession,	and other record	s, checl	k any of the	following tha	at make siç	gnificant use	of its
	collection items (check all that apply).							
а	Public exhibition	d		Loan or exc	hange progra	am		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explair	n how th	ney further t	he organizati	on's exem	pt purpose	in Part XIII.
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be maint							Yes No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Part X			-				
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for	contributio	ns or other a	ssets not i	included	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII and							
								Amount
С	Beginning balance						1c	
	Additions during the year							
	Distributions during the year							
f	Ending balance						1f	
2a	Did the organization include an amount on Form						y?	Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planatio	on has been	provided in	Part XIII		
Par								
	(2	a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (d	<b>d)</b> Three years	s back (e) Four 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							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	t year end balanc	e (line 1	g, column (a	a)) held as:	I		
а	Board designated or quasi-endowment	,	%		"			
b	Permanent endowment	%	_					
С	Term endowment %	_						
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
За	Are there endowment funds not in the possession		ation tha	at are held a	and administe	ered for the	е	
	organization by:	_						Yes No
	(i) Unrelated organizations?							3a(i)
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the org							
Par	t VI Land, Buildings, and Equipmen							
	Complete if the organization answered "\		), Part I\	/, line 11a. S	See Form 990	), Part X, li	ne 10.	
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Acc	cumulated	(d) Book value
	,	basis (investm			(other)		eciation	, ,
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other			3	6,701.		28,546	8,155.
	Add lines 1a through 1e (Column (d) must equa		X line 1					8.155.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PETS FOR PAT	TRIOTS INC	2.7	-1082210 Page
Part VII Investments - Other Securities			1002210 Page
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(b) I som raids	(c) memor or randamem coerci en	<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<b>(D)</b> )		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	on Form 000 Port IV line	a 11a or 11f Saa Farm 000 Bart V lina 26	=
( ) 5	71 FOITH 990, Part IV, IIII	e TTe OF TTI: See FOITH 990, Fart A, IIIIe 23	(b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2023

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Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn	ruge .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1				1	412,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a	21,402.		
b					
С					
d		1 1			
е	Add lines 2a through 2d			2e	21,402.
3	Subtract line 2e from line 1			3	391,419.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,719.		
b	Other (Describe in Part XIII.)	4b			
С				4c	3,719.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	395,138.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Return	l
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				460 633
1	Total expenses and losses per audited financial statements			1	460,633.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
a					
b	, , , , , , , , , , , , , , , , , , , ,				
C					
d	, , , , , , , , , , , , , , , , , , , ,				0
	Add lines 2a through 2d			2e	460,633.
3	Subtract line 2e from line 1			3	400,033.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا	3,719.		
a b	, , , ,		3,713.		
		-		4c	3,719.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	464,352.
	rt XIII Supplemental Information				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part X,	line 2; Part XI,

Schedule D (Form 990) 2023

# SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PETS FOR PATRIOTS INC

Employer identification number 27-1082210

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

ACCESS TO ADDIONAL COST REDUCTIONS FOR VETERINARY SERVICES AND PET

BASICS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED BY THE AUTHORIZED OFFICIALS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCUSSED DURING BOARD MEETINGS IF ANY POTENTIAL CONFLICTS AROSE. IT IS THE RESPONSIBILITY OF EACH BOARD MEMBER TO RAISE ANY POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

TREASURER CONDUCTED INDEPENDENT COMPARABLE SALARY/COMPENSATION RESEARCH FOR PRESENTATION TO THE BOARD. AS WITH ANY BOARD ACTION, MOTION FOR ANY COMPENSATION CHANGE WOULD HAVE TO BE NOMINATED AND SECONDED, AND THEN VOTED ON BY THE BOARD. FOLLOWING DECISION, TREASURER OR CHAIRMAN WOULD CONTACT THE EXECUTIVE DIRECTOR WITH ANY DECISION MADE PERTAINING TO THE SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990. PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 203	23							Page 2
Name of the organization	PETS	FOR	PATRIOTS	INC			Employer identifi 27-1082	cation number 210
						1		

## Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) Print 27-1082210 PETS FOR PATRIOTS INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 218 EAST PARK AVE, 543 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LONG BEACH, NY 11561 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 218 EAST PARK AVE, 543 - LONG BEACH, NY 11561 Telephone No. 877-473-8223 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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