Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning	and	ending		
B	Check if opplicable	C Name of organization		D Employer identification number		
Addres		PAWS AND PRAYERS INC				
Name		Doing business as		34-1962067		
	Initial return	Number and street (or P.O. box if mail is not delive	livered to street address) Room/suite			
Final return termin ated		1407 MAIN STREET #A		Troomy outlo	3304758300	
		City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$	264,674.
	Ameno				H(a) Is this a group re	
Application pendin					for subordinates	
					H(b) Are all subordinates in	
$\overline{}$	Гах-ех	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		1 · · · — —		
	Nebsit		,		H(c) Group exemptio	
K Form of organization: X Corporation Trust Association Other						M State of legal domicile: OH
Part I Summary						
	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
Governance						
'n	2	theck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Ve	3	mber of voting members of the governing body (Part VI, line 1a)			3	7
Activities & Go	4	mber of independent voting members of the governing body (Part VI, line 1b)				7
		al number of individuals employed in calendar year 2023 (Part V, line 2a)				0
/itie			al number of volunteers (estimate if necessary)			0
ξį			al unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			165,954.	48,175.
	9	D ' (D 1)(III I' 0)			157,286.	216,499.
	10	Investment income (Part VIII, column (A), lines 3, 4, a			0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.
	1	Total revenue - add lines 8 through 11 (must equal F			323,240.	264,674.
		Grants and similar amounts paid (Part IX, column (A			0.	0.
	l	enefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ω.	45	Salaries, other compensation, employee benefits (Pa	,		101,887.	98,568.
JSe	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line		0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		234,514.	165,676.
		Total expenses. Add lines 13-17 (must equal Part IX			336,401.	264,244.
	19	evenue less expenses. Subtract line 18 from line 12 -13, 161.		430.		
Net Assets or				В	eginning of Current Year	End of Year
	20	Total assets (Part X, line 16)			146,450.	147,974.
	21	Total liabilities (Part X, line 26)			372.	800.
	22	Net assets or fund balances. Subtract line 21 from li	ne 20		146,078.	147,174.
Pá	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.	
Sign Here		Signature of officer Date				
		MARTY HABAS, BOARD PRESIDENT				
		Type or print name and title				
			Preparer's signature		Date Check	PTIN
Paid Preparer Use Only		STEVEN YELENIC, EA	STEVEN YELENIC,	EA (06/18/24 self-employ	
		Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47-2544071				
		Firm's address 3020 W MARKET ST				
		FAIRLAWN, OH 44333			Phone no.33	0-864-5600
May	the IF	RS discuss this return with the preparer shown above	e? See instructions			Yes No