

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

27-3257737

THE PAWS CLINIC, INC.

Net Asset / Fund Balance at Beginning of Year		<u>164,255</u>
Revenue		
Contributions	<u>53,586</u>	
Program service revenue	<u>674,051</u>	
Investment income	<u>47</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>6,022</u>	
Total revenue		<u>733,706</u>
Expenses		
Program services	<u>177,794</u>	
Management and general	<u>665,340</u>	
Fundraising	<u> </u>	
Total expenses		<u>843,134</u>
Excess / (deficit)		<u>-109,428</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>54,827</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>733,706</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>843,134</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>196,238</u>	<u>194,423</u>	
Liabilities	<u>31,983</u>	<u>139,596</u>	
Net assets	<u><u>164,255</u></u>	<u><u>54,827</u></u>	<u><u>-109,428</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21
Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">THE PAWS CLINIC, INC.</p>		D Employer identification number <p style="text-align: center;">27-3257737</p>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>21210 GODDARD RD</p>		E Telephone number <p style="text-align: center;">734-752-0188</p>
	City or town, state or province, country, and ZIP or foreign postal code <p>TAYLOR MI 48180</p>		G Gross receipts \$ 733,706
	F Name and address of principal officer: <p>TIM DURAND 21210 GODDARD ROAD TAYLOR MI 48180</p>		

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u www.thepawsclinic.com** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2010** **M** State of legal domicile: **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">See Schedule O</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
	6 Total number of volunteers (estimate if necessary)		6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		46,117	53,586
	9 Program service revenue (Part VIII, line 2g)		877,116	674,051
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		118	47
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,274	6,022
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		930,625	733,706	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			510,212
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u			0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			888,517
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			888,517	
19 Revenue less expenses. Subtract line 18 from line 12			42,108	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		196,238	194,423
	21 Total liabilities (Part X, line 26)		31,983	139,596
22 Net assets or fund balances. Subtract line 21 from line 20			164,255	54,827

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">KRISTINE JORDAN</p>	Date <p style="text-align: center;">DIRECTOR</p>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL H BAWOL	Preparer's signature MICHAEL H BAWOL	Date 08/05/21	Check <input type="checkbox"/> if self-employed PTIN P00282775
	Firm's name } BAWOL ACCOUNTING & TAX SERVICES, INC.		Firm's EIN } 38-2024463	
	Firm's address } 6735 PARK AVENUE ALLEN PARK, MI 48101		Phone no. 313-382-6392	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See schedule O

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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **144,839** including grants of \$) (Revenue \$)

SURGICAL PROCEDURES DONE ON ANIMALS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **32,955** including grants of \$) (Revenue \$)

4e Total program service expenses **u 177,794**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
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?	X	

Part V 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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	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 O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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).		
a	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	
c	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	7d	
e	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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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 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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**BAWOL ACCOUNTING & TAX SERVICE INC 6735 PARK AVENUE
ALLEN PARK**

MI 48101

313-382-6392

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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE HURLEY	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) KRISTINE JORDAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) CRISTY SMITH	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) JEANETTE BARTLETT	0.00									
SECRETARY	0.00			X			0	0	0	
(5) TIM DURAND	0.00									
PRESIDENT	0.00			X			0	0	0	
(6) DONNA FOLLBAUM	0.00									
TREASURER	0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,586				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	53,586				
Program Service Revenue	2a SURGICAL PROCEDURES	Business Code	812900	438,665		438,665	
	b RABIES		812900	42,072		42,072	
	c MICROCHIP		812900	29,924		29,924	
	d VACCINES & MEDICATION		812900	29,137		29,137	
	e E - COLLAR		812900	23,415		23,415	
	f All other program service revenue		812900	110,838		110,838	
	g Total. Add lines 2a-2f	u	674,051				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	47			47	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
c Gain or (loss)	7c						
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a CREDIT CARD FEES COLLECTED	Business Code	6,022	6,022			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	6,022				
12 Total revenue. See instructions	u	733,706	6,022	0	674,098		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	470,765		470,765	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	39,447		39,447	
11 Fees for services (nonemployees):				
a Management	840		840	
b Legal				
c Accounting	450		450	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,286		20,286	
12 Advertising and promotion	1,587	1,139	448	
13 Office expenses	4,292		4,292	
14 Information technology				
15 Royalties				
16 Occupancy	56,376		56,376	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,720	16,720		
23 Insurance	36,385		36,385	
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 MEDICAL SUPPLIES	138,072	138,072		
b UTILITIES	8,349		8,349	
c VACCINES	8,322	8,322		
d BANK SERVICE FEES	7,996		7,996	
e All other expenses	33,247	13,541	19,706	
25 Total functional expenses. Add lines 1 through 24e	843,134	177,794	665,340	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	16,199	1	43,123
	2	Savings and temporary cash investments	89,090	2	83,743
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,324	4	1,904
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	327,889		
	10b	Less: accumulated depreciation	266,236	10c	61,653
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,348	15	4,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	196,238	16	194,423	
Liabilities	17	Accounts payable and accrued expenses	20,696	17	20,626
	18	Grants payable	3,476	18	8,957
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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, 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 Part X of Schedule D	7,811	25	110,013
	26	Total liabilities. Add lines 17 through 25	31,983	26	139,596
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	164,255	27	54,827
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	164,255	32	54,827	
33	Total liabilities and net assets/fund balances	196,238	33	194,423	

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	733,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	843,134
3	Revenue less expenses. Subtract line 2 from line 1	3	-109,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	164,255
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	54,827

Part XII Financial Statements and Reporting

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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on 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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE PAWS CLINIC, INC.

Employer identification number

27-3257737

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar 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.")	74,948	29,246	27,500	46,117	53,586	231,397
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	74,948	29,246	27,500	46,117	53,586	231,397
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 Public support. Subtract line 5 from line 4						231,397

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	74,948	29,246	27,500	46,117	53,586	231,397
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	80	33	75	118	47	353
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.)	514,990	634,295	685,541	877,116	674,051	3,385,993
11 Total support. Add lines 7 through 10						3,617,743

12 Gross receipts from related activities, etc. (see instructions) 12 23,359

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 6.40%

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 5.96%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11a		
	11b		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
	1		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	1		
	2		
	3		

Section 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 year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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? <i>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.</i>		
	2a		
b		Yes	No
	Did the activities described in 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? <i>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.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Part II, Line 10 - Other Income Detail

Other income **\$ 2,711,942**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE PAWS CLINIC, INC.

Employer identification number

27-3257737

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,490	3,490	
e Other		324,399	262,746	61,653
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				61,653

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN ESCROW	102,202
(3) ASCENTIUM CAPITAL LOAN	7,811
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 110,013

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue is calculated on line 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses are calculated on line 5.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE PAWS CLINIC, INC.

Employer identification number

27-3257737

Form 990 - Organization's Mission

THE ORGANIZATIONS MISSION IS TO LOWER THE NUMBER OF ANIMALS NEEDLESSLY
EUTHANIZED EACH YEAR IN OUR COMMUNITY BY PROMOTING THE SPAYING AND
NEUTERING OF ALL COMPANION ANIMALS. THE ORGANIZATION SEEKS TO OPEN A LOW-
COST, HIGH QUALITY, HIGH VOLUME SPAY/NEUTER CLINIC- A PROVEN NON-LETHAL
SOLUTION TO REDUCING ANIMAL OVERPOPULATION AND ENDING HOMELESSNESS.

Form 990, Part I, Line 6

VOLUNTEERS HELP WITH GENERAL HOUSEKEEPING AND CLEANING DUTIES.

Form 990, Part III, Line 4d - All Other Accomplishments

SURGICAL PROCEDURES DONE ON ANIMALS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

ENTERTAINMENT (50%)	\$	0
PRIOR YEAR CORRECTION	\$	0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

THE PAWS CLINIC, INC.

Identifying number
27-3257737

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	8,096
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	8,624
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,720
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

27-3257737

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:									
33	ALARM SYSTEM	10/22/20	8,096		X	0	7 MQ200DB	0	8,096
			<u>8,096</u>			<u>0</u>		<u>0</u>	<u>8,096</u>
Prior MACRS:									
1	BLDG RENOVATION	1/01/11	24,255		X	0	15 MQ S/L	24,255	0
2	FURNITURE & FIXTURES	1/01/11	1,582		X	0	7 HY 200DB	1,582	0
3	SURGICAL EQUIPMENT	1/01/11	38,105		X	0	5 HY 200DB	38,105	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627		X	0	5 HY 200DB	10,627	0
5	SURGICAL INSTRUMENTS	5/01/12	863		X	431	7 HY 200DB	863	0
6	WASHING MACHINE	6/18/12	712		X	356	7 HY 200DB	712	0
7	PULSE OXIMETER MONITOR	2/09/12	562		X	281	7 HY 200DB	562	0
8	ANESTHESIA CHAMBER	4/19/12	218		X	109	7 HY 200DB	218	0
9	PRINTER	3/22/13	3,490		X	1,745	5 HY 200DB	3,490	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150		X	1,575	7 HY 200DB	2,939	141
11	WARMING PAD / PETCO	5/19/14	898		X	449	7 HY 200DB	838	40
12	PULSE OXIMETER	5/29/14	1,124		X	562	7 HY 200DB	1,049	50
13	2 ULTRASONIC CLEANERS	11/04/14	963		X	482	7 HY 200DB	899	42
14	WARM BLOOD HEATING BLANKET	4/04/14	415		X	207	7 HY 200DB	387	19
15	PULSE OXIMETER	6/08/15	575		X	287	7 HY 200DB	511	26
16	PULSE OXIMETER	6/08/15	575		X	287	7 HY 200DB	511	26
17	WASHING MACHINE	1/21/15	384		X	192	7 HY 200DB	341	17
18	BUILDING RENOVATION	6/01/16	181,782		X	90,891	15 HY 150DB	118,835	6,295
19	WASHING MACHINES/DRYERS	11/27/16	952		X	476	7 HY 200DB	803	43
20	SHELVING UNITS-ULINE	11/23/16	780		X	390	7 HY 200DB	658	35
21	SURGICAL EQUIPMENT	5/17/16	22,457		X	11,229	7 HY 200DB	18,949	1,003
22	COMPUTERS-3 NEW	6/28/16	1,440		X	720	5 HY 200DB	1,316	82
23	SURGICAL EQUIPMENT	1/04/17	12,886		X	6,443	7 HY 200DB	10,068	805
24	PLUSE OXIMETER	3/22/18	550		X	0	7 HY 200DB	550	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879		X	0	7 HY 200DB	2,879	0
26	2 PLUSE OXIMETERS	3/14/19	1,100		X	0	7 HY 200DB	1,100	0
27	SURGICAL LIGHT	9/13/19	3,365		X	0	7 HY 200DB	3,365	0
28	ULTRASONIC CLEANER	9/18/19	458		X	0	7 HY 200DB	458	0
29	IV INFUSTION PUMP	11/20/19	499		X	0	7 HY 200DB	499	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998		X	0	5 HY 200DB	998	0
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789		X	0	7 HY 200DB	789	0
32	WYANDOTTER ALARM ADJUST BY A	12/31/18	360		X	0	7 HY 200DB	360	0
			<u>319,793</u>			<u>117,112</u>		<u>249,516</u>	<u>8,624</u>
Grand Totals			327,889			117,112		249,516	16,720
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>327,889</u>			<u>117,112</u>		<u>249,516</u>	<u>16,720</u>

27-3257737

State Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
7-year GDS Property:								
33	ALARM SYSTEM	10/22/20	8,096	0	0	8,096	8,096	0
			<u>8,096</u>	<u>0</u>	<u>0</u>	<u>8,096</u>	<u>8,096</u>	<u>0</u>
Prior MACRS:								
1	BLDG RENOVATION	1/01/11	24,255	0	24,255	0	0	0
2	FURNITURE & FIXTURES	1/01/11	1,582	0	1,582	0	0	0
3	SURGICAL EQUIPMENT	1/01/11	38,105	0	38,105	0	0	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627	0	10,627	0	0	0
5	SURGICAL INSTRUMENTS	5/01/12	863	431	863	0	0	0
6	WASHING MACHINE	6/18/12	712	356	712	0	0	0
7	PULSE OXIMETER MONITOR	2/09/12	562	281	562	0	0	0
8	ANESTHESIA CHAMBER	4/19/12	218	109	218	0	0	0
9	PRINTER	3/22/13	3,490	1,745	3,490	0	0	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150	1,575	2,939	141	141	0
11	WARMING PAD / PETCO	5/19/14	898	449	838	40	40	0
12	PULSE OXIMETER	5/29/14	1,124	562	1,049	50	50	0
13	2 ULTRASONIC CLEANERS	11/04/14	963	482	899	42	42	0
14	WARM BLOOD HEATING BLANKET	4/04/14	415	207	387	19	19	0
15	PULSE OXIMETER	6/08/15	575	287	511	26	26	0
16	PULSE OXIMETER	6/08/15	575	287	511	26	26	0
17	WASHING MACHINE	1/21/15	384	192	341	17	17	0
18	BUILDING RENOVATION	6/01/16	181,782	90,891	118,835	6,295	6,295	0
19	WASHING MACHINES/DRYERS	11/27/16	952	476	803	43	43	0
20	SHELVING UNITS-ULINE	11/23/16	780	390	658	35	35	0
21	SURGICAL EQUIPMENT	5/17/16	22,457	11,229	18,949	1,003	1,003	0
22	COMPUTERS-3 NEW	6/28/16	1,440	720	1,316	82	82	0
23	SURGICAL EQUIPMENT	1/04/17	12,886	6,443	10,068	805	805	0
24	PLUSE OXIMETER	3/22/18	550	0	550	0	0	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879	0	2,879	0	0	0
26	2 PLUSE OXIMETERS	3/14/19	1,100	0	1,100	0	0	0
27	SURGICAL LIGHT	9/13/19	3,365	0	3,365	0	0	0
28	ULTRASONIC CLEANER	9/18/19	458	0	458	0	0	0
29	IV INFUSTION PUMP	11/20/19	499	0	499	0	0	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998	0	998	0	0	0
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789	0	789	0	0	0
32	WYANDOTTER ALARM ADJUST BY A	12/31/18	360	0	360	0	0	0
			<u>319,793</u>	<u>117,112</u>	<u>249,516</u>	<u>8,624</u>	<u>8,624</u>	<u>0</u>
	Grand Totals		327,889	117,112	249,516	16,720	16,720	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>327,889</u>	<u>117,112</u>	<u>249,516</u>	<u>16,720</u>	<u>16,720</u>	<u>0</u>

27-3257737

MI Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
7-year GDS Property:								
33	ALARM SYSTEM	10/22/20	8,096	8,096	0	289	8,096	7,807
			<u>8,096</u>	<u>8,096</u>	<u>0</u>	<u>289</u>	<u>8,096</u>	<u>7,807</u>
Prior MACRS:								
1	BLDG RENOVATION	1/01/11	24,255	24,255	14,351	1,617	0	-1,617
2	FURNITURE & FIXTURES	1/01/11	1,582	1,582	1,582	0	0	0
3	SURGICAL EQUIPMENT	1/01/11	38,105	38,105	38,105	0	0	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627	10,627	10,627	0	0	0
5	SURGICAL INSTRUMENTS	5/01/12	863	863	863	0	0	0
6	WASHING MACHINE	6/18/12	712	712	712	0	0	0
7	PULSE OXIMETER MONITOR	2/09/12	562	562	562	0	0	0
8	ANESTHESIA CHAMBER	4/19/12	218	218	218	0	0	0
9	PRINTER	3/22/13	3,490	3,490	3,490	0	0	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150	3,150	2,728	281	141	-140
11	WARMING PAD / PETCO	5/19/14	898	898	778	80	40	-40
12	PULSE OXIMETER	5/29/14	1,124	1,124	974	100	50	-50
13	2 ULTRASONIC CLEANERS	11/04/14	963	963	834	86	42	-44
14	WARM BLOOD HEATING BLANKET	4/04/14	415	415	360	37	19	-18
15	PULSE OXIMETER	6/08/15	575	575	447	51	26	-25
16	PULSE OXIMETER	6/08/15	575	575	447	51	26	-25
17	WASHING MACHINE	1/21/15	384	384	298	34	17	-17
18	BUILDING RENOVATION	6/01/16	181,782	181,782	55,889	12,589	6,295	-6,294
19	WASHING MACHINES/DRYERS	11/27/16	952	952	655	84	43	-41
20	SHELVING UNITS-ULINE	11/23/16	780	780	536	70	35	-35
21	SURGICAL EQUIPMENT	5/17/16	22,457	22,457	15,442	2,004	1,003	-1,001
22	COMPUTERS-3 NEW	6/28/16	1,440	1,440	1,191	166	82	-84
23	SURGICAL EQUIPMENT	1/04/17	12,886	12,886	7,251	1,610	805	-805
24	PLUSE OXIMETER	3/22/18	550	550	213	96	0	-96
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879	2,879	411	705	0	-705
26	2 PLUSE OXIMETERS	3/14/19	1,100	1,100	157	270	0	-270
27	SURGICAL LIGHT	9/13/19	3,365	3,365	481	824	0	-824
28	ULTRASONIC CLEANER	9/18/19	458	458	65	113	0	-113
29	IV INFUSTION PUMP	11/20/19	499	499	71	122	0	-122
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998	998	200	319	0	-319
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789	789	789	0	0	0
32	WYANDOTTER ALARM ADJUST BY A	12/31/18	360	360	360	0	0	0
			<u>319,793</u>	<u>319,793</u>	<u>161,087</u>	<u>21,309</u>	<u>8,624</u>	<u>-12,685</u>
	Grand Totals		327,889	327,889	161,087	21,598	16,720	-4,878
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>327,889</u>	<u>327,889</u>	<u>161,087</u>	<u>21,598</u>	<u>16,720</u>	<u>-4,878</u>

27-3257737

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:									
33	ALARM SYSTEM	10/22/20	8,096		X	0	7 MQ200DB	0	8,096
			<u>8,096</u>			<u>0</u>		<u>0</u>	<u>8,096</u>
Prior MACRS:									
1	BLDG RENOVATION	1/01/11	24,255		X	0	15 MQ S/L	24,255	0
2	FURNITURE & FIXTURES	1/01/11	1,582		X	0	7 HY 200DB	1,582	0
3	SURGICAL EQUIPMENT	1/01/11	38,105		X	0	5 HY 200DB	38,105	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627		X	0	5 HY 200DB	10,627	0
5	SURGICAL INSTRUMENTS	5/01/12	863		X	431	7 HY 200DB	863	0
6	WASHING MACHINE	6/18/12	712		X	356	7 HY 200DB	712	0
7	PULSE OXIMETER MONITOR	2/09/12	562		X	281	7 HY 200DB	562	0
8	ANESTHESIA CHAMBER	4/19/12	218		X	109	7 HY 200DB	218	0
9	PRINTER	3/22/13	3,490		X	1,745	5 HY 200DB	3,490	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150		X	1,575	7 HY 200DB	2,939	141
11	WARMING PAD / PETCO	5/19/14	898		X	449	7 HY 200DB	838	40
12	PULSE OXIMETER	5/29/14	1,124		X	562	7 HY 200DB	1,049	50
13	2 ULTRASONIC CLEANERS	11/04/14	963		X	482	7 HY 200DB	899	42
14	WARM BLOOD HEATING BLANKET	4/04/14	415		X	207	7 HY 200DB	387	19
15	PULSE OXIMETER	6/08/15	575		X	287	7 HY 200DB	511	26
16	PULSE OXIMETER	6/08/15	575		X	287	7 HY 200DB	511	26
17	WASHING MACHINE	1/21/15	384		X	192	7 HY 200DB	341	17
18	BUILDING RENOVATION	6/01/16	181,782		X	90,891	15 HY 150DB	118,835	6,295
19	WASHING MACHINES/DRYERS	11/27/16	952		X	476	7 HY 200DB	803	43
20	SHELVING UNITS-ULINE	11/23/16	780		X	390	7 HY 200DB	658	35
21	SURGICAL EQUIPMENT	5/17/16	22,457		X	11,229	7 HY 200DB	18,949	1,003
22	COMPUTERS-3 NEW	6/28/16	1,440		X	720	5 HY 200DB	1,316	82
23	SURGICAL EQUIPMENT	1/04/17	12,886		X	6,443	7 HY 200DB	10,068	805
24	PLUSE OXIMETER	3/22/18	550		X	0	7 HY 200DB	550	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879		X	0	7 HY 200DB	2,879	0
26	2 PLUSE OXIMETERS	3/14/19	1,100		X	0	7 HY 200DB	1,100	0
27	SURGICAL LIGHT	9/13/19	3,365		X	0	7 HY 200DB	3,365	0
28	ULTRASONIC CLEANER	9/18/19	458		X	0	7 HY 200DB	458	0
29	IV INFUSTION PUMP	11/20/19	499		X	0	7 HY 200DB	499	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998		X	0	5 HY 200DB	998	0
			<u>318,644</u>			<u>117,112</u>		<u>248,367</u>	<u>8,624</u>
Other Depreciation:									
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	0			0	0 HY	0	0
32	WYANDOTTER ALARM ADJUST BY A	12/31/18	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		326,740			117,112		248,367	16,720
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>326,740</u>			<u>117,112</u>		<u>248,367</u>	<u>16,720</u>

27-3257737

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	BLDG RENOVATION	1/01/11	24,255		0	0	24,255	0
2	FURNITURE & FIXTURES	1/01/11	1,582		0	0	1,582	0
3	SURGICAL EQUIPMENT	1/01/11	38,105		0	0	38,105	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627		0	0	10,627	0
5	SURGICAL INSTRUMENTS	5/01/12	863		0	0	432	431
6	WASHING MACHINE	6/18/12	712		0	0	356	356
7	PULSE OXIMETER MONITOR	2/09/12	562		0	0	281	281
8	ANESTHESIA CHAMBER	4/19/12	218		0	0	109	109
9	PRINTER	3/22/13	3,490		0	0	1,745	1,745
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150		0	0	1,575	1,575
11	WARMING PAD / PETCO	5/19/14	898		0	0	449	449
12	PULSE OXIMETER	5/29/14	1,124		0	0	562	562
13	2 ULTRASONIC CLEANERS	11/04/14	963		0	0	481	482
14	WARM BLOOD HEATING BLANKET	4/04/14	415		0	0	208	207
15	PULSE OXIMETER	6/08/15	575		0	0	288	287
16	PULSE OXIMETER	6/08/15	575		0	0	288	287
17	WASHING MACHINE	1/21/15	384		0	0	192	192
18	BUILDING RENOVATION	6/01/16	181,782		0	0	90,891	90,891
19	WASHING MACHINES/DRYERS	11/27/16	952		0	0	476	476
20	SHELVING UNITS-ULINE	11/23/16	780		0	0	390	390
21	SURGICAL EQUIPMENT	5/17/16	22,457		0	0	11,228	11,229
22	COMPUTERS-3 NEW	6/28/16	1,440		0	0	720	720
23	SURGICAL EQUIPMENT	1/04/17	12,886		0	0	6,443	6,443
24	PLUSE OXIMETER	3/22/18	550		0	0	550	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879		0	0	2,879	0
26	2 PLUSE OXIMETERS	3/14/19	1,100		0	0	1,100	0
27	SURGICAL LIGHT	9/13/19	3,365		0	0	3,365	0
28	ULTRASONIC CLEANER	9/18/19	458		0	0	458	0
29	IV INFUSTION PUMP	11/20/19	499		0	0	499	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998		0	0	998	0
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789		0	0	789	0
32	WYANDOTTER ALARM ADJUST BY AU	12/31/18	360		0	0	360	0
33	ALARM SYSTEM	10/22/20	8,096		0	8,096	0	0
Grand Total			327,889		0	8,096	202,681	117,112

27-3257737

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	BLDG RENOVATION	0	0	0
Page 1	1	2	FURNITURE & FIXTURES	0	0	0
Page 1	1	3	SURGICAL EQUIPMENT	0	0	0
Page 1	1	4	SURGICAL INSTRUMENTS	0	0	0
Page 1	1	5	SURGICAL INSTRUMENTS	0	0	0
Page 1	1	6	WASHING MACHINE	0	0	0
Page 1	1	7	PULSE OXIMETER MONITOR	0	0	0
Page 1	1	8	ANESTHESIA CHAMBER	0	0	0
Page 1	1	9	PRINTER	0	0	0
Page 1	1	10	ANESTHESIA MACHINE - EAGLE EYE	141	141	0
Page 1	1	11	WARMING PAD / PETCO	40	40	0
Page 1	1	12	PULSE OXIMETER	50	50	0
Page 1	1	13	2 ULTRASONIC CLEANERS	42	42	0
Page 1	1	14	WARM BLOOD HEATING BLANKET	19	19	0
Page 1	1	15	PULSE OXIMETER	26	26	0
Page 1	1	16	PULSE OXIMETER	26	26	0
Page 1	1	17	WASHING MACHINE	17	17	0
Page 1	1	18	BUILDING RENOVATION	6,295	6,295	0
Page 1	1	19	WASHING MACHINES/DRYERS	43	43	0
Page 1	1	20	SHELVING UNITS-ULINE	35	35	0
Page 1	1	21	SURGICAL EQUIPMENT	1,003	1,003	0
Page 1	1	22	COMPUTERS-3 NEW	82	82	0
Page 1	1	23	SURGICAL EQUIPMENT	805	805	0
Page 1	1	24	PLUSE OXIMETER	0	0	0
Page 1	1	25	SPEED QUEEN WASHER/DRYER	0	0	0
Page 1	1	26	2 PLUSE OXIMETERS	0	0	0
Page 1	1	27	SURGICAL LIGHT	0	0	0
Page 1	1	28	ULTRASONIC CLEANER	0	0	0
Page 1	1	29	IV INFUSTION PUMP	0	0	0
Page 1	1	30	COMPUTERS FROM SAMS CLUBE	0	0	0
Page 1	1	33	ALARM SYSTEM	8,096	8,096	0
				<u>16,720</u>	<u>16,720</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	BLDG RENOVATION	1/01/11	24,255	0	0
2	FURNITURE & FIXTURES	1/01/11	1,582	0	0
3	SURGICAL EQUIPMENT	1/01/11	38,105	0	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627	0	0
5	SURGICAL INSTRUMENTS	5/01/12	863	0	0
6	WASHING MACHINE	6/18/12	712	0	0
7	PULSE OXIMETER MONITOR	2/09/12	562	0	0
8	ANESTHESIA CHAMBER	4/19/12	218	0	0
9	PRINTER	3/22/13	3,490	0	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150	70	70
11	WARMING PAD / PETCO	5/19/14	898	20	20
12	PULSE OXIMETER	5/29/14	1,124	25	25
13	2 ULTRASONIC CLEANERS	11/04/14	963	22	22
14	WARM BLOOD HEATING BLANKET	4/04/14	415	9	9
15	PULSE OXIMETER	6/08/15	575	25	25
16	PULSE OXIMETER	6/08/15	575	25	25
17	WASHING MACHINE	1/21/15	384	17	17
18	BUILDING RENOVATION	6/01/16	181,782	5,665	5,665
19	WASHING MACHINES/DRYERS	11/27/16	952	42	42
20	SHELVING UNITS-ULINE	11/23/16	780	35	35
21	SURGICAL EQUIPMENT	5/17/16	22,457	1,002	1,002
22	COMPUTERS-3 NEW	6/28/16	1,440	42	42
23	SURGICAL EQUIPMENT	1/04/17	12,886	575	575
24	PLUSE OXIMETER	3/22/18	550	0	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879	0	0
26	2 PLUSE OXIMETERS	3/14/19	1,100	0	0
27	SURGICAL LIGHT	9/13/19	3,365	0	0
28	ULTRASONIC CLEANER	9/18/19	458	0	0
29	IV INFUSTION PUMP	11/20/19	499	0	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998	0	0
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789	0	0
32	WYANDOTTER ALARM ADJUST BY AUDI	12/31/18	360	0	0
33	ALARM SYSTEM	10/22/20	8,096	0	0
			<u>327,889</u>	<u>7,574</u>	<u>7,574</u>
	Grand Totals		<u>327,889</u>	<u>7,574</u>	<u>7,574</u>

Asset	Description	Date In Service	Cost	State	AMT
Prior MACRS:					
1	BLDG RENOVATION	1/01/11	24,255	0	0
2	FURNITURE & FIXTURES	1/01/11	1,582	0	0
3	SURGICAL EQUIPMENT	1/01/11	38,105	0	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627	0	0
5	SURGICAL INSTRUMENTS	5/01/12	863	0	0
6	WASHING MACHINE	6/18/12	712	0	0
7	PULSE OXIMETER MONITOR	2/09/12	562	0	0
8	ANESTHESIA CHAMBER	4/19/12	218	0	0
9	PRINTER	3/22/13	3,490	0	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150	70	70
11	WARMING PAD / PETCO	5/19/14	898	20	20
12	PULSE OXIMETER	5/29/14	1,124	25	25
13	2 ULTRASONIC CLEANERS	11/04/14	963	22	22
14	WARM BLOOD HEATING BLANKET	4/04/14	415	9	9
15	PULSE OXIMETER	6/08/15	575	25	25
16	PULSE OXIMETER	6/08/15	575	25	25
17	WASHING MACHINE	1/21/15	384	17	17
18	BUILDING RENOVATION	6/01/16	181,782	5,665	5,665
19	WASHING MACHINES/DRYERS	11/27/16	952	42	42
20	SHELVING UNITS-ULINE	11/23/16	780	35	35
21	SURGICAL EQUIPMENT	5/17/16	22,457	1,002	1,002
22	COMPUTERS-3 NEW	6/28/16	1,440	42	42
23	SURGICAL EQUIPMENT	1/04/17	12,886	575	575
24	PLUSE OXIMETER	3/22/18	550	0	0
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879	0	0
26	2 PLUSE OXIMETERS	3/14/19	1,100	0	0
27	SURGICAL LIGHT	9/13/19	3,365	0	0
28	ULTRASONIC CLEANER	9/18/19	458	0	0
29	IV INFUSTION PUMP	11/20/19	499	0	0
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998	0	0
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789	0	0
32	WYANDOTTER ALARM ADJUST BY AUDI	12/31/18	360	0	0
33	ALARM SYSTEM	10/22/20	8,096	0	0
			<u>327,889</u>	<u>7,574</u>	<u>7,574</u>
	Grand Totals		<u>327,889</u>	<u>7,574</u>	<u>7,574</u>

Asset	Description	Date In Service	Cost	MI
Prior MACRS:				
1	BLDG RENOVATION	1/01/11	24,255	1,617
2	FURNITURE & FIXTURES	1/01/11	1,582	0
3	SURGICAL EQUIPMENT	1/01/11	38,105	0
4	SURGICAL INSTRUMENTS	1/01/11	10,627	0
5	SURGICAL INSTRUMENTS	5/01/12	863	0
6	WASHING MACHINE	6/18/12	712	0
7	PULSE OXIMETER MONITOR	2/09/12	562	0
8	ANESTHESIA CHAMBER	4/19/12	218	0
9	PRINTER	3/22/13	3,490	0
10	ANESTHESIA MACHINE - EAGLE EYE	4/04/14	3,150	141
11	WARMING PAD / PETCO	5/19/14	898	40
12	PULSE OXIMETER	5/29/14	1,124	50
13	2 ULTRASONIC CLEANERS	11/04/14	963	43
14	WARM BLOOD HEATING BLANKET	4/04/14	415	18
15	PULSE OXIMETER	6/08/15	575	51
16	PULSE OXIMETER	6/08/15	575	51
17	WASHING MACHINE	1/21/15	384	35
18	BUILDING RENOVATION	6/01/16	181,782	11,330
19	WASHING MACHINES/DRYERS	11/27/16	952	85
20	SHELVING UNITS-ULINE	11/23/16	780	70
21	SURGICAL EQUIPMENT	5/17/16	22,457	2,004
22	COMPUTERS-3 NEW	6/28/16	1,440	83
23	SURGICAL EQUIPMENT	1/04/17	12,886	1,150
24	PLUSE OXIMETER	3/22/18	550	69
25	SPEED QUEEN WASHER/DRYER	2/15/19	2,879	504
26	2 PLUSE OXIMETERS	3/14/19	1,100	192
27	SURGICAL LIGHT	9/13/19	3,365	588
28	ULTRASONIC CLEANER	9/18/19	458	80
29	IV INFUSTION PUMP	11/20/19	499	88
30	COMPUTERS FROM SAMS CLUBE	11/28/19	998	192
31	GADOL DOORS ADJUST BY AUDITOR	12/31/18	789	0
32	WYANDOTTER ALARM ADJUST BY AUDI	12/31/18	360	0
33	ALARM SYSTEM	10/22/20	8,096	2,231
			<u>327,889</u>	<u>20,712</u>
	Grand Totals		<u>327,889</u>	<u>20,712</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

THE PAWS CLINIC, INC.**27-3257737**

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	46,117	53,586	7,469
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	877,116	674,051	-203,065
	5. Investment income	118	47	-71
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	7,274	6,022	-1,252
	12. Total revenue. Add lines 1 through 11	930,625	733,706	-196,919
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits		510,212	510,212
	17. Professional fundraising fees			
	18. Other professional fees	546,268	21,576	-524,692
	19. Occupancy, rent, utilities, and maintenance	56,376	56,376	
	20. Depreciation and Depletion	19,427	16,720	-2,707
	21. Other expenses	266,446	238,250	-28,196
	22. Total expenses. Add lines 13 through 21	888,517	843,134	-45,383
	23. Excess or (Deficit). Subtract line 22 from line 12	42,108	-109,428	-151,536
O t h e r I n f o r m a t i o n	24. Total exempt revenue	930,625	733,706	-196,919
	25. Total unrelated revenue			
	26. Total excludable revenue	884,508	680,120	-204,388
	27. Total assets	196,238	194,423	-1,815
	28. Total liabilities	31,983	139,596	107,613
	29. Retained earnings	164,255	54,827	-109,428
	30. Number of voting members of governing body	0	0	
	31. Number of independent voting members of governing body	0	0	
	32. Number of employees	0	0	
	33. Number of volunteers			

Form 990	Tax Return History	2020
-----------------	---------------------------	-------------

Name THE PAWS CLINIC, INC.	Employer Identification Number 27-3257737
--------------------------------------	---

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	74,948	29,246	27,500	46,117	53,586	
Membership dues						
Program service revenue	514,990	634,295	685,541	877,116	674,051	
Capital gain or loss						
Investment income	80	33	75	118	47	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		4,773	5,290	7,274	6,022	
Total revenue	590,018	668,347	718,406	930,625	733,706	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation					510,212	
Professional fees	345,393	393,507	426,608	546,268	21,576	
Occupancy costs	56,376	57,176	56,446	56,376	56,376	
Depreciation and depletion	111,188	20,037	12,750	19,427	16,720	
Other expenses	166,499	182,712	197,445	266,446	238,250	
Total expenses	679,456	653,432	693,249	888,517	843,134	
Excess or (Deficit)	-89,438	14,915	25,157	42,108	-109,428	
Total exempt revenue	590,018	668,347	718,406	930,625	733,706	
Total unrelated revenue						
Total excludable revenue	515,070	639,101	690,906	884,508	680,120	
Total Assets	150,088	172,159	176,142	196,238	194,423	
Total Liabilities	54,363	63,548	43,709	31,983	139,596	
Net Fund Balances	95,725	108,611	132,433	164,255	54,827	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST EARNED ON SH TERM CD	\$ 47			14 MI		
Total	<u>\$ 47</u>					

27-3257737

Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ADMINISTRATION FEES FOR P/R	\$ 17,670	\$	\$ 17,670	\$
BACKGROUND CHECK FEES	88		88	
DRUG SCREEN FEES	154		154	
CONTRACT SERVICES	2,374		2,374	
Total	\$ 20,286	\$ 0	\$ 20,286	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SUPPLIES	\$ 6,767	\$ 6,767	\$	\$
EQUIPMENT RENTAL & MAINT.	5,332		5,332	
MAINT & CLEANING	4,865		4,865	
TELEPHONE & TELECOMM	3,760		3,760	
MEALS & ENT 50%	3,316		3,316	
OUTSIDE VET EXPENSES	2,428	2,428		
COMPUTERS & SOFTWARE	2,010		2,010	
LICENSE & PERMITS	1,996	1,996		
LAB TESTS	1,201	1,201		
FUNDRAISING	1,149	1,149		
DUES & SUBSCRIPTIONS	281		281	
CUSTOMER GOODWILL/MERCH	77		77	
BAD DEBT	65		65	
Total	\$ 33,247	\$ 13,541	\$ 19,706	\$ 0

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
CORPORATE/ BUSINESS GRANTS	\$ 20,000
DIRECT PUBLIC SUPPORT	30,981
MERCHANDISE SALES	918
FUNDRAISING SALES	1,687
Total	\$ <u>53,586</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST EARNED ON SH TERM CD	\$ 47
Total	\$ <u>47</u>

Schedule A, Part II, Line 10(e)

Description	Amount
CAPSTAR	\$ 5,605
CARDBOARD CARRIER	817
CARPROFEN	22,107
CAT ADVANTAGE MULTI	3,335
CAT DISTEMPER	14,989
CAT REVOLUTION	315
COMBO TEST	10,903
DELICIOUS TOOTH REMOVAL	2,020
DEWORMING	722
DOG BORDATELLA	2,915
DOG DISTEMPER	4,625
DOG K9 ADVANTIX	991
E - COLLAR	23,415
EXAM FEE	1,965
HEARTWORM TEST	2,883
HERNIA/CRYPPTORCHID/PYOMETRA	7,400
LAB TESTS	1,151
MEDICAL PET SHIRTS	9,538

Federal Statements**Schedule A, Part II, Line 10(e) (continued)**

<u>Description</u>	<u>Amount</u>
MICROCHIP	\$ 29,924
MISC SERVICES FOR PETS	15,562
RABIES	42,072
SURGICAL PROCEDURES	438,665
OTHER SERVICES	2,567
VACCINES & MEDICATION	29,137
PURINA PET FOOD	428
Total	\$ <u>674,051</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
CREDIT CARD FEES COLLECTED	\$ 6,022
Total	\$ <u>6,022</u>