## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

٨	Ear th	he 2020 calendar year, or tax year beginning	, 2020, and ending	,	
		if applicable: C	The second second second	D Employer iden	tification number
		and the same		45-2486	1498
		PATRIOT ASSISTANCE DUGS		F Telephone num	
=	Initial r	114/8 MALLARD SI		(218) 8	50-2425
=			Olimbrian State of the Control of th		***
Ħ	Amend	ded return		F Group Exer Number	nption •
		ation pending	Man the fact of the Change		ganization is <b>not</b>
G	Acco	ounting Method: X Cash Accrual Other (specify) ►	H Chec	red to attach So	thedule B
1	Webs	osite: PATRIOTASSISTANCEDOGS.ORG	4947(a)(1) or 527 (Forn	n 990, 990-EZ,	or 990-PF).
J	Tax-ex	exempt status (check only one) — $\boxed{X}$ 501(c)(3) $$ 501(c) ( ) $\blacktriangleleft$ (insert no.)	] 4947(a)(1) 01		
ĸ	Form	n of organization: X Corporation Trust Association	Other		
L		1-1- If manage 1000	eipts are \$200,000 or more, or	if total	179,898.
		- Paris II - Aliman (B) \ Ara Shail allia of mare the fully 330 history of	1 01111 330 == 1111		
Pa	art I	I Champen in Not Accots or Fu	nd Balances (see the in:	รเกนตแบบราบเ	raiti)
		Topical, it the proprietion used Schedule () to respond to any question	)	,	121,523.
	1	Contributions gifts grants and similar amounts received			141,040.
	2	Program service revenue including government fees and contracts.		3	
	3	Membership dues and assessments		4	14,030.
	4	Investment income		**************************************	14,000.
	5 8	a Gross amount from sale of assets other than inventory	5a		
		b Less; cost or other basis and sales expenses	5b	5 c	
	,	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .			
	6	Gaming and fundraising events:			
ne		a Gross income from gaming (attach Schedule G if greater than \$15,0	00) 6a 5,	960.	
Revenue		b Gross income from fundraising events (not including \$		10000	
é		from fundraising events reported on line 1) (attach Schedule G if the of such gross income and contributions exceeds \$15,000)	6b  38,	385.	
0.	-	c Less: direct expenses from gaming and fundraising events	6c 2	829.	
			Co and	And the second second	
		d Net income or (loss) from gaming and fundraising events (add lines 6b and subtract line 6c)		6d	41,516.
	7	7 a Gross sales of inventory, less returns and allowances	7a		
		to Leave each of goods sold	7b		
		• Cross profit or (loss) from sales of inventory (subtract line 7b from	line 7a)	7c	
	8	Other revenue (describe in Schedule 0)			
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8,	<u> </u>		177,069.
_	10	Grapts and similar amounts paid (list in Schedule O)		······	
	11	a Danette poid to or for members		· · · · · · ·   1 1 1 1 1 1 1 1 1 1 1 1	
Ų	1	a Soloriae other compensation and employee benefits		12	69,172.
אפטעסעאב	2   13	<ul> <li>Design of the property of the period of the p</li></ul>			1,855.
ā	14	4. Occupancy rent utilities and maintenance			585.
ù	Ď   <sub>15</sub>	5 Printing, publications, postage, and shipping	See Schedule (	15	1,839.
	16	C. Other expenses (describe in Schedule O)	See Schedute		192,883. 266,334.
	17	1 Liverage Add lines 10 through 16		· · · · · ·   <u>  · · ·  </u>	-89,265.
	18	8 Excess or (deficit) for the year (subtract line 17 from line 9)		**************************************	07,203.
-	ets	9 Net assets or fund balances at beginning of year (from line 27, colo	umn (A)) (must agree with end	i-of-year	376,893.
	Ass	fours reported on prior Vear's (ettill)	* * * * * * * * * * * * * * * * * * * *		570,055.
•	Net Assets	Other changes in net assets or fund balances (explain in Schedule	∪)	▶ 21	287,628.
	/	Net assets or fund balances at end of year. Combine lines 18 through	1911 ZV	[2]	Form <b>990-EZ</b> (2020)
Ē	3AA	For Paperwork Reduction Act Notice, see the separate instructions.			== 🕶

Par	Balance Sheets (see the instru	ctions for Part II)	tion in this Bort II			X
	Balance Sheets (see the instru Check if the organization used Schedu	ile O to respond to any ques	(A)	Beginning of yea	r	(B) End of year
	Cash, savings, and investments			374,896.		286,933.
22	Cash, savings, and investments				23	
23 24	Land and buildings	See Schedule	0	1,997.	24	1,997.
25				376,893.	25	288,930.
26	Total liabilities (describe in Schedule O)	See Schednie		0.	26	1,302. 287,628.
07	- Net accets by fund halances (BDE Z/ O) CO	IUITIII (D) must agree man m	10 = 17	376,893.	27	Expenses
Par		-malichmonte (cap the Instri	ictions for Pari 1911	[X]	/Poqui	ired for section 501
	Check if the organization used Sche	Call 1-1-1-0			(c)(3)	and 501(c)(4)
What	is the organization's primary exempt purpose? See	Schedule 0	three largest program	services, as	organi for oth	zations; optional
Desc	is the organization's primary exempt purpose? See cribe the organization's program service acc sured by expenses. In a clear and concise the program of the concise of the	manner, describe the service	es provided, the numbe	r of persons	101 011	1013./
pene	sured by expenses. In a clear and concise effited, and other relevant information for ea PROVIDE TRAINING FOR DOGS	TO BECOME SERVICE	DOGS FOR VETER	RANS AND	777	
28	PROVIDE TRAINING FOR DOGS	CE MEMBER	<u> </u>			
	MATCH THEM UP TO THE SERVI	~~~~~~				
	(Grants \$ ) If this	amount includes foreign gra	ants, check here		28 a	181,594.
29	See Schedule_O					
				- <del></del>		
				<del>-</del>	29 a	2,445.
	(Grants \$ ) If this	amount includes foreign gr	ants, check here	CMIZE AND	-200	
30	SERVING THOSE WHO SERVED	S MAINLY A PROGRA	M MHEKE ME VEC	3GUTAD TEND -		
	HONOR THE VETERANS WHO GRA	ADOVIED COKKENT IF	<u> </u>		1	
	(Grants \$) If this	s amount includes foreign gr	ants, check here		30 a	<u>1,536.</u>
21	College Adocoribe in Scho	adule ())		· · · · · · · · · · · · · · · · · · ·		
31	, \ If this	- amount includes tareian at	ants check here		31 a	105 535
32						185,575.
Pa	THE OF OFFICER DIRECTORS	rustees, and Nev Emp	10A662 (list each one even	If for compensation	see the i	Instructions for Park IV)
<u>ک دونا</u>	Check if the organization used Sch	nedule O to respond to any o	destion in the rail of	(d) Health benef		
		(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to emp	MOVEE !	(e) Estimated amount of other compensation
	(a) Name and litte	position	(if not paid, enter -0-)	compensation		
DZ	ARLENE RIVERA SPALLA				_	0.
	rector	2	0.		<u>0.</u>	<u> </u>
	ATHY HANSEN		0.		0.	0.
	resident	2	<u> </u>			
	AREN PLEMEL	1	0.		0.	0.
<u>D:</u>	irector					_
	EOFF ZEHNACKER	1	0.		0.	0.
. <u>П</u>	irector IM SINCLAIR	· · · · · · · · · · · · · · · · · · ·			^	0.
	irector		0.		0.	<u> </u>
N	ANCY ZEHNACKER				0.	0.
	reasurer		0	·	<u> </u>	
	<u>INDA_WIEDEWITSCH</u>	,	0		0.	0.
D	irector		-			
	O RAYMOND PIZARRO		լ 0_	•	0.	0
ᆛ	irector TLLENE GALLATIN				•	0
	ecretary		1 0	•	0.	
S	TEVEN_CORNETT				0.	0
v	ice President		1 0	-	<u> </u>	•
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		TEEAOSIZL				Form 990-EZ (2020)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in	See .	Sch (	) [
the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
2.6 Were any significant changes made to the proposition or governing documents? If "Yes," attach a conformed copy of the amended documents if they i	CHECK	1	
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<u>X</u>
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	35 a		Х
(such as those reported on lines 2, 6a, and 7a, among others)?  b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule	O. 35 b		
	1		
reporting, and proxy tax requirements during the year? If it is, complete Schedule 6, rait in	35 c	-	X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	0.	3 1057405 A 23.4452	122111
b Did the organization file Form 1120-POL for this year?	37 b	) se menterie	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	A CAMBAN I	X
1. 14 IVan Laamplata Sabadula I. Part II. and enter the total	-55545	en sekrebelik	Sheetsels.
amount involved	<u>      0  .                            </u>		
39 Section 501(c)(7) organizations, Enter:			
a Initiation fees and capital contributions included on line 9	0.	部 (6)	
b Gross receipts, included on line 5, for public use of olds received			Carlon A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 • 0.; section 4912 • 0.; section 4955	<u>0.</u>		3000
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not be	V.,		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	401	3	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>o.</u>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.	4 6 9 1 0 15	10.00 mg/s
by the organization			1
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40	<u>e                                     </u>	X
42 a The organization's books are in care of ► PATRIOT ASSISTANCE DOGS Telephone no. ► (  Located at ► 1478 MALLARD ST DETROIT LAKES MN ZIP + 4 ► 5	6501	7-41( Yes	0 <u>0</u> _
b 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)?	42		X
If 'Yes,' enter the name of the foreign country ►		30 Sec. 1	e diskip i
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42		X
c At any time during the calendar year, did the organization maintain an office outside the United States?			ــــــــــــــــــــــــــــــــــــــ
If 'Yes,' enter the name of the foreign country ►			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► [	\n [ \n
and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	1a	2
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		4 b	<u> </u>
instead of Form 990-EZ	44	4 c	2
20 to report these payments?	ESSAN A	4 4 2001   2001	AN EVAN
If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments.  If 'No,' provide an explanation in Schedule O	44	4 d	
45 a Did the organization have a controlled entity within the meaning of section 512(0)(13):	Δι	วิล I	>
45 d Sid the Signal and Sid Sid Sid Sid Sid Sid Sid Sid Sid Si	4:	5a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	Yes,' 4:		Σ

(2020) DAMDIOM ACCICMANOD	DOGS		45-248		Page 4
				Yes	No
organization engage, directly or indirectes for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf of	or in opposition to	46	X
Section 501(c)(3) Organizations	- O-1.				
ar lines 60 and 61					🔲
				Yes	No
				47	X
وع من أوم طنهم ملم علي المسال المسالم	aation 170/h\/1\/A\(ii)?	' If 'Yes,' complete ochec	JUIC E		X
organization make any transfers to ar	exempt non-charitable	e related organizations.		49b	
	li	NVAAS INIDEL IDAU OUGELA.	difectors, trastees, and .	кеу	
te this table for the organization's rive mig	00 of compensation from	n the organization. If there	is none, enter 'None.'		
	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated am other compens	ount of ation
	4				
	_				
	1				
				<del>                                     </del>	
	. 🚽			1	
and over	100 000 <b>*</b>		<u> </u>		
المناك ال	about compandated 1008	pendent contractors who e	ach received more than	\$100,000 of	
ensation from the organization. If there	is none, enter 'None.'				ation
		(b) Type	of service	(c) dampens	
		,,,,,			
		-			
				<u> </u>	
				<u> </u>	
ne organization complete Schedule A?	Note: All section 501(	c)(3) organizations must	.,	… ► X Yes	
es of perjury, I declare that I have examined this rel	urn, including accompanying s	schedules and statements, and to ion of which preparer has any kn	the best of my knowledge and owledge.	I belief, it is	
and complete. Declaration of preparer (other than o	inicer) is based on all information				
Signature of officer			Date		
NANCY ZEHNACKER			Treasurer		
Type or print name and title		- I Data	<del></del>	I PTIN	<u>.</u>
Print/Type preparer's name	' '		Check L if	D00069954	
SHERI LYNN D. LEITHEISER		LEITHEISER	sen-employed	1100003334	
Firm's name - BENSON, LEITHEIS	ER & SOBERG		Firm's EIN	41-138403	9
Firm's address ► PO BOX 667			Phone no. 2	18-84 <u>7-3114</u>	
DETROIT LAKES M	N 56502	- ctuations		18-847-3114 ► X Yes	N <sub>0</sub>
	N 56502 er shown above? See i	nstructions			No
	porganization engage, directly or indirectes for public office? If 'Yes,' complete Section 501(c)(3) Organizations All section 501(c)(3) organization or lines 50 and 51.  Check if the organization used Surganization engage in lobbying activities the Schedule C, Part II	res for public office? If 'Yes,' complete Schedule C, Part H. Section 501(c)(3) Organizations Only (All section 501(c)(3) organizations must answer of or lines 50 and 51. Check if the organization used Schedule O to responsibility organization engage in lobbying activities or have a section 501(he Schedule C, Part II	progranization engage, directly or indirectly, in political campaign activities on behalf of the for public office? If "Yes," complete Schedule C, Part I.  Section 501(c)(3) Organizations Only Mill section 501 (c)(3) organizations must answer questions 47-49b and or lines 50 and 51.  Check if the organization used Schedule O to respond to any question organization engage in lobbying activities or have a section 501(h) election in effect during the Schedule C, Part II.  Sepandization engage in lobbying activities or have a section 501(h) election in effect during the Schedule C, Part II.  Sepandization engage in lobbying activities or have a section 501(h) election in effect during the Schedule C, Part II.  Sepandization engage in lobbying activities or have a section 501(h) election in effect during the Schedule C, Part II.  Sepandization engage in lobbying activities or have a section 501(h) election in effect during the Schedule C, Part II.  Sepandization make any transfers to an exempt non-charitable related organization?  Was the related organization a section 527 organization?  Was the related organization in section 527 organization?  In the relation of the organization for highest compensated employees (other than officers, set) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None.  Solvent is table for the organization of which prepare the set of	programization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to see for public office? If Yes, complete Schedule C, Part 1	Vesting   Park   OT   ASSISTANCE   DUSS   Vesting   Park   OT   Park   OT

#### 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

45-2486498 PATRIOT ASSISTANCE DOGS Part 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 9 university: 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 investment income and unrelated business taxable flower (less section 511 tax) from businesses acquired by the organization after the contributions of the con 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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. 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). (vi) Amount of other (v) Amount of monetary (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) is the organization listed in your governing document? (ii) EIN (i) Name of supported organization support (see instructions) support (see instructions) No Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020 PATRIOT ASSISTANCE DOGS 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

	(Complete only if you ch organization fails to qu	hecked th ualify un	ne box on line 5, 7, nder the tests liste	d below, please	complete Part III.	)			
Sec	tion A. Public Suppor								
Cale	endar year (or fiscal year Inning in) ►		(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do n include any 'unusual grants.')	not							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	d							
3	facilities furnished by a governmental unit to the organization without char								
4	Total, Add lines 1 through	h 3							
5	The portion of total contributions by each per (other than a government unit or publicly supported organization) included on that exceeds 2% of the a shown on line 11, column	tal 1 n line 1 mount							
6	Fublic support. Subtract from line 4	line 5							
Se	ction B. Total Suppor	t							
Ca	lendar year (or fiscal year ginning in) ►		(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total	
7	7 Amounts from line 4					1			
	Gross income from interdividends, payments reconsecurities loans, rentroyalties, and income frosimilar sources	eived s, om							
9	9 Net income from unrelat business activities, whet not the business is regu carried on	ted ther or larly							
1	Other income. Do not in gain or loss from the sa capital assets (Explain i Part VI.)	ile of in			The service of the se				
	1 Total support. Add lines through 10		April 1980	t-uslians)					
1	2 Gross receipts from rela	ated acti	ivities, etc. (see if	nstructions)		"Ob best 100 of 60 of	- coetion 501(c)(3)		
	First 5 years. If the Fort organization, check this	S DOX an	u stop nerc		·				
S	ection C. Computation 14 Public support percenta	n of Pu	ublic Support	Percentage	line 11 polymp (	f))	14	%	
1	<ul><li>14 Public support percenta</li><li>15 Public support percenta</li></ul>	age for 2	2020 (line 6, colur	nn (t), aiviaea by N. Bort II. line 14	Time 11, column (			%	
7	15 Public support percenta	age from	1 2019 Schedule A	A, Part II, IIIIe 14			120% or more chec	k this box	
•	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 nere. The org	yanızanı	At qualifies as a p	יייי קקבי (יייוםטי	~ ~				
	17a 10%-facts-and-circums or more, and if the org the organization meets	the fac	ts-and-circumstar	nces test. The org	ganization qualifie	s as a publicly sup	ported organization	15 is 10%	
	b 10%-facts-and-circums or more, and if the org organization meets the	Janizatio	III IIIGGES IIIG IGOE	e' tost. The organ	nization qualifies a	s a publicly suppo	orted organization		
,	organization meets the 18 Private foundation. If it	the orga	nization did not c	heck a box on lir	ne 13, 16a, 16b, 1	/a, or 1/b, check	tills box and see in	990 or 990-EZ) 2020	
_						S	cnequie A (Form	220 OL 220-EE) E020	

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.)

	fails to qualify under the test	is listed below, bi	Jaco Compione F				
	ion A. Public Support			(c) 2018	(d) 2019	(e) 2020	(f) Total
Calenda	ar year (or fiscal year beginning in) 🟲	(a) 2016	<b>(b)</b> 2017	(c) ZUI8	(u) 2019	(0) 2020	(-)
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	61,942.	74,559.	469,914.	177,209.	121,523.	905,147.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	01/01/2					
	furnished in any activity that is related to the organization's tax-exempt purpose	5,147.	5,211.	23,369.	3,603.	7,525.	44,855.
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge					100.040	0. 950,002.
6	Total, Add lines 1 through 5	67,089.	79,770.	493,283.	180,812.	129,048.	950,002.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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					0.	_0
	for the year	0.	0.	0.	0.		0.
,	Add lines 7a and 7b	0.	0.	0.	0.	0.	
. 8	Public support. (Subtract line 7c from line 6.)			31,313,313,513,13	201522 27 530 636 600 25 55 62 65 55 20 50 60 60 60 60 60 60 60 60 60 60 60 60 60		950,002.
Se	ction B. Total Support			1 2 2 2 2 2	(d) 2019	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018			950,002.
9	Amounts from line 6	67,089.	79,770.	493,283.	180,812	. 129,040.	730,002.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from			7,458	9,239	. 14,030.	30,727.
	similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0. 30,727.
	c Add lines 10a and 10b	0.	0.	7,458	. 9,239	. 14,030.	30,121.
17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
1:	3 Total support. (Add lines 9, 10c, 11, and 12.)	67,089		t thing fourth o	r fifth tay year as	a section 501(c)(3	)
	organization, check this box at		Porcentage			<del></del> -	
	to the second of	2020 (line 8 colur	nn (f) divided DV	line 13, column	(f))	15	
	and the second second	n 2019 Schedule	A, Part III, line 15				98.13 %
1		wactmont Inco	sme Percentai	ae			
<u>s</u>	7 Investment income percentage	And 2020 /line 10	c column (f) divi	ided by line 13. c	column (f))		
1	8 Investment income percentage	e from Zu19 Sched	aule A, Caltill, III.	a hov on line 14	and line 15 is m	ore than 33-1/3%,	and line 17
1	<ul> <li>8 Investment income percentage</li> <li>9a 33-1/3% support tests—2020. Is not more than 33-1/3%, che</li> <li>b 33-1/3% support tests—2019.</li> </ul>	CK this Box sive -			Line 10e and lin	■ 16 is more than .	33-1/3%, and
,	<ul> <li>b 33-1/3% support tests—2019. line 18 is not more than 33-1/3</li> <li>Private foundation. If the organization.</li> </ul>	3%, check this bo anization did not c	x and stop here. heck a box on lin	The organization e 14, 19a, or 19t	qualifies as a pu o, check this box	and see instruction	ns 🟲 📗
	20 Private foundation. If the dage		TEEA040	3L 09/14/20		Schedule A (Forn	n 990 or 990-EZ) 202

Page 4

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	Α.	Αll	Supporting	Organizations
			, ,	

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

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	YE		No	
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Ì	9c			
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	10b	34.3	1050	

احمامت	lule A (Form 990 or 990-EZ) 2020 PATRIOT ASSISTANCE DOGS	45-2486498		Page 5
Part	Supporting Organizations (continued)		V	NI-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11	c below,		
а	the governing body of a supported organization?			<del>                                     </del>
Ь	A family member of a person described in line 11a above?	111		_
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	110		<u> </u>
	tion B. Type I Supporting Organizations	<u> </u>	1,,	T.N.
		embership of one	Yes	; No
	Did the governing body, members of the governing body, officers acting in their official capacity, or more supported organizations have the power to regularly appoint or elect at least a majority of the officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supportion(s) effectively operated, supervised, or controlled the organization's activities. If the organization one supported organization, describe how the powers to appoint and/or remove officers, directors were allocated among the supported organizations and what conditions or restrictions, if any, applied during the tax year.	ported ization had more s, or trustees to such powers	70. Let 100	
	Did the organization operate for the benefit of any supported organization other than the supported or that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how p benefit carried out the purposes of the supported organization(s) that operated, supervised, or control supporting organization.	ganization(s) roviding such lled the		
Sec	tion C. Type II Supporting Organizations		Ye	s No
			in the	3 110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or massupporting organization was vested in the same persons that controlled or managed the supported or	nagement of the ganization(s).		
Sec	ction D. All Type III Supporting Organizations	319	Ye	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month organization's tax year, (i) a written notice describing the type and amount of support provided during year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) or year, (iii) a copy of the Form 990 that was most recently filed as of the date of notification.	pies of the		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, to the extent not previously programments of the form 990 that was most recently filed as of the date of notification, to the extent not previously programments in effect on the date of notification, to the extent not previously programment of the form 990 that was most recently filed as of the date of notification, to the extent not previously programment of the form 990 that was most recently filed as of the date of notification.			(3)
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in F the organization maintained a close and continuous working relationship with the supported organization.	pported Part VI how tion(s).	2	Landon
3	voice in the organization's investment policies and in directing the use of the organization's income of all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organ in this regard.		3	
Se	ction 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).		
ļ	The constitution activities the Activities Test Complete line 2 below.			
	The state of the parent of each of its supported organizations. Complete line 3 below.			
	Try in the supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ernmental entity (see ir	struct	ions).
	c I The organization supported a governmental entity. Beschibe in a distribution supported a governmental entity.		_	1
2	2 Activities Test. Answer lines 2a and 2b below.	[#	Y	es N
	a Did substantially all of the organization's activities during the tax year directly further the exempt pur supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those s organizations and explain how these activities directly furthered their exempt purposes, how the organization to those supported organizations, and how the organization determined that these activities substantially all of its activities.	anization was	2a	
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement organization's supported organization(s) would have been engaged in? If 'Yes,' explain in reasons for the organization's position that its supported organization(s) would have engaged in the but for the organization's involvement.	Nement, one or n Part VI the se activities	2b	
	and 3h helow.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	, or trustees of	3a	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this reg	each of its ard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nızaı	ions	2
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			<del></del>
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		(D) (A) (A) (A)
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	ļ.,	
b Average monthly cash balances	1b		1
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 (explain in detail in Part VI):			
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		/S
Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
2 Enter 0.85 of line 1.	2	(1) (4) (1) (2) (3) (4) (4) (5) (7) (7)	
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	90 / 15 / 15 / 15 / 15 / 15 / 15 / 15 / 1	<u> </u>
5 Income tax imposed in prior year	5	The second secon	<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	A 1961 0000000 Section 6170 and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functionally in (see instructions).	ntegra		
BAA		Schedule A (I	Form 990 or 990-EZ) 2

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Schedule A Form 990 (1990-L2) abov Print (1971-1971) Part VI Type (1990-L2) abov Print (1971-1971) Part VI Type (1971-1971-1971-1971-1971-1971-1971-1971	Schedule A (Form 990 or 990-EZ) 2020 PATRIOT ASSISTANCE I	OGS			0490
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 1 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 – provide details in Part VI) 6 Other distributions (describe in Part VI), See instructions, 7 Total annual distributions, Add lines 1 through 6. 8 Distributions (describe in Part VI), 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) 10 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (geasonable pause equired – explain in Part VI), See instructions, 3 Excess distributions arryover, if any, to 2020 a From 2015. b From 2016. c From 2017. d From 2018. e From 2019. f Total of Rines as through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount c Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to 2020 distributable amount c Remainder. Subtract lines 4e and 4b from line 4. Remainder. Subtract lines 4e and 4b from line 4. Remainder. Subtract lines 4e and 4b from line 4. Remainder in the first prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4e and 4b from line 4. Remaining underdistributions for prevers prior to 2020, if any Subtract lines 4e and 4b from line 4. Remaining underdistributions for prevers prior to 2020, if any Subtract lines 4e and 4b from line 4. Remaining underdistributions for prevers prior to 2020, if any Subtract lines 4e and 4b from line 4. Remaining underdistributions for prevers prior to 2020, if any Subtract lines 4e and 4b from line 4. Remaining underdistributions for prevers prior to 2020, i	Part V Type III Non-Functionally Integrated 509(a)(3) St	tphorning Organization	3113 (00/11/1404	<del>-</del> T	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. 1	Section D - Distributions			1	
in excess of income from activity  A Amounts paid to acquire exempt-use assets  4 Amounts paid to acquire exempt-use assets  5 Qualified set aside amounts (prior IRS approval required — provide details in Part VI)  6 Other distributions (describe in Part VI), See instructions.  7 Total annual distributions, Add lines 1 through 5.  8 Distributions to alterive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributions to alterive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributions to alterive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributions amount for 2020 from Section C, line 6  10 Line 8 amount divided by line 9 amount  10 Excess organization amount for 2020 from Section C. line 6  2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2020  a From 2015.  5 From 2016.  6 From 2019.  1 Total of lines 3a through 3e  9 Applied to underdistributions of prior years  h Applied to 2020 distributable amount  1 Carryover from 2015 not applied (see instructions)  1 Permander. Subtract lines 3g, 3h, and 3i from line 4.  5 Remaining underdistributions of prior years  5 Applied to 2020 distributable amount  6 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, explain in Part VI. See instructions.  6 Remaining underdistributions for years prior to 2020, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for years prior to 2020, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  7 Excess firm 2016.  8 Excess	1 Amounts paid to supported organizations to accomplish exempt pu	of supported organizations			
3 Administrative expenses paid to accomplish exempl purposes of supported originizations 4 Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total amnual distributions, Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount 8 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions. If any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 1 From 2015. 9 From 2015. 9 From 2016. 9 From 2019. 1 Total of lines 3a through 3e 9 Applied to underdistributions of prior years 1 Applied to underdistributions of prior years 2 Applied to underdistributions of prior years 3 Applied to underdistributions of prior years 4 Distributions for 2020 distributable amount 5 Cermaning underdistributions for years prior to 2020, if any. Subtract lines 3g, 3h, and 3l 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, explain in Part V. See instructions. 6 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part V. See instructions. 7 Excess from 2017. 6 Excess from 2018. 7 Excess from 2018. 8 Presendown of line 7: 8 Excess from 2018. 9 Excess from 2018. 9 Excess from 201	in excess of income from activity				
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI). 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add ilnes   through 5. 8 Distributions to attentive sucported organizations to winch the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive sucported organizations to winch the organization is responsive (provide details in Part VI). 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) 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015.  6 From 2018. 6 From 2019. 7 Total of lines 3 at through 3 e g Applied to underdistributions of prior years h Applied to 2020 distributable amount 1 Carryover from 2015 not applied (see instructions)  9 Applied to 2020 distributable amount 1 Carryover from 2015 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3f from line 3f. 4 Distributions for 2020 distributable amount 5 Remaining underdistributions of prior years 6 Applied to 2020 distributable amount 7 Ceremining underdistributions for 2020. Subtract lines 3h and 4b from line 4. 7 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 8 Reactions from 2015. 9 Excess from 2017. 9 Excess from 2017. 9 Excess from 2018.	3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations		<b>├</b>	····
5 Qualified set-aside amounts (prior IRS approval required – provade adains in Part VI). 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount or 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount  Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2020 from Section C. line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). 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. 1 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 3f from line 3f. 4 Distributions for 2020 from Section D, sine 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 3g, 3h, and 3f 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, explain in Part V. See instructions.  6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part V. See instructions.  7 Excess firm 2017 6 Excess from 2018	A Amounts paid to acquire exempt-use assets			5	
6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions, Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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)  1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 1 From 2015	5 Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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) 10 Distributable amount for 2020 from Section C, line 6 11 Distributable amount for 2020 from Section C, line 6 12 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions. 13 Excess distributions carryover, if any, to 2020 14 From 2015. 15 From 2015. 16 From 2015. 17 Total of lines 3a through 3e 19 Applied to underdistributions of prior years 19 Applied to 2020 distributable amount 10 Carryover from 2015 not applied (see instructions) 10 Remainder. Subtract lines 3q, 3h, and 3i from line 3f. 14 Distributions for 2020 from Section D, line 7: 18 Applied to 2020 distributions of prior years 19 Applied to 2020 distributions of prior years 10 Applied to 2020 distributions of prior years 11 Applied to 2020 distributions of prior years 12 Applied to 2020 distributions of prior years 13 Applied to 2020 distributions of prior years 14 Distributions for 2020 (For Section D, line 7: 18 Applied to 2020 distributions of prior years 19 Applied to 2020 distributions of prior years 20 Applied to 2020 distributions of prior years 21 Applied to 2020 distributions of prior years 22 Applied to 2020 distributions of prior years 23 Applied to 2020 distributions of prior years 24 Applied to 2020 distributions of prior years 25 Applied to 2020 distributions of prior years 26 Applied to 2020 distributions of Prior years 27 Applied to 2020 distributio	6 Other distributions (describe in Part VI). See instructions.			7	
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8 Breakdown of line 7:  a Excess from 2016  b Excess from 2017  c Excess from 2018	6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	EST CONTROL OF THE STATE OF THE	Part Control of the C		
8 Breakdown of line 7:  a Excess from 2016  b Excess from 2017  c Excess from 2018	7 Excess distributions carryover to 2021. Add lines 3j and 4c.	The second service by the best in the second service (SES) contact (SES).			
a Excess from 2016 b Excess from 2017 c Excess from 2018		The state of the s			The second state of the se
b Excess from 2017 c Excess from 2018		and the second s		5,456, 162 (1.0)	
c Excess from 2018			7 Page 1270 Malipage 1 Page 1 Page 1		
		(5) (2) (2) (2) (3) (3) (3) (4) (4)	and provide the second		The state of the s
G Excess from 2019	d Excess from 2019	The second secon	(A)		
e Excess from 2020				1- 4 /	Comm 000 or 000 F7) 202

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Schedule A (Form 990 or 990-EZ) 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.)

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

ame of the organization					45-248649	3
PATRIOT ASSISTANCE DOGS  Postulated Fundraising Activities. Complet	o if the erespise	tion answe	red 'Yes' or	Form 990, Part IV, line		
						<u> </u>
1 Indicate whether the organization r	aised funds thr	ough any	or the lollo e l	Solicitation of non-	novernment grants	
a 🦳 Mail solicitations			- [	Solicitation of gove		
b Internet and email solicitations			f	Special fundraising		
c Phone solicitations			g	Special fulluraising	events	
d 🗍 In-person solicitations						
2 a Did the organization have a written or employees listed in Form 990, Par	oral agreement	t with any ii in connect	ndividual (ir ion with pr	ncluding officers, director ofessional fundraising	rs, trustees, or key services?	Yes No
Lift Vac ! list the 10 highest paid inc	lividuals or enti	ities (fundr	aisers) pu	rsuant to agreements (	under which the fundrai	ser is to be
compensated at least \$5,000 by the	e organization					1
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
	<u> </u>	-				
		:				
2						
3						
		<u> </u>			<u> </u>	
4						
5			:			
			<u> </u>			
6						
7			1			
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8						
		_				
•						
9	3		ļ			
10						
				<del> </del>		
Total				<b>-</b>		
Total	ation is registere	ed or licens	ed to solicit	contributions or has be	en notified it is exempt fr	om registration
or licensing.						

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

		List events with gross receipts gre		(In) Frank #2	(c) Other events	(d) Total events
			(a) Event #1  GOLF TOURNAMEN (event type)	(b) Event #2  CLOTHING AND M (event type)	None (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts	30,859.	7,526.		38,385.
Re		Less: Contributions				
	3	Gross income (line 1 minus line 2)	30,859.	7,526.		38,385.
	4	Cash prizes				
	5	Noncash prizes	ï			
χ,		Rent/facility costs				
ense	6	•				
EXP	7					
Direct Expenses	8	Entertainment		1.565		2,674.
	9	Other direct expenses	907.	1,767.		
	10	Direct expense summary. Add lines 4 th	rough 9 in column (d).			2,674. 35,711.
	11	Cultimat lina 10 fe	rom line 3 column (d)			33,111.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or t	eported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
SeS	2	2 Cash prizes				
×pe	:	Noncash prizes	-			
Direct Expenses		4 Rent/facility costs	,			
	!	5 Other direct expenses	Yes %	Yes %	Yes %	
·		6 Volunteer labor	Yes%	No No	No	
7 Direct expense summary. Add lines 2 through 5 in column (d)						<b>-</b>
		8 Net gaming income summary. Subtract	line 7 from line 1, colu	ımn (d)		<b>•</b>
9	a Is	nter the state(s) in which the organization sthe organization licensed to conduct gam	ing activities in each of	ties: these states?		Yes No
10		Vere any of the organization's gaming licer	ses revoked, suspende	ed, or terminated during	the tax ýear?	Yes No
	_					
			TEE 427021	08/18/20	Schedule G (	Form 990 or 990-EZ) 2020

chedule G (Form 990 or 990-EZ) 2020 PATRIOT ASSISTANCE DOGS	45-2486498	rayes
Does the organization conduct gaming activities with nonmembers?	Yes	No
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f administer charitable gaming?	formed to	No
13 Indicate the percentage of gaming activity conducted in:	13 a	%
a The organization's facility	13b	%
b An outside facility	nd records:	
Name ►		
Address •		
15a Does the organization have a contract with a third party from whom the organization receives gaming bild 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c if 'Yes,' enter name and address of the third party:	ing revenue? Y	
Name *		
Address •		
16 Gaming manager information:		
Name *		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the	
to the tax veget by the tax veget > S		nd (v):
Part IV Supplemental Information. Provide the explanations required by Part I, lin and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also p information. See instructions.	ne 25, columns (iii) a rovide any additional	na (v),
BAA TEEA3703L 08/18/20	Schedule G (Form 990	or 990-EZ) 20

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

2020

Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

45-2486498

Form 990-EZ, Part I, Line	16
Other Expenses	

PATRIOT ASSISTANCE DOGS

2 Durantina	Ś	433.
Advertising and Promotion	•	3,798.
BACKPACK ITEMS.		3,439.
BANK CHARGES		
CALENDARS FOR VETERANS		2,445.
DOG BOARDING.		124,424.
DOG BOARDING.		1.789.
DOG FOOD		60.
DOG GROOMING		50.
DOG REGISTRATIONS		
DOG TRAINING		96.
EOUIPMENT EXPENSE		4,390.
EQUIPMENT EAFENSE		1,570.
EVALUATIONS		690
GRADUATION PHOTO		846.
GRADUATION SUPPLIES FOR VETS		
Insurance		1,634.
MISCELLANEOUS		2,156.
MISCELLANEOUS		606.
Office Expenses		350.
SUPPLIES		
TELEPHONE		1,196.
Travel		1,049.
		41.862.
VETERINARIAN Tota	৷ ব	192,883.
ioca.	<u> </u>	

#### Form 990-EZ, Part II, Line 24 Other Assets

	Beg	<u>inning</u>		<u>Ending</u>
Inventories	\$	1,997.	<u>\$</u>	1,997.
	\$	1,997.	\$	1,997.

#### Form 990-EZ, Part II, Line 26 **Total Liabilities**

		<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expen	nsesTotal	<del>'</del>	\$ 1,302. \$ 1,302.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDE TRAINING OF SERVICE DOGS TO BE MATCHED WITH VETERANS IN NEED.

#### Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

CALENDARS ARE COMPOSED OF PICTURES OF DOGS THAT HAVE COME THROUGH THE TRAINING PROGRAM TO BE PLACED WITH VETERANS AND DISTRIBUTED TO VETERANS AND CONTRIBUTORS TO MAKE THE PUBLIC AWARE OF THE VETERAN PROGRAMS.

Employer identification number

45-2486498

### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... No