# Form **99** (Rev. January 2020) Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public Inspection

A	For the	2019 calendar year, or tax year beginning NOV 1, 2019 and ending	OCT 31, 2020	
В	Check if applicable:	C Name of organization	D Employer identific	cation number
L	Address change Name		47 50116	4.1
F	change	Doing business as	47-52116	
F	return Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/si	and the same of	
	return/ termin-	6 SCHIBER COURT	618-979-	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code  MARYVILLE, IL 62062	G Gross receipts \$	924,355.
	Application	MARIVILLE, IL 02002	H(a) Is this a group re	
	Ition pending		for subordinates <b>H(b)</b> Are all subordinates in	
7	Tay aya	mpt status: X 501(c)(3)		list. (see instructions)
		ENDERSIANCE AND SURE OF SURE	H(c) Group exemption	The state of the s
			ear of formation: 2015 N	
		Summary	car of formation. 2015 W	Otate of legal dofficile. II
	4 6	Briefly describe the organization's mission or most significant activities: THE ORGA	NTZATTON SUPP	ORTS
nce	7	/ETERANS AND FIRST-RESPONDERS WHO HAVE RISKE		
'n	2	Check this box  if the organization discontinued its operations or disposed of n		
ove	3 1		3	
Ö	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		<u>5</u>
3S 8	5 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		14
vitie	6 T	otal number of volunteers (estimate if necessary)		72
Activities & Governance	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	546.
_	bN	let unrelated business taxable income from Form 990-T, line 39	7b	0.
		No. of the state o	Prior Year	Current Year
0	8 (	Contributions and grants (Part VIII, line 1h)	774,153.	918,281.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
3ev	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	546.
beta	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,712.	-3,332.
_	_	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	787,865.	915,495.
	3880 8	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	2000	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	186,159.	308,307.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	37,295.	545.
EXD	b 1	Total fundraising expenses (Part IX, column (D), line 25)  39,259.	209,144.	268,519.
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	432,598.	577,371.
	25.5	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	355,267.	338,124.
Jr.		Revenue less expenses. Subtract line to from line 12	Beginning of Current Year	End of Year
Net Assets or	20 7	Fotal assets (Part X, line 16)	989,896.	1,271,449.
ASS	21	Total liabilities (Part X, line 26)	575,707.	519,720.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20	414,189.	751,729.
	art II	Signature Block		
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		U DIOUGE EL SUCIONOINO	3/12	lai
Sig	gn	Signature of officer	Date	
He		NICOLE LANAHAN, EXCECUTIVE DIRECTOR		
_		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa		BRADLEY SPOTANSKI	03/10/21 self-employ	
Pre		Firm's name SCHEFFEL BOYLE	Firm's EIN ▶	37-1206530
Us	e Only	Firm's address 143 N KANSAS ST	SWO DAMESTO	
_		EDWARDSVILLE, IL 62025-1770	Phone no. (6	
Ma	ay the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

435,277.

Total program service expenses

4e

Form 990 (2019) GOT YOUR SIX SUPPORT DOGS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			THE REAL PROPERTY.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	to the state of th	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
(465)	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
:11.5%	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			20,000
00510	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019)

Par	t IV Checklist of Required Schedules (continued)		a T	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	- 1111년 - 111년 - 11년 - 111년 - 11년 -	23		X
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		-22
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
v	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	R		
20	instructions, for applicable filing thresholds, conditions, and exceptions):	7117		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
2002	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
222	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1755
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			12222
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Norman II	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			Ш
	1 1	4	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ţ		
b	Effet the flumber of Forms W 2d moldded in into rd. Effect of into applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			13	W.
		2a 14		100	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				1000
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		_X_
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	/CDAD			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-		37
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ion ?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization colicit	50		
-	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 contribution		0a		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				7.
	to file Form 8282?	527	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l w		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ot?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	7		JATE !	MILES!
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		Var'		
а			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:		30		
a		10a		1000	
		10b			
11	Section 501(c)(12) organizations. Enter:	11a			1,4,4
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	I I a			
D		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	Barrier of the state of the sta	12b		213	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				0
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			- 37	
	organization is licensed to issue qualified health plans	13b		TEL	189
С		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	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	7 8			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2019) GOT YOUR SIX SUPPORT DOGS 47-5211641 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b b

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5	9-		- positi
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		N. I	
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	V.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	**	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b		Topped	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	v
b		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	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?	45	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	1
b	Other officers or key employees of the organization	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		E III	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Soc	exempt status with respect to such arrangements?	100		
7.0889	List the states with which a copy of this Form 990 is required to be filed ▶IL			
17	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)s onl	y) ava	lable
18	for public inspection. Indicate how you made these available. Check all that apply.		- A	residential (fil
	Own website			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
19	statements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	NICOLE LANAHAN - 618-979-0916			
	6 SCHIBER COURT, MARYVILLE, IL 62062			
	O DOLLEDAN COUNTY AMERICAN TO THE TOTAL TO			

# 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.

X 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	box	not c	Posi heck ss per id a d	more rson	than d	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations
(1) ALAN PENNINGTON	1.00									0
BOARD CHAIR	1	X	_	X		_	_	0.	0.	0.
(2) JASON HORN	1.00	2000		1000						0
BOARD VICE-CHAIR		X	_	X		_		0.	0.	0.
(3) KELLY FELAX	1.00	9900		100000					_	0
SECRETARY		X	_	X				0.	0.	0.
(4) TAMMY CHEN	1.00								_	_
TREASURER		X	_	X	_		_	0.	0.	0.
(5) JILL SCHRIMPF	1.00									_
BOARD MEMBER		X	_	-	-	-	-	0.	0.	0
(6) LEON ALEXANDER	1.00	-						_	_	_
BOARD MEMBER		X	-	-	-	-		0.	0.	0.
(7) BRYAN CASSIDY	1.00								0.	0
BOARD MEMBER	1 00	X		-	$\vdash$	-	-	0.	0.	0
(8) CAL WEINHOLD	1.00	١						0	0.	0
BOARD MEMBER	4 00	X		+	-	+	+	0.	0.	0
(9) AMBER LEE	1.00	١						0.	0.	0
BOARD MEMBER		X	-	+	$\vdash$	+	-	0.	0.	0
		-								
		T	T		T					
							T			
7										
			+							
-		+	1							
						1				

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, an	d Hi	ghe	st C	ompensated Employee	es (continued)			
	(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	107.75 (0.00)	(F) imated	
	Name and the	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related		ount of	
		(list any	irector						the	organizations	comp	ensation	on
		related	Individual trustee or director	ıstee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)		m tne nizatio	n
		organizations below	nal trust	Institutional trustee		ployee	compe	100111	202		52000	related	
		line)	Individu	Instituti	Officer	Key employee	Highest	Former			orgai	iizatioi	15
			_										_
-													
						-	-						
						$\vdash$	+						
											-		
			-										
				T		T	T						
1000	(2.5.10.004)								0.	0.			0.
1b	Subtotal Total from continuation sheets to Part V								0.	0.			0.
d	Total (add lines 1b and 1c)							•	0.	0.			0.
2	Total number of individuals (including but	not limited to the	hose	e list	ed a	abov	/e) w	ho r	eceived more than \$100	0,000 of reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer												X
	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual	l de c						her compensation from		3		Λ
4	and related organizations greater than \$15	50,000? If "Yes	," C	omp	lete	Sch	nedu	le J	for such individual		4		X
5	Did any person listed on line 1a receive or										5		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	mplete Schedu	ie J	tor s	sucn	i pei	rson				5		21
1	Complete this table for your five highest of	ompensated in	dep	end	ent	con	tract	ors	that received more than	\$100,000 of compen	sation f	rom	
_	the organization. Report compensation fo	r the calendar	year	enc	ling	with	orv	vithi	n the organization's tax (B)	year.	(0	3)	_
	(A) Name and busines	s address	N	ON	E				Description of	services	Compe	nsatior	1
								-					
-													
2	Total number of independent contractors	(including but	not	limit	ted t	o th	nose	liste	ed above) who received	more than			
	\$100,000 of compensation from the orga				_		0				F	990 (	2010

I ai	LVII	Check if Schedule O contains a response	or note to any line	in this Part VIII			7.00
		Officer if defined the Officer and a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations 1d Government grants (contributions) 1e	199,310. 542,656. 176,315.	918,281.			
		Total	Business Code				
Program Service Revenue							
	3 4 5	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond Royalties (i) Real	rest, and proceeds	546.		546.	
	b	Gross rents Less: rental expenses Rental income or (loss)  6a 6b 6c					
o	7 a	Ret rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b					
Revenue		Gain or (loss) 7c	<b>&gt;</b>				
Other F	8 a	Gross income from fundraising events (not including \$ 199,310 • of contributions reported on line 1c). See  Part IV, line 18 8	a 5,528.				
			ы 8,860.	-3,332.			-3,332
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	а	-3,332.			3,332
	10 a	a Gross sales of inventory, less returns and allowances1	Da				
	100		Ob				
sn		c Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 a	ab cd All other revenue					
Σ		e Total. Add lines 11a-11d					
	-	Total revenue See instructions	<b></b>	915,495	. 0	. 546	3,332

Form 990 (2019) GOT YOUR SIX SUPPORT DOGS 47

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).

D-	Check if Schedule O contains a respons	(A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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				Carl And Act
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)	274 072	210 006	27 400	27 400
7	Other salaries and wages	274,872.	219,896.	27,488.	27,488
В	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,174.	6,540.	817.	817
9	Other employee benefits	25,261.	20,209.	2,526.	2,526
0	Payroll taxes	25,201.	20,203.	2,520.	2,520
1	Fees for services (nonemployees):				
a	Management				
b	Legal	10,186.		10,186.	
C	Accounting	10,100.		10,100.	
d	Lobbying	545.			545
e	Professional fundraising services. See Part IV, line 17	242.			343
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	767.			767
3	Office expenses	37,716.	16,505.	17,439.	3,772
4	Information technology	5771201			
5	Royalties				
6	Occupancy	2,250.	2,250.		
7	Travel	4,279.	4,279.		
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,717.		20,717.	
23	Insurance	11,080.	9,765.	1,315.	
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 0.)				
а	DOG SUPPLIES, BOARDING	41,046.	41,046.		
b	VETERANS PLACEMENT COST	30,885.	30,885.		
c	BANK AND RELATED FEES	18,290.		18,290.	
d	UTILITIES	16,486.	11,540.	3,297.	1,649
е	O DES CON O	74,817.	72,362.	760.	1,695
25	Total functional expenses. Add lines 1 through 24e	577,371.	435,277.	102,835.	39,259
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

# Form 990 (2019) Part X Balance Sheet

1				(A)		(5)
1				Beginning of year		(B) End of year
	Cash - non-interest-bearing			541,883.	1	509,302.
2	Savings and temporary cash investments			18,102.	2	41,519
	Pledges and grants receivable, net				3	
	Accounts receivable, net				4	
5	Loans and other receivables from any current of	or former of	ficer, director,			
	trustee, key employee, creator or founder, sub-	stantial con	tributor, or 35%			
	controlled entity or family member of any of the	ese persons	sL		5	
6	Loans and other receivables from other disqua	lified perso	ns (as defined			
	under section 4958(f)(1)), and persons describe	ed in sectio	n 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					
			748,290.			
b	Less: accumulated depreciation	10b	27,662.	424,911.	10c	720,628
11				11		
12					12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15					15	0
16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	***************************************	989,896.	16	1,271,449
17	Accounts payable and accrued expenses		17			
18	Grants payable		18			
19	Deferred revenue					
20						
21					21	
22						
	- BOS AND BOS HOUSE HER SENTENCE					
	The party of the p		- 1020 -	FF0 000		500,208
23				554,000.	223330	500,200
24					24	
25						
	The state of the s		121	22 707	0.5	19,512
	**************************************					519,720
26			<b>V</b>	575,707.	26	319,120
		neck here			-034	
200				210 865	27	416,259
						335,470
28				203,324.	20	333,410
	· '이 없는데 아이들에 아이들이 되어 있다. 하나 아이들이 아이들이 있는데 아이들이 되었다. 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	lo			20	
			[[[[전하다]][[[[[]]][[[]]][[[]][[]][[[]][[]][[]]		Carry	
	to the state of the contract of the state of		er a fill til formur a med flame, med flame av en en en en en en anne en anne en		1	
				414 189	2000	751,729
			1		_	1,271,449
	7 8 9 10a b 111 12 13 14 15 16 17 18 19 20 21 22 22 23	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described.  Notes and loans receivable, net	Loans and other receivables from other disqualified perso under section 4958(f)(1)), and persons described in section 7. Notes and loans receivable, net.  Inventories for sale or use.  Prepaid expenses and deferred charges.  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.  Less: accumulated depreciation.  Investments - publicly traded securities.  Investments - other securities. See Part IV, line 11. Intangible assets.  Other assets. See Part IV, line 11. Intangible assets.  Other assets. Add lines 1 through 15 (must equal line 33).  Accounts payable and accrued expenses.  Grants payable.  Deferred revenue.  Tax-exempt bond liabilities.  Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former officer trustee, key employee, creator or founder, substantial cor controlled entity or family member of any of these person. Secured mortgages and notes payable to unrelated third unsecured notes and loans payable to unrelated third pa Other liabilities. Add lines 17 through 25.  Offschedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions.  Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment. Retained earnings, endowment, accumulated income, or Total net assets or fund balances.	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)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 748, 290.  b Less: accumulated depreciation  10b 27, 662.  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here  27 Total liabilities. Add lines 17 through 25  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 748,290.  b Less: accumulated depreciation 10b 27,662. 424,911.  Investments · publicly traded securities 11 Investments · publicly traded securities 12 Investments · program-related. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 989,896.  17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 17 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 575,707.  Organizations that follow FASB ASC 958, check here 12 and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions 20 Agaital stock or trust principal, or current funds 21 Capital stock or trust principal, or current funds 22 Paid-in or capital surplus, or land, building, or equipment fund 33 Retained earnings, endowment, accumulated income, or other funds 34 Total net assets or fund balances	6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), and persons described in section 4958(c)(3)(B)  8 Notes and loans receivable, net  10 Notes and loans receivable, net  11 Inventories for sale or use  12 Loan, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  13 Less: accumulated depreciation  14 Investments - publicly traded securities  15 Less: accumulated depreciation  16 Less: accumulated depreciation  17 Less: accumulated depreciation  18 Less: accumulated depreciation  19 Less: accumulated depreciation  10

Form 990 (2019)

Form 990 (2019)

orm	990 (2019) GOT TOOK SIX BOTTOKT DOGD	1, 022					
Pai	t 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			95.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			71.		
3	Revenue less expenses. Subtract line 2 from line 1	3			24.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	414		89. 84.		
5							
6	Donated services and use of facilities 6						
7	Investment expenses	7					
8	And the second problems of the second problem						
9	0						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				29.		
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	D CASH		0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		153			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		х			
	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 Sc	hedule O.	4		10.80		
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

### **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

Open to Public Inspection

Name of the organization

Employer identification number 47-5211641 GOT YOUR SIX SUPPORT DOGS

Part I	Reason for Public C	namy Status (	All organizations must cor	npiete this	s part.) Se	e instructions.	
he org	anization is not a private founda	ation because it is:	(For lines 1 through 12, ch	eck only	one box.)		
1	A church, convention of chu	irches, or association	on of churches described	in section	170(b)(1)	(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990 or 99	0-EZ).)		
3	A hospital or a cooperative	hospital service org	anization described in sec	ction 170	b)(1)(A)(iii	).	
4	A medical research organiza	ation operated in co	njunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter t	he hospital's name,
	city, and state:						
5	An organization operated for	r the benefit of a co	ollege or university owned	or operat	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	A federal, state, or local gov	ernment or governr	mental unit described in s	ection 17	0(b)(1)(A)(	v).	
7	An organization that normal	ly receives a substa	antial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in
	section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8	A community trust describe						
9	An agricultural research org						
	or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of the college	e or
-	university:						
10 X							
	activities related to its exem						
	income and unrelated busin		e (less section 511 tax) fro	m busines	sses acqui	red by the organization	after June 30, 1975.
	See section 509(a)(2). (Cor		STANCE NO. 1889 PM. 1	220 722	50 000	20. 100	
11 📙	An organization organized a						
12 _	An organization organized a						
	more publicly supported or						neck the box in
ī	lines 12a through 12d that						aivina
a	Type I. A supporting orga						
	the supported organization			majority (	or the direc	clors or trustees or the s	apporting
- T	organization. You must of Type II. A supporting org			ion with it	e eunnorte	ed organization(s) by ha	vina
b	Type II. A supporting org	anization supervise	ganization vested in the sa	me nerec	ne that co	entrol or manage the sup	ported
	organization(s). You mus			arne perse	no tracoo	intiol of manage are eap	
	Type III functionally inte			in connec	tion with.	and functionally integrate	ed with.
c			ns). You must complete F				pyric respective.
d			porting organization oper				zation(s)
u			ization generally must sat				
			mplete Part IV, Sections				
e			written determination fro				
•			onally integrated supporti				100
f E	Enter the number of supported						
	Provide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		1					
					-		

Schedule A (Form 990 or 990-EZ) 2019 GOT YOUR SIX SUPPORT DOGS 47-5211641 Page 2

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				180		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a			CONTRACTOR OF			
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.						
Section B. Total Support	Annia de la compania del compania del compania de la compania del la compania de la compania dela compania del la compania de la compania de la compania dela compania del la compania de	Parameter a visitino	T		NASA PROPOSITION OF	
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instruct	tions)				
13 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
organization, check this box and stop Section C. Computation of Publi	here	proontage			***************************************	
						9
14 Public support percentage for 2019 (I						9
15 Public support percentage from 2018	Schedule A, Pai	τ II, line 14	an line 10 and line	14 in 22 1/20/ 0		
16a 33 1/3% support test - 2019. If the c	organization did r	not check the box	on line 13, and line	9 14 IS 33 1/3% OF	more, check this b	▶ □
stop here. The organization qualifies	as a publicly sup	ported organization	oli	d line 15 is 33 1/3	10% or more check	this box
b 33 1/3% support test - 2018. If the c	rganization did i	outprosted organ	izotion	10 1116 10 15 00 176	770 OF THOTO, OFFICER	<b>▶</b>
and stop here. The organization qual	ifies as a publicly	supported organ	t aback a bay on li	no 13 16a or 16h	and line 14 is 10%	or more
17a 10% -facts-and-circumstances tes	t - 2019. If the of	ganization did no	this have and atom	here Evolain in E	Part VI how the orga	enization
and if the organization meets the "fac						
meets the "facts-and-circumstances"	test. The organiz	cation qualifies as	a publicly support	eu organization	r 17a and line 15 is	10% or
b 10% -facts-and-circumstances tes	t - 2018. If the o	rganization did no	check a box on III	d stop have Eval	ain in Part VI how th	ne
more, and if the organization meets the organization meets the facts-and-circ	ne racts-and-circ	t. The except of test,	auglifice as a pub	d stop nere. Expli	rganization	<b>.</b>
organization meets the "facts-and-circ  18 Private foundation. If the organization	ournstances tes	a hay an line 12 1	16a 16h 17a ar 1	7h check this ha	x and see instruction	ns
18 Private toundation. If the organization	or did flot check	a DON OIT III IE 13,	10a, 10b, 17a, 01 1	01.0011 1110 00.	hedule A (Form 99	0 or 990-E71 201

# Schedule A (Form 990 or 990-EZ) 2019 GOT YOUR SIX SUPPORT DOGS 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.)

Sec	etion A. Public Support	c.om, piodoc comp	note i dit ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	73,868.	161,540.	128,437.	765,348.	843,028.	1,972,221.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	51,543.		126,799.	29,034.		306,432.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				145.	-37.	108.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	125,411.	219,720.	255,236.	794,527.	883,867.	2,278,761.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						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 for the year						0.
c	Add lines 7a and 7b						0.
_	Public support. (Subtract line 7c from line 6.)						2,278,761.
-	ction B. Total Support		naced transport	No contractor and			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,411.	219,720.	255,236.	794,527.	883,867.	2,278,761.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				794,527.		2,278,761.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						▶□
Se	ction C. Computation of Publ					1	100.00 %
15							
16	Public support percentage from 2018 ction D. Computation of Inve					16	100.00 %
	N 5 20 10 10 10 10 10 10 10 10 10 10 10 10 10			ine 13 column (fl)		17	.00 %
17						18	%
18	a 33 1/3% support tests - 2019. If the					and the latest and th	
131	more than 33 1/3%, check this box a						<b>▶</b> X
1	b 33 1/3% support tests - 2018. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<b>&gt;</b>

#### Part IV Supporting Organizations

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

Castian	A	AII	Commandina	Ousspinstions
section	A.	AII	Supporting	<b>Organizations</b>

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 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 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
		WIT
		-
2		
3a		
3b	300	200
0.0		P <sub>A</sub>
3c		
4a		100110
44		
0.5		
4b		
4c		
	R. M.	
-		
5a		
5b		
5c		
6		
7		
8		
METE		N.E.
9a		
9b		
1907		
9c		
10a		
	107	-
10b n 990 or 9	200 ==	7) 00

4	7 _ 5	52	11	64	1	Page	5

		<u>47-521164</u>	1 Pa	ige 5
Pa	rt IV   Supporting Organizations (continued)			
ON COLUMN 1			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	-
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		V	Al-
	Did the directors trustees or membership of one or more supported examinations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	10,18		
	tax year? 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,			
			160	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		-500		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
360	ation C. Type it Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sar	etion D. All Type III Supporting Organizations		1	
500	Clott 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	1 5		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	T. C.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how	100		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		133	100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		- WH	
	supported organizations played in this regard.	3		
Sec	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 yea(see ins	tructions).		
a	The state of the Assisting Test Complete the Challenge			
k				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instruction	is).	T
2	Activities Test. Answer (a) and (b) below.		Yes	No
ē			113	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100	100	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		100	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		+
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	100	12 =	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		II (teal)	The same
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	7 11 11	1 70	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		AL II	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-0.000000000000000000000000000000000000	

Schedule A (Form 990 or 990-EZ) 2019 GOT YOUR SIX SUPPO	RT DOGS 47-5211641 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizations
1 Check here if the organization satisfied the Integral Part Test as other Type III non-functionally integrated supporting organization	a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> Ans must complete Sections A through E.
Other Type in Horridan daily integrated experiments	(A) Prior Year (B) Current Year

Secti	other Type III non-functionally integrated supporting organizations must colon A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	18		
	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		14
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		

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations (continued)	30,000
Section	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity	0. 0		
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organization	s	
4	Amou	ints paid to acquire exempt-use assets			
		fied set-aside amounts (prior IRS approval required)			
		distributions (describe in Part VI). See instructions.			·
_		annual distributions. Add lines 1 through 6.			
		butions to attentive supported organizations to which the	ne organization is responsive	)	
•		ide details in Part VI). See instructions.			
9		butable amount for 2019 from Section C, line 6			
		B amount divided by line 9 amount			
10	LIIIO	S amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distril	butable amount for 2019 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2019 (reason-			
	able o	cause required explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
		l of lines 3a through e			
		ied to underdistributions of prior years			
		ied to 2019 distributable amount			
i		yover from 2014 not applied (see instructions)			
i		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4		ibutions for 2019 from Section D,			
	line 7	(a)			
а	Appli	ied to underdistributions of prior years			
		ied to 2019 distributable amount			
		ainder. Subtract lines 4a and 4b from 4.		THE PALSE WAY WAY	
5		aining underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2019. Subtract lines 3h			
		4b from line 1. For result greater than zero, explain in			
		VI. See instructions.			
7		ess distributions carryover to 2020. Add lines 3j			
	and a				
8		akdown of line 7:	PARENTH INCOME.		
_		ess from 2015	FINE NAME OF BUILDING		
_		ess from 2016	PERMANENT NEUR		
		ess from 2017			
		ess from 2018	STATE OF THE PERSON NAMED IN		
		ess from 2019			
e	LAUE	555 HOHE 2015			

Schedule A (Form 990 or 990-EZ) 2019

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

GOT YOUR SIX SUPPORT DOGS

Employer identification number 47 – 5211641

Par	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
_	of garmation are not out of the control of the cont	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3	A STATE OF THE STA		
4	Aggregate value at end of year		x
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised	funds
5	are the organization's property, subject to the organization's exc		1000
6	Did the organization inform all grantees, donors, and donor advi		
О	for charitable purposes and not for the benefit of the donor or de		
	impermissible private benefit?		
Par			
	Purpose(s) of conservation easements held by the organization		
1	Preservation of land for public use (for example, recreation	The state of the s	istorically important land area
	Protection of natural habitat	an everyone in-the action countries.	ertified historic structure
	Preservation of open space	reservation of a c	ertined historic structure
•	Complete lines 2a through 2d if the organization held a qualified	consequation contribution in the form of a	conservation easement on the last
2	The state of the s	Conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.  Total number of conservation easements		
197.00			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		1.00
	listed in the National Register	and a the side and automicated by the or	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the or	garlization during the tax
	year >	usut is leasted	
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		Yes No
	violations, and enforcement of the conservation easements it he	olds?	******************************
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and emorcing conserv	valion easements during the year
		f -i-l-ti and enforcing apparation	a accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g or violations, and emorcing conservation	reasements during the year
	►\$	- tief , the requirements of coation 170/h)/	4)/P)/i)
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's linancial statement	s triat describes trie
De	organization's accounting for conservation easements.  III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	er Similar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		S. C
-	If the organization elected, as permitted under FASB ASC 958,		halance sheet works
1a			
	of art, historical treasures, or other similar assets held for public		lerance of public
	service, provide in Part XIII the text of the footnote to its finance		ance shoot works of
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		ain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

	t III Organizations Maintaining C					
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that make	significant use of	its
	collection items (check all that apply):					
a	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	e	Other			
С	Preservation for future generations					
	Provide a description of the organization's co					art XIII.
	During the year, did the organization solicit o				r	
3	to be sold to raise funds rather than to be ma					Yes No
Par	rt IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa					
	Is the organization an agent, trustee, custod				· F	<b>—</b> — —
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
						Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	rt V Endowment Funds. Complete				The state of the s	ck (e) Four years back
79.00		(a) Current year	(b) Prior year	(C) TWO years back	(d) Three years ba	ck (e) i oui years back
	사용하다 아니라 사람들은 사용 에서 아이들은 보고 있다면 하는 그 이렇게 하게 되었다면 하나 하나 하는데 없다.					
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	SELECTION OF THE PROPERTY OF T					
	and programs					
f	Administrative expenses					
g	End of year balance  Provide the estimated percentage of the cur	rent year and balance	o (line 1a, column	(a)) held as:		
2			%	(a)) Held as.		
a	Board designated or quasi-endowment	%				
b	Permanent endowment	%				
C	Term endowment ▶  The percentages on lines 2a, 2b, and 2c sho	- Auto				
	Are there endowment funds not in the possi	ession of the organiz	ration that are held	and administered fo	r the organization	
3a		ossion of the organiz	action that are more		•	Yes No
	by: (i) Unrelated organizations					3a(i)
	(ii) Related organizations					A 1111
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on Schedule F	٦?		3b
4	Describe in Part XIII the intended uses of th			20 100000000000000000000000000000000000		370.40.000
	art VI Land, Buildings, and Equipr	nent.				
	Complete if the organization answere		0, Part IV, line 11a	. See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o			Accumulated	(d) Book value
		basis (invest	ment) bas	is (other)	depreciation	
1a	Land	50,	502.	ILEX.		50,502.
b	Buildings	C A C	808.			646,808.
C	Leasehold improvements					
d	Equipment	F 0	980.		27,662.	23,318.
е	Other					<b>#</b> 0.2.22.2
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), lin	e 10c.)		720,628.
6					Scho	dule D (Form 990) 2019

i dit vii ilivestilicitts ottici occuritic	Part VII	Investments -	Other	Securitie
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Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dout IV line	11. Ca. Farm 000 Dat V line 10	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f.vear market value
1000	(b) Book value	(c) Wethod of Valuation. Cost of end-o	ryear market value
(1)			
(2)			
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
03336	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	151		
Part X Other Liabilities.  Complete if the organization answered "Yes"			
1. (a) Description of liability		100000000000000000000000000000000000000	(b) Book value
			***************************************
(1) Federal income taxes			
(1) Federal income taxes (2) CREDIT CARD LIABILITIES			11.684
(2) CREDIT CARD LIABILITIES			11,684
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS			
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4)			11,684 7,828
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5)			
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5) (6)			
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5) (6) (7)			
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5) (6) (7) (8)			
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5) (6) (7) (8) (9)	25)		7,828
(2) CREDIT CARD LIABILITIES (3) PAYROLL TAX WITHOLDINGS (4) (5) (6) (7) (8)			19,512

Par	rt XI Reconciliation of Revenue per Audited Financia	Statements With Revenu	e per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statemen	is	1		914,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-584.		
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c	314		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		-584.
3	Subtract line 2e from line 1		3		915,495.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 F	1.00	4	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	100		
b	Other (Describe in Part XIII.)	4b			
C					0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	• • • • • • • • • • • • • • • • • • • •	915,495.
Pa	rt XII Reconciliation of Expenses per Audited Financi		ses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total expenses and losses per audited financial statements		1		577,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1-53		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1		3	-0	577,371.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T 1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	6.00			
b	2)			-	0
С			40	_	0. 577,371.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5		5/1,5/1.
Pa	art XIII Supplemental Information.		1 1 1 E 1 D	and V. Em	a Or Dort VI
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and 2b; P	art v, line 4; P	art A, III	ie z, Part Ai,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information.			
PA	RT X, LINE 2:				
	THE	MAY DOCUMENTONG UNIT	שות סשר	CIITI	DANCE
MA	NAGEMENT HAS EVALUATED THEIR INCOME	TAX POSITIONS UNI	EK Ine	GOIL	DANCE
		DESTRUCTION MANACEMENT	HAC NO	ית דו	CHITTMAC
IN	ICLUDED IN ASC 740. BASED ON THEIR E	(EVIEW, MANAGEMEN)	HAD NO	/1 11	DENTITIED
	TRIGEDER IN MAY DOCUMENTONG	O DE DECODDED OR	DISCLOS	ED :	IN THE
AN	Y MATERIAL UNCERTAIN TAX POSITIONS	O BE RECORDED OR	DIBCHOL		TIV TIII
	CONTRACT A TO COMPANIENCE				
FI	NANCIAL STATEMENTS.				
70					
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### SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990 or 990-EZ) 2019

GOT YOUR	SIX SUPPORT D	OGS			47-5211	641
Part I Fundraising Activities.			es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part.			V			
1 Indicate whether the organization raise					ž1	
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g L Sp	oecial fundra	sing (	events		
d In-person solicitations						
2 a Did the organization have a written or						
key employees listed in Form 990, Par	t VII) or entity in connection	with professi	onal f	undraising services?	└── Yes	
b If "Yes," list the 10 highest paid individ	duals or entities (fundraisers)	pursuant to	agree	ments under which	the fundraiser is to b	е
compensated at least \$5,000 by the o	rganization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have co or con contribu	rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				-		
Total					34900	XXVII.
3 List all states in which the organization	n is registered or licensed to	solicit contril	oution	ns or has been notifie	ed it is exempt from i	registration
or licensing.						
IL						

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

1	7-5	21	16	11	. Page	2
7 /		41		,	- raue	~

Cabadula	C /Form	000	or 000 EZ	2010	COT	VOITE	STY	SUPPORT	DOGS
Schedule	G (Form	990	or 99U-EZI	2019	GOI	TOOK	DIV	POLLOWI	DOGS

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events SALUTE TO FACEBOOK (add col. (a) through SERVICE CAMPFUNDRAISER col. (c)) (total number) (event type) (event type) Revenue 40,845. 7,328. 204,838. 156,665. Gross receipts 1,800. 199,310. 40,845. 2 Less: Contributions 156,665. 5,528. 5,528 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 8.860. 8.860. Other direct expenses 8,860. 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,332.Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 2 Cash prizes Direct Expenses Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes No No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 GOT YOUR SIX SUPPORT DOGS 47	-5211	641	Page 3
	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 formed			
	to administer charitable gaming?	🔲	Yes	No
13	Indicate the percentage of gaming activity conducted in:	T.		
a	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
Ł	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
•	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	4 V			
	Gaming manager compensation > \$			
	100 MARCH 1100 CC 1 SC 100 MARCH 1100 MACC			
	Description of services provided			
	Director/officer Employee Independent contractor			
100000				
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of the state gaming license?			
3	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or open in the organization's own exempt activities during the tax year \$\infty\$\$			
D	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, I	ines 9	, 9b, 10b,
1.8	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_	150, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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15				
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Part IV   Supplemental Information (continued)	Schedule G	(Form 990 or 990-EZ)	GOT YOUR SIX	SUPPORT DOGS	47-5211641 Page 4
	Part IV	Supplemental Info	ormation (continued)		
					-
					9
	A.				

#### SCHEDULE O

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GOT YOUR SIX SUPPORT DOGS	47-5211641
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
THEIR COUNTRY TO HELP THOSE WHO STRUGGLE WITH POST TRAUMAS	TIC STRESS
DISORDER (PTSD) AS WELL AS SEXUAL TRAUMA, THE ORGANIZATION	N'S GOAL IS TO
PLACE TRAINED PTSD SERVICE DOGS WITH VETERANS AND FIRST-RI	ESPONDERS AT
NO COST TO HELP THEM HEAL FROM THE PSYCHOLOGICAL STRESS OF	F WAR AND DUTY
THROUGH THE COMPASSION AND HEALING POWER OF THEIR LOYAL FO	OUR LEGGED
COMPANIONS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
VETERANS AND FIRST-RESPONDERS AT NO COST TO HELP THEM HEAD	L FROM THE
PSYCHOLOGICAL STRESS OF WAR AND DUTY THROUGH THE COMPASSION	ON AND HEALING
POWER OF THEIR LOYAL FOUR LEGGED COMPANIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PRIOR TO SUBMISSION TO THE IRS, FORM 990 IS PROVIDED TO T	HE EXECUTIVE
DIRECTOR AND GOVERNING BODY OF THE ORGANIZATION FOR REVIE	W.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY	
THE BOARD OF DIRECTORS AND EMPLOYEES AND INQUIRES OF ANY	MATERIAL CHANGE
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY A	
COMPARABLE DATA FOR OTHER EXECUTIVE DIRECTORS IN THE INDU	STRY

Name of the organization GOT YOUR SIX SUPPORT DOGS	Employer identification number 47-5211641
ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENT	S WILL BE
AVAILABLE UPON REQUEST	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
VETERINARIAN:	
PROGRAM SERVICE EXPENSES	16,209.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,209.
PROGRAM PROMOTION AND MARKETING:	
PROGRAM SERVICE EXPENSES	15,605.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,605.
TRAINING SUPPLIES:	
PROGRAM SERVICE EXPENSES	12,138
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	12,138
PRINTED MATERIALS:	
PROGRAM SERVICE EXPENSES	5,453
MANAGEMENT AND GENERAL EXPENSES	681
FUNDRAISING EXPENSES	681

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Page 2 Employer identification number
GOT YOUR SIX SUPPORT DOGS	47-5211641
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	5,671.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,671.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,033.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,033.
JOB TRAINING:	
PROGRAM SERVICE EXPENSES	4,871.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,871.
DOG ACQUISITION:	
PROGRAM SERVICE EXPENSES	3,650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,650.
VOLUNTEER EXPENSES:	
PROGRAM SERVICE EXPENSES	1,978.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 932212 09-06-19	0 . Schedule O (Form 990 or 990-EZ) (2019

Name of the organization GOT YOUR SIX SUPPORT DOGS	Employer identification number
	47-5211641
TOTAL EXPENSES	1,978.
PRINTING EXPENSE:	
PROGRAM SERVICE EXPENSES	935.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	935.
TOTAL EXPENSES	1,870.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	636.
MANAGEMENT AND GENERAL EXPENSES	79.
FUNDRAISING EXPENSES	79.
TOTAL EXPENSES	794.
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	183
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0
	102
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	and the second
FORM 990, PART XII, LINE 1	
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNT	NTING. CERTAIN
REVENUES ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN	EARNED, AND
CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN V	
OBLIGATION IS INCURRED. MODIFICATIONS TO THE CASH BAS:	
INCLUDED RECORDING DEPRECIATION ON PROPERTY AND EQUIPM	
FOR PAYROLL TAXES, IF APPLICABLE.	