(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o				Taxpaye	ridentificatio	n numbei	r (TIN)	
print	GOT YOUR SIX SUPPORT DOGS 47-5211641				L			
File by the due date for filing your return. See COURT								
instructio		oreign add	lress, see instructions.					
Enter t	ne Return Code for the return that this application is for (file	e a separa	te application for each return)				0 1	
Applic	ation	Return	Application				Return	
ls For		Code	Is For				Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A				08	
Form 4	720 (individual)	03	Form 4720 (other than individual)				09	
Form 9	90-PF	04	Form 5227				10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 9	90-T (trust other than above)	06	Form 8870				12	
Form 9	90-T (corporation) NICOLE LANAHAN	07						
 If th If th box 1 t t t 	request an automatic 6-month extension of time until he organization named above. The extension is for the orga ▶ calendar year or	Group Exe and atta SEPTEI anization's	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file s return for: d ending OCT 31, 2022	f this is fo all memb	r the whole g vers the exter npt organizat 	nsion is fo	or.	
a	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.			3a	\$		0.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			01	¢		0.	
-	stimated tax payments made. Include any prior year overp			3b	\$		0.	
	Balance due. Subtract line 3b from line 3a. Include your pa Ising EFTPS (Electronic Federal Tax Payment System). See			3c	ھ		0.	
	n: If you are going to make an electronic funds withdrawal				nd Form 8879	9-TE for p		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			EXTENDED TO SEPTEMBER 15, 20)23		•	
	0	00	Return of Organization Exempt From	Incor	ne Tax	OMB No. 1545-0047	
Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							
Depa	artment	The Treasury Do not enter social security numbers on this form as it may be made public.					
Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the late			Inspection	
			ar year, or tax year beginning NOV 1, 2021 and ending		1, 2022		
Β	Check if applicab	ble: C Name of	organization		ployer identific	ation number	
	Addre	ess COT	YOUR SIX SUPPORT DOGS				
	chang Name chang		usiness as	- 4	7-521164	11	
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/sui	_	phone number		
	Final		HIBER COURT		18-206-5	5015	
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross	s receipts \$	831,701.	
	Amer returr	MARY	VILLE, IL 62062	H(a) Is	this a group ret	turn	
	Appli tion pend	F Name a	nd address of principal officer:NICOLE LANAHAN	fo	r subordinates?	? Yes X No	
		6 SCH	IBER COURT, MARYVILLE, IL 62062			No Yes	
						ist. See instructions	
			GOTYOURSIXSUPPORTDOGS.COM		roup exemption		
	-orm o art I		X Corporation ☐ Trust Association Other ► L Ye	ar of format		State of legal domicile: IL	
	1		e the organization's mission or most significant activities: THE ORGAN	፲፻፳ልሞፐ	ON SUPPO	אַראַר	
Ce	1		S AND FIRST-RESPONDERS WHO HAVE RISKEI	VILLATION (R LIVES	TO SERVE	
nar	2		x				
ver	3		ing members of the governing body (Part VI, line 1a)			4	
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)			4	
es 6	5		of individuals employed in calendar year 2021 (Part V, line 2a)			21	
Activities & Governance	6		of volunteers (estimate if necessary)			70	
Acti		Total unrelated	d business revenue from Part VIII, column (C), line 12			1,474.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.	
			_		r Year	Current Year	
ne	8		and grants (Part VIII, line 1h)	/	70,582.	806,560. 0.	
Revenue	9	U U	ce revenue (Part VIII, line 2g)		555.	1,474.	
Re			come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,732.	16,527.	
	11		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7	76,869.	824,561.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
S	15		F T T T T T T T T T T T T T T T T T T T	3	96,190.	466,937.	
Expenses	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 53,239.		0.	0.	
ъре	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 53, 239.				
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		37,378.	316,849.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	.7	33,568.	783,786.	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		43,301.	40,775.	
Net Assets or Fund Balances		Tatal accest. "			of Current Year 72,407.	End of Year 1,239,789.	
Asse Bal	20	Total assets (F			71,318.	411,133.	
Net /	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		01,089.	828,656.	
	art II					020,000	
		-	declare that I have examined this return, including accompanying schedules and state	ements, and	to the best of my	knowledge and belief, it is	
			Declaration of preparer (other than officer) is based on all information of which prepa		-	- , ,	

Sign	Signature of officer		Date			
Here		IVE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Fiehaiei S Sidilaine	Date Check PTIN			
Paid	SCOTT WEBER CPA)9/14/23 self-employed P00028120			
Preparer	Firm's name SCHEFFEL BOYLE		Firm's EIN 🖌 37-1206530			
Use Only	y Firm's address 143 N KANSAS ST					
	EDWARDSVILLE, IL	62025-1770	Phone no. (618) 656-1206			
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No			
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4e)	190 (2021)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
	AND ARE PLACED WITH QUALIFIED INDIVIDUALS THAT STRUGGLE	WITH PTSD.	
4a	(Code:) (Expenses \$ 598,565. including grants of \$) (Revenue TRAINING PROGRAMS DESIGNED TO TRAIN AND CERTIFY PREVIOUS	SLY OWNED DO) GS
	revenue, if any, for each program service reported.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	If "Yes," describe these changes on Schedule O.		_
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	prior Form 990 or 990-EZ?	Yes	XNo
2	Did the organization undertake any significant program services during the year which were not listed on the		
	WITH POST TRAUMATIC STRESS DISORDER (PTSD), AS WELL AS S THE ORGANIZATION'S GOAL IS TO PLACE TRAINED PTSD SERVICE		Α.
	RISKED THEIR LIVES TO SERVE THEIR COUNTRY TO HELP THOSE	WHO STRUGGI	
1	Briefly describe the organization's mission: THE ORGANIZATION SUPPORTS VETERANS AND FIRST-RESPONDERS	WHO HAVE	
	Check if Schedule O contains a response or note to any line in this Part III		X
	1990 (2021) GOT YOUR SIX SUPPORT DOGS	47-5211641	Page 2
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 Form 990 (2021)
 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
-	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?	•		x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44-	х	
b	Part VI	11a		<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
A	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	TIC		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• ••		<u> </u>
12u	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	u	· · ·	<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
55	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	~~~	

Form 990	
Part V	Sta

O21) GOT YOUR SIX SUPPORT DOGS Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 21			v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	0-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	30		
4d	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
э а	Did the encoder eventies make an tenable distributions under section 10000	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021)

GOT YOUR SIX SUPPORT DOGS

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

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
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 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		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	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{IL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NICOLE LANAHAN - 618-206-5015			
	6 SCHIBER COURT, MARYVILLE, IL 62062			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an			or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	d ual t	Institutional trustee		nploy	st coi	5	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Forme			5
(1) CAL WEINHOLD	1.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) JILL SCHRIMPF	1.00									
BOARD VICE-CHAIR		X		X				0.	0.	0.
(3) KELLY FELAX	1.00									
SECRETARY		X		X				0.	0.	0.
(4) TIM DONAHO, JR.	1.00									
TREASURER		X		X				0.	0.	0.
(5) BRYAN CASSIDY	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) LONNIE MASON	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) RODNEY ESSENPREIS	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) JB CROMWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
		—				<u> </u>	—			
										- 000 (000 ()

	GOT YOUR	SIX SUE	PP(DRT	с I	000	GS			47-52	116	541	Pa	ge 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Est amo	(F) imate ount c 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/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		orga and	ensat m the nization relate nization	on ed
											+			
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					I		0.0.0.		0. 0. 0.			0.0.0.
2	Total number of individuals (including but n compensation from the organization							io r	eceived more than \$100),000 of reportable	;		V	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	·			Ŭ	ghest compensated emp			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n anc e <i>dule</i>	l ot 9 <i>J i</i>	her compensation from for such individual	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								bensa	ation fr	om	
	(A) Name and business			ONE					(B) Description of s		Co	(C) ompen		1
								_						
								_						
	Total number of index and states of a	poludine but	<u></u>		d + -	+				acro the r				
2	Total number of independent contractors (ii \$100,000 of compensation from the organic	, and a second sec	ot III	nite	u t0		se lis)	tec	a above) who received h	iore than				

		Check if Sched	dule O d	contains a	resp	onse	or note to any lin	e in this Part VIII			
					•		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
nts nts	1	a Federated campaig	gns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues			1b						
Aŭ C		c Fundraising events			1c		57,967.				
ar /		d Related organizatio			1d						
s, C		e Government grants			1e						
rsi		f All other contributions	•	,							
the		similar amounts not ir			1f		748,593.				
i di di		g Noncash contributions in			1g						
ano		h Total. Add lines 1a			-			806,560.			
							Business Code				
ø	2	a									
ه تز		b									
Program Service Revenue		<u> </u>									
eve											
р Б С		a									
Pre		f All other program s	service	revenue							
		g Total. Add lines 2a									
	3	Investment income									
		other similar amour						1,474.		1,474.	
	4	Income from invest									
	5	Royalties					· · ·				
	_	···· , -····			i) Rea		(ii) Personal				
	6	a Gross rents		6a							
		b Less: rental expense		6b							
		c Rental income or (le		6c							
		d Net rental income of					▶				
		a Gross amount from s			Secur		(ii) Other				
	-	assets other than inve		7a							
		b Less: cost or other b	,								
ne		and sales expenses		7b							
Other Revenue		c Gain or (loss)									
Rey		d Net gain or (loss)					• • • • • • • • • • • • • • • • • • •				
ler		a Gross income from fu									
ŧ	-	including \$									
		contributions repor			_						
		Part IV, line 18				8a	23,667.				
		b Less: direct expense	ses			8b	7,140.				
		c Net income or (loss						16,527.			16,527
		a Gross income from			-			,			-
	-	Part IV, line 19									
		b Less: direct expense									
		c Net income or (loss					▶				
		a Gross sales of inve									
		and allowances				10a					
		b Less: cost of goods									
		c Net income or (loss					· · · · · · · · · · · · · · · · · · ·				
			5) HOIH		WOITE	ory	Business Code				
sno	11	а									
Miscellaneous Revenue											
ella >vei		<u> </u>									
Sc. Be		d All other revenue									
Σ		e Total. Add lines 11									
	12	Total revenue. See in						824,561.	0.	1,474.	16,527

GOT YOUR SIX SUPPORT DOGS

Form 990 (2021) GOT YOU Part VIII Statement of Revenue 47 - 5211641

Page **9**

GOT YOUR SIX SUPPORT DOGS Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	414,359.	331,487.	41,436.	41,436
8	Pension plan accruals and contributions (include				/_
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,748.	6,998.	875.	875
10	Payroll taxes	43,830.	35,064.	4,383.	4,383
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	2,658.		2,658.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	855.			855.
13	Office expenses	12,563.	10,051.	1,256.	1,256.
14	Information technology	•			
15	Royalties				
16	Occupancy				
17	Travel	6,632.	6,632.		
18	Payments of travel or entertainment expenses	. ,	- ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,018.		60,018.	
23	Insurance	21,792.	21,792.	<u>·</u>	
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.) VETERANS PLACEMENT COST	33,011.	33,011.		
a h	DOG SUPPLIES, BOARDING	27,585.	27,585.		
b	DUES AND SUBSCRIPTIONS	23,740.	23,740.		
с с	UTILITIES	22,609.	15,826.	4,522.	2,261.
d		105,386.	86,379.	16,834.	2,201
e 25	All other expenses <u>SEE</u> SCH O Total functional expenses. Add lines 1 through 24e	783,786.	598,565.	131,982.	53,239
25 26	Joint costs. Complete this line only if the organization	,05,700•		131,302.	55,255
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				
					600 (0001

GOT YOUR	SIX	SUPPORT	DOGS
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47-5211641 Page 11

	n 990 (/ rt X	2021) GOT YOUR SIX SUPPORT DOGS Balance Sheet		47-	5211641 Page 11
Га					
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	444,416.	1	414,001.
	2	Savings and temporary cash investments			83,655.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 887, 653			
	b	Less: accumulated depreciation 10b 145,520	756,411.	10c	742,133.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,239,789.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	201 204
	23	Secured mortgages and notes payable to unrelated third parties		23	391,324.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	24 640		10 000
		of Schedule D	24,649.	25	<u>19,809.</u> 411,133.
	26	Total liabilities. Add lines 17 through 25	471,318.	26	411,155.
es		Organizations that follow FASB ASC 958, check here X			
u C	07	and complete lines 27, 28, 32, and 33.	801,089.	27	828,656.
3ala	27	Net assets without donor restrictions			020,030.
Б	28	Net assets with donor restrictions		28	
Fur		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.		00	
ets	29	Capital stock or trust principal, or current funds		29 30	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	828,656.
Z	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	1 070 407	33	1,239,789.
	33		,_,_,_,_,	33	Earm 990 (2021)

Form **990** (2021)

Form 990 (2021	Form	990	(2021
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Forn	1 990 (2021) GOT YOUR SIX SUPPORT DOGS	47-5	211641	Pag	ge 12	
Pa	rt 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			61.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			86.	
3	Revenue less expenses. Subtract line 2 from line 1	3			75.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			89.	
5	Net unrealized gains (losses) on investments	5	-13	3,2	08.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			-	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	828	3,6	56.	
Ра	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 Accrual X Other MODIFIE		<u>H</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu					
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 reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х		
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,				
	consolidated basis, or both:					
	X Separate basis Gonsolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	~		
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	•			x	
	Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000		
			Form	ອອບ((2021)	

Department of the Treasury

Internal Revenue Service

(Form 990)

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
	2021
	Open to Public Inspection
)r	identification number

Name of the organization

Nam	e of t	he organization							identification number
_				SUPPORT DOGS					7-5211641
Par		Reason for Public (-		•	• •	ee instructior	IS.	
The c	rgan	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i i	i).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C	•		5			5	1
8		A community trust describe		(1)(A)(vi), (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	inction with a	land-grant	college
•		or university or a non-land-				-		-	-
		university:	jiani concijo ci agin				,		
10 [Х	An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ns members	hip fees a	nd aross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor				0000 4040		gamzation	
11 [An organization organized a	. ,	sively to test for public s	afety See	section 50	9(a)(4)		
12		An organization organized a	-		•			arry out the	purposes of one or
		more publicly supported or		•	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	r aivina
				-	•	-			
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s) by ha	vina
~		control or management o	-				-		-
		organization(s). You mus						igo ino oup	portou
c		Type III functionally inte	-		in connec	tion with	and functiona	llv integrat	ed with
Ŭ		its supported organization	•					iny integration	
d		Type III non-functionally						rted organi	zation(s)
u		that is not functionally int						-	
		requirement (see instruct	• •	e ,	•		•	aunation	
6		7						II Type III	
Ŭ	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.								
f	f Enter the symplex of even extend even institute								
		vide the following information	•	ed organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Cohodulo A	(Carm		000
Schedule A		990	202

Schedule A	(Form 990) 2021	GOT	YOUR	SIX	SUPPORT	DOGS	47-5211641	Page 2
Part II	Support Schedule for	or Org	anizatio	ns De	scribed in S	ections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you cheo	cked the	box on lir	ie 5, 7, c	or 8 of Part I or if	the organ	ization failed to qualify under Part III. If the organiz	zation
	fails to qualify under the te	ests liste	d below, p	lease co	omplete Part III.)			

Caleadar year (of fical year beginning in) (a) 2017 (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total (f) Total	Sec	ction A. Public Support						
membership feas received. (Do not include any 'unusual grafts.')	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.") Image: Control of the organization without charge in the organization and enter paid to companded on its benefit and either paid to companded on its of the organization without charge in the companded on its of the organization included on its 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Companded in the companded in th	1	Gifts, grants, contributions, and						
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	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990) 2021

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	128,437.	765,348.	843,028.	581,280.	694,086.	3,012,179.
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	126,799.	29,034.	40,876.	146,513.	136,141.	479,363.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513		145.	-37.	1,676.	1,474.	3,258.
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	255,236.	794,527.	883,867.	729,469.	831,701.	3,494,800.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
t	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.)						3,494,800.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 794,527.	(c)2019 883,867.	(d) 2020 729,469.	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	255,236.	794,527.	883,867.	729,469.	831,701.	3,494,800.
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	255,236.	794,527.	883,867.	729,469.	831,701.	3,494,800.
	First 5 years. If the Form 990 is for th	-	-			-	, ,
	check this box and stop here ction C. Computation of Publ						
				aduma (f)		15	100.00 %
	Public support percentage for 2021 (100 00
<u>16</u>	Public support percentage from 2020 ction D. Computation of Invest		/			16	100.00 %
	•					47	.00 %
17						17	, -
18	Investment income percentage from 2					18	% Zia pot
198	a 33 1/3% support tests - 2021. If the	-					N V
	more than 33 $1/3\%$, check this box a						
b	33 1/3% support tests - 2020. If the	•					
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check th	ils box and see ins		P

<u>Schedule A (Form 990) 2021</u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	(Form 990)					SUPPORT	DOGS
Part IV	Support	ing Organi	zations	(continue	ed)		

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a 11b 11c Ye		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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			

	supported 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
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C. Type	II Supporting Organizations	

			Ye
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	ction D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b 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.

Yes No

	(Form 990)	
Part V	Type III	Non-Funct

1

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

GOT YOUR SIX SUPPORT DOGS

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-		1		

instructions).

Schedule A (Form 990) 2021

132027 01-04-22

0000					Current rear
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
-	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021			0.1	hodulo A (Earm 990) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Section D - Distributions

Current Year

Schedule A	. (Form 990) 2021				SUPPORT			47-5211641 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c lines 2 and	, 4b, 4c, ∜ d 3; Part ∣	5a, 6, 9a IV, Secti	l, 9b, 9c, 11a, 11 on E, lines 1c, 2a	b, and 11c; Parl 1, 2b, 3a, and 3b	t IV, Section B, lines o; Part V, line 1; Part '	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	GOT YOUR SIX SUPPORT DOGS	47-5211641
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

____ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

47-5211641

GOT YOUR SIX SUPPORT DOGS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	INTERPUBLIC GROUP (IPG/PURINA) C/O CITIBANK; ONE PENN'S WAY NEW CASTLE, DE 19720	- \$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALLY FINANCIAL 500 WOODWARD AVENUE DETRIOT, MI 48226	- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HARCROS CHEMICALS 5200 SPEAKER ROAD KANSAS CITY, KS 66106	- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BUILDING CHANGE 11 LAMI INDUSTRIAL DRIVE ST. PETERS, MO 63304	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAMIE KRAKOVER 18 COUNTRY FAIR LANE ST. LOUIS, MO 63141	- \$\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BALLARD ANGELS 870 SCHECHTER DRIVE, APT 303 WILKES BARRE, PA 18702	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

GOT YOUR SIX SUPPORT DOGS

Name of organization

Page **2**

Employer identification number

47-5211641

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X KONG Person Payroll 12,500. 16191 TABLE MOUNTAIN PARKWAY Noncash \$ (Complete Part II for GOLDEN, CO 80403 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 8 JERRY AND HARLENE GAMMILL Person C/O JACQUELYN CLEMENT, TRUSTEE; 41 Payroll 30,000. CHESHIRE DRIVE Noncash (Complete Part II for MARYVILLE, IL 62062 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X SPVG CHARITABLE FOUNDATION Person Payroll 600 WASHINGTON AVENUE, 15TH FLOOR 10,000. Noncash (Complete Part II for ST. LOUIS, MO 63101 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution DULA KOBUSCH CHARITABLE TRUST 10 Х Person C/O HOFFMAN, BRIKCER & ADAMS PC; 12977 Pavroll NORTH FORTY DRIVE, SUITE 309 10,000. Noncash (Complete Part II for ST. LOUIS, MO 63141 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 GCS CREDIT UNION X Person Payroll 7,961. 3970 MARYVILLE ROAD Noncash (Complete Part II for GRANITE CITY, IL 62040 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 FAMILY AFFLICTION X Person Pavroll **4316 HERBERT AVENUE** 5,000. Noncash \$ (Complete Part II for ST. LOUIS, MO 63134 noncash contributions.)

(a) No.

(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr
13	NOWICKI TRUST C/O CNB BANK & TRUST; 450 W SIDE SQUARE CARLINVILLE, IL 62626	\$17
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr

Name of organization

(a) No.

(a) No.

(a) No.

.

.....

Employer identification number

Schedule B (Form 990) (2021)

47-5211641

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
NOWICKI TRUST C/O CNB BANK & TRUST; 450 W SIDE SQUARE CARLINVILLE, IL 62626	\$ <u>176,190.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

GOT YOUR SIX SUPPORT DOGS

Dort II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 3

Employer identification number

47-5211641

Schedule	B (Form 990) (2021)			Page 4
Name of c	organization			Employer identification number
GOT Y	OUR SIX SUPPORT DOGS			47-5211641
Part III		(a) through (e) and the following line entry, s, charitable, etc., contributions of \$1,000 or l	ry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE D (Form 990)

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

47-5211641

Department of the Treasury Internal Revenue Service Name of the organization

Γ

GOT YOUR SIX SUPPORT DOGS

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a d	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or t	erminated by the orga	anization during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	t holds?		Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conserva	tion easements during the year
	►			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	orcing conservation e	easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes II No
9	In Part XIII, describe how the organization reports conservati		•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements	that describes the
Dee	organization's accounting for conservation easements.	f Aut Iliatoria al Tra		
Pai	rt III Organizations Maintaining Collections of		asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put			ance of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
-				
2	If the organization received or held works of art, historical tre			i, provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
<u>d</u>	Assets included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

_		R SIX SUPP					211641	
Par	t III Organizations Maintaining C	Collections of A	rt, Historica	I Treasures, o	or Other	r Similar Ass	ets(continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ls, check any o	f the following tha	ıt make siç	gnificant use of it	ts	
	collection items (check all that apply):							
а	Public exhibition	d		exchange progra				
b	Scholarly research	e	e L Other_					
С	Preservation for future generations							
4	Provide a description of the organization's c	-	-	-			art XIII.	
5	During the year, did the organization solicit o					_		
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran						Yes	NoNo
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organi	zation answered	res on F	-orm 990, Part N	7, line 9, or	
12	Is the organization an agent, trustee, custod		hiany for contrib	utions or other as	sets not ir	ncluded		
Ia	on Form 990, Part X?		-				Yes	
b	If "Yes," explain the arrangement in Part XIII					······ –		
~			lie thig table.				Amount	
с	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior yea	ir (c) I wo year	rs back (c	d) Three years bac	k (e) Four y	ears back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs						-	
	Administrative expenses							
g 2	End of year balance Provide the estimated percentage of the cur			nn (a)) hold as:				
	Board designated or quasi-endowment		%	nin (a)) neiù as.				
	Permanent endowment	%						
		%						
-	The percentages on lines 2a, 2b, and 2c sho	· -						
3a	Are there endowment funds not in the posse		ation that are h	eld and administe	ered for the	e organization		
	by:	5				3	۲ ا	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.					
Par	t VI Land, Buildings, and Equipn							
	Complete if the organization answere	d "Yes" on Form 990), Part X, li	ine 10.		
	Description of property	(a) Cost or o		Cost or other	• •	cumulated	(d) Book	value
		basis (investr	,	asis (other)	depr	reciation	FA	E 0 0
	Land		502.			15 522		,502.
	Buildings		000.			45,533.	040	,475.
	Leasehold improvements	1 - 1	1/3			99,987.	<u>۲</u>	,156.
	Equipment		<u></u>			• • • • • • • • •	51	,100.
	Other		Y column (P)	ino 100)			740	,133.
TOTA	Aud illes la though le. (Column (d) must e	quai i 01111 990, Part	л, соштт (В), Г	. 100.)		🕨 📘	, = 4	,

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	all on Form 000 Port IV line	11a Cas Form 000 Dart V line 12	
(a) Description of investment	(b) Book value		of yoor market yolyo
., .	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARD LIABILITIES			10,547
(3) PAYROLL TAX WITHOLDINGS			9,262
(4)			
(5)			
(6)		I	
(7)			
(7) (8)			
(7)			19,809

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

-	dule D (Form 990) 2021 GOT YOUR SIX SUPPORT DO			4/-5.	211641 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	811,353.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,208.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-13,208.
3	Subtract line 2e from line 1			3	824,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	824,561.
5				-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	atements With		-	ı.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	atements With e 12a.	h Expenses per	-	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	atements With e 12a.	h Expenses per	Return	ı.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	atements With e 12a.	h Expenses per	Return	ı.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With e 12a.	h Expenses per	Return	ı.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With e 12a. 2a 2b	h Expenses per	Return	ı.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	h Expenses per	Return	ı.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	h Expenses per	Return	n. 783,786. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	Return 1	783,786.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	Return 1 2e	n. 783,786. 0.
5 Pa 1 2 a b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2a 2b 2c 2d 2d	h Expenses per	Return 1 2e	n. 783,786. 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per	Return 1 2e	n. 783,786. 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	atements With e 12a. 2a 2b 2c 2d 4a 4b	h Expenses per	Return 1 2e	n. 783,786. 0. 783,786. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	2a 2b 2b 2c 2d 4a 4b	h Expenses per	1 2e 3	n. 783,786. 0. 783,786.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2b 2c 2d 4a 4b	h Expenses per	Return 1 2e 3 4c	n. 783,786. 0. 783,786. 0.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE

INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED

ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE

FINANCIAL STATEMENTS.

GOT YOU	R SIX	SUPPORT	DOGS
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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming <i>I</i>	Acti	vities	DMB No. 1545-0047	
(Form 990)	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.						or if the	2021	
Department of the Treasury	► Attach to Form 990 or Form 990-EZ. Open t							Open to Public	
Internal Revenue Service								Inspection	
Name of the organizatio		R SIX SUPPORT DOGS					47-5211		
	complete this par	Complete if the organization answe t.	ered "Y	'es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not	
a Aail solicita b Internet and	 dicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 								
d 🗌 In-person so	olicitations								
key employees list	ted in Form 990, P) highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu organization.	rofess	ional f	undraising services?	•	Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in wh	ich the organizatio	n is registered or licensed to solicit (contrib		s or has been notifier	d it is	exempt from r	edistration	
or licensing.									

GOT YOUR SIX SUPPORT DOGS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events

			(a) Event SALUTE		(b) Even FACEBOO	t #2	(c) Other		ots greater than \$5,00 (d) Total events
			SERVICE (event typ	CAMP		SER	(total nu	3 Imber)	(add col. (a) througl col. (c))
anilanau	1	Gross receipts		000.		,467.		5,167.	81,634
		Less: Contributions		000.		,467.		2,500.	
		Gross income (line 1 minus line 2)					23	8,667.	23,667
	4	Cash prizes							
2	5	Noncash prizes							
	6	Rent/facility costs							
חוובתו באהבוואבא	7	Food and beverages							
		Entertainment						7,140.	7,140
- I		Other direct expenses							7,140
		Direct expense summary. Add lines 4 through							16,527
	rt I	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization			000 Part IV				10,521
-		\$15,000 on Form 990-EZ, line 6a.	answered res		1990,1 art 10,		eponeu moi	ethan	
			(a) Bing	D	(b) Pull tabs bingo/progress		(c) Other	gaming	(d) Total gaming (ad col. (a) through col. (
	1	Gross revenue							
3	2	Cash prizes							
	3	Noncash prizes							
	4	Rent/facility costs							
_	5	Other direct expenses				1			
	6	Volunteer labor	Ves No	%	Ves No	% [Yes No	%	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)					►	
	8	Net gaming income summary. Subtract line 7	from line 1, col	umn (d)				►	
)	Ent	er the state(s) in which the organization condu	ucts gaming acti	vities:					
		ne organization licensed to conduct gaming a No," explain:							Yes N

132082 10-21-21

Schedule G (Form 990) 2021

Schedu	e G (Form 990) 2021 GOT YOUR SIX SUPPORT DOGS 47	7-5211	641	Page 3
11 Do	s the organization conduct gaming activities with nonmembers?		Yes	No
12 ls	e organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed dminister charitable gaming?		Yes	No
	cate the percentage of gaming activity conducted in:		103	
	organization's facility	13a		%
	butside facility			%
	er the name and address of the person who prepares the organization's gaming/special events books and records:			/0
Na	ne ▶			
Ad				
15a Do	s the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
b If "	′es," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount			
of	aming revenue retained by the third party \blacktriangleright \$			
c If "	'es," enter name and address of the third party:			
Na				
Ad	lress ►			
16 Ga	ning manager information:			
Na				
Ga	ning manager compensation			
De	cription of services provided			
20				
]	Director/officer Employee Independent contractor			
17 Ma	ndatory distributions:			
	e organization required under state law to make charitable distributions from the gaming proceeds to			
	in the state gaming license?		Yes	🗌 No
	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
org	anization's own exempt activities during the tax year 🕨 \$			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Failly	Supplemental information (cont	inueu)	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

47-5211641

GOT YOUR SIX SUPPORT DOGS

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

THEIR COUNTRY TO HELP THOSE WHO STRUGGLE WITH POST TRAUMATIC STRESS

DISORDER (PTSD), AS WELL AS SEXUAL TRAUMA. THE ORGANIZATION'S GOAL IS

TO PLACE TRAINED PTSD SERVICE DOGS WITH VETERANS AND FIRST-RESPONDERS

AT NO COST TO HELP THEM HEAL FROM THE PSYCHOLOGICAL STRESS OF WAR AND

DUTY THROUGH THE COMPASSION AND HEALING POWER OF THEIR LOYAL FOUR

LEGGED COMPANIONS.

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

VETERANS AND FIRST-RESPONDERS AT NO COST TO HELP THEM HEAL FROM THE

PSYCHOLOGICAL STRESS OF WAR AND DUTY THROUGH THE COMPASSION 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 THE EXECUTIVE

DIRECTOR AND GOVERNING BODY OF THE ORGANIZATION FOR REVIEW.

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

THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ONCE A YEAR WITH

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 ANY EXAMINATION OF

COMPARABLE DATA FOR OTHER EXECUTIVE DIRECTORS IN THE INDUSTRY

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

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS WILL BE AVAILABLE UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: VETERINARIAN: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TOTAL EXPENSES TOTAL EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES FUNDRAICE FUNDRAICE FUNCES FUNDRAICE FUNCES FUNDRAICE FUNCES FUNDRAICE FUNCE	Schedule O (Form 990) 2021 Name of the organization GOT YOUR SIX SUPPORT DOGS	Page 2 Employer identification number 47-5211641
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: VETERINARIAN: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES BANK AND RELATED FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES		
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TOTAL EXPENSES BANK AND RELATED FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES MANAGEMENT AND GENERAL EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES FUNDRAISING EXPENSES	MANAGEMENT AND GENERAL EXPENSES	0.
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PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	TOTAL EXPENSES	18,187.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES		
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TOTAL EXPENSES TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES FUNDRAISING EXPENSES	MANAGEMENT AND GENERAL EXPENSES	15,923.
TAXES AND LICENSES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	TOTAL EXPENSES	15,923.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	TAXES AND LICENSES:	
FUNDRAISING EXPENSES TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	PROGRAM SERVICE EXPENSES	15,723.
TOTAL EXPENSES PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	MANAGEMENT AND GENERAL EXPENSES	0.
PROGRAM PROMOTION AND MARKETING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	TOTAL EXPENSES	15,723.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES		
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	PROGRAM PROMOTION AND MARKETING:	
FUNDRAISING EXPENSES	PROGRAM SERVICE EXPENSES	15,096.
	MANAGEMENT AND GENERAL EXPENSES	0.
TOTAL EXPENSES	FUNDRAISING EXPENSES	0.
	TOTAL EXPENSES	15,096.

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
GOT YOUR SIX SUPPORT DOGS	47-5211641
DOG ACQUISITION: PROGRAM SERVICE EXPENSES	10 150
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,150.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	7,749.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,749.
JOB TRAINING:	
PROGRAM SERVICE EXPENSES	6,723.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,723.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	4,468.
MANAGEMENT AND GENERAL EXPENSES	559
FUNDRAISING EXPENSES	559
TOTAL EXPENSES	5,586
PRINTED MATERIALS:	
PROGRAM SERVICE EXPENSES	2,813.
MANAGEMENT AND GENERAL EXPENSES	352.
FUNDRAISING EXPENSES	352.
132212 11-11-21	Schedule O (Form 990) 202

Name of the organization GOT YOUR SIX SUPPORT DOGS	Employer identification number 47-5211641
TOTAL EXPENSES	3,517.
PRINTING EXPENSE:	
PROGRAM SERVICE EXPENSES	1,262.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,262.
TOTAL EXPENSES	2,524.
VOLUNTEER EXPENSES:	
PROGRAM SERVICE EXPENSES	1,953.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,953.
TRAINING SUPPLIES:	
PROGRAM SERVICE EXPENSES	255.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	255.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 105,386.
FORM 990, PART XII, LINE 1	
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTI	ING. CERTAIN
REVENUES ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EA	ARNED, AND
CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHE	EN THE
OBLIGATION IS INCURRED. MODIFICATIONS TO THE CASH BASIS C	OF ACCOUNTING
INCLUDED RECORDING DEPRECIATION ON PROPERTY AND EQUIPMENT	AND ACCRUING
FOR PAYROLL TAXES, IF APPLICABLE.	

PART XII, LINE 2C EXPLANATION

NO CURRENT YEAR CHANGES TO THE OVERSIGHT PROCESS OR SELECTION PROCESS

DURING THE TAX YEAR.