efil	e Pu	ublic Visu	al Render	ObjectIc	d: 202421249	9349301742 - S	ubmissi	on: 202	4-05	-03	Т	IN: 20-8814368
Form	0	ົາດ	Re	turn of	Organiza	tion Exemp	t Fron	n Inco	me	Tax	Ţ	OMB No. 1545-0047
Form	コこ	50			•	-	-				ione	2022
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.					.10115)	2022			
Denartr	nent o	f the Treasury	Þ	Go to <u>www.i</u>	irs.gov/Form9	90 for instruction	s and the	latest in	forma	ation.		Open to Public
		nue Service										Inspection
A F	or th	ne 2022 ca			beginning 07-0	1-2022 , and en	ding 06-3	80-2023		i.		
		applicable:	C Name of organ AMERICA'S VET							D Employ	er ident	ification number
_		s change hange	THE VETERANS	5 K-9 CORPS IN	С					20-8814	1368	
O Ini		-	Doing business	as								
		rn/terminated	Number and st	reat (ar DO ba	w if mail is not dali	vered to street addres	s) Room/su	vita		E Telephon	e numbe	۱۳
		tion pending	371 E JERICHO		ox ir mail is not deli	vered to street addres	s) Room/su	uite		(631) 9	30-908	1
					e, country, and ZIP	or foreign postal code						
			SMITHTOWN, N							G Gross re	ceipts \$	12,583,042
		ſ	F Name and a JOHN MILLER	address of pri	incipal officer:			H(a) I	s this	a group re	turn for	
			371 E JERICH							linates? subordinat	e s	□Yes ☑No
T Tay	-0X0	mpt status:	SMITHTOWN,					ì í i	nclude	ed?		🗆 Yes 🔲 No
		•	✓ 501(c)(3) 501(c)() ◄ (insert no.) 4947(a)(1) or 527 If "No," attach a list. IP://WWW.VETDOGS.ORG/ H(c) Group exemption nur									
JW	ebsi	ite:► HTT	P://WWW.VETD	OGS.ORG/					∍roup	exemption	numbe	r 🕨
K Forr	n of c	organization:			Association	Other 🕨		L Year of	forma	tion: 2006	M State	e of legal domicile: DE
		ngamzation.										
Pa	art I	Sumi				nificant activities:						
Governance		SERVED OUR COUNTRY HONORABLY TO LIVE WITH DIGNITY AND INDEPENDENCE. VETDOGS TRAINS AND VETERANS AND FIRST RESPONDERS WHO ARE BLIND OR HAVE LOW VISION; PTSD SERVICE DOGS TO HI POST-TRAUMATIC STRESS DISORDER; HEARING DOGS FOR THOSE WHO HAVE PROFOUND HEARING LOS: WITH OTHER PHYSICAL DISABILITIES AND FACILITY DOGS AS PART OF THE REHABILITATION PROCESS I				5 TO HELP I IG LOSS; SI	4ITIGA ERVICE	TE THE EFFECTS OF DOGS FOR THOSE				
Ner												
ğ	_	Check this	- hav - 🗍									
Activities &				K ► □ ting members of the governing body (Part VI, line 1a)					3	26		
Attie	4	Number o	f independent v	voting membe	ers of the gover	ning body (Part VI,	ine 1b) .				4	26
CtIV	5	Total num	ber of individua	als employed	in calendar year	r 2022 (Part V, line	2a)		• •		5	0
۹	6	Total num	ber of voluntee	ers (estimate	if necessary) .						1,100	
			related business revenue from Part VIII, column (C), line 12						7a	0		
	b	Net unrel	nrelated business taxable income from Form 990-T, Part I, line 11						• •	7b	-	
								or Year	50	Current Year		
enu	8		ions and grants	. ,			• •			9,371,6	0	12,145,388
Revenue	9	-				 and 7d)	•••			4,6	-	118,533
В	10		-			And 70 7	•			4,0		110,555
			ų ,			art VIII, column (A),	line 12)			9,390,8		12,276,068
				-		lines 1–3)					0	0
						line 4)					0	0
\$2	15	Salaries,	other compensa	ation, employ	ee benefits (Par	t IX, column (A), lin	es 5–10)				0	0
Expenses	16	a Professio	nal fundraising	fees (Part IX,	column (A), line	e 11e)					0	30,000
be	b	Total fundra	aising expenses (F	Part IX, column	n (D), line 25) Þ <u>1,</u> 1	168,634						
ß	17	Other exp	enses (Part IX,	column (A),	lines 11a–11d, 1	l1f-24e)	•			9,968,2	39	12,246,068
	18	Total expe	enses. Add lines	s 13–17 (mus	st equal Part IX,	column (A), line 25)			9,968,2	39	12,276,068
100	19	Revenue	ess expenses. S	Subtract line	18 from line 12					-577,4		0
Net Assets or Fund Balances								Begin	ning c	of Current Ye	ear	End of Year
set	20	Total asse	ts (Part X, line	16)						4,103,2	16	4,582,355
it As vd B				-						310,6		789,784
Pur				-		e 20				3,792,5		3,792,571
D	and II		Arres Dia ale									

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

Рап и Зідпатиге віоск

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

							2024-05-01				
Sign	Sig	nature of officer					Date				
Here		JOHN MILLER PRESIDENT AND CEO									
		Type or print name and title									
Paic	!'	Print/Type preparer'	s name	Preparer's signature		Date 2024-05-01	Check if self-employed	PTIN P01549343			
Prep	barer	Firm's name 🕨 CE	ERINI & ASSOCIATES	LLP			Firm's EIN ► 1	1-3066459			
Use	Only	Firm's address > 3340 VETERANS MEMORIAL HWY					Phone no. (631) 582-1600			
		BC	DHEMIA, NY 11716								
May tl	he IRS disc	uss this return with	the preparer show	n above? See Instructions				. 🗹 Ye	es 🗆 No		
For P	aperwork	Reduction Act No	tice, see the sepa	rate instructions.		Cat. N	lo. 11282Y		Form 990	(2022)	
				Page 2 -							
Form	990 (2022)								F	Page 2	
Par		-	-	complishments						_	
		eck if Schedule O co cribe the organization		or note to any line in this I	Part III					<	
1 TO AS	,	5		RSONNEL, FIRST RESPON	DEDS WITH						
COUN BLIND FOR T	TRY HONOI OR HAVE HOSE WHC	RABLY TO LIVE WIT LOW VISION; PTSD HAVE PROFOUND	H DIGNITY AND IN SERVICE DOGS TO HEARING LOSS; SE	DEPENDENCE. VETDOGS T D HELP MITIGATE THE EFF RVICE DOGS FOR THOSE AND VA HOSPITALS.	FRAINS AND	PLACES GU ST-TRAUMA	IDE DOGS FO	R INDIVIDU ISORDER; I	JALS WHO AR HEARING DOO	RE GS	
2	Did the org	anization undertak	e any significant pr	ogram services during the	e year which	were not lis	ted on	_			
	the prior Form 990 or 990-EZ?										
3		escribe these new so			it conducts	any progra	m				
5	Did the organization cease conducting, or make significant changes in how it conducts, any program Services?										
	If "Yes," describe these changes on Schedule O.									No	
4	Section 50		(4) organizations a	re required to report the a			ogram services, as measured by expenses. nd allocations to others, the total expenses,				
4a	(Code:) (E:	xpenses \$	4,771,361 including grants	of \$) (Revenue \$)		
	2023, 181 C RELATED OF REIMBURSE TO FOUR MC DESIGNATE ESTIMATES TRAINING C ACCESSORI TOGETHER ORGANIZAT	OGS BEGAN FORMAL GANIZATION THE GUI S FOR THE SERVICES J NTHS DURING WHICH D TRAINING CENTER. I A SUCCESS RATE OF A F THE DOG AND THE S ES ARE ALSO CUSTOM S A TEAM EITHER ON ION'S COMMITMENT C	TRAINING FOR PLACE DE DOG FOUNDATION IT RECEIVES FROM TH I TIME THE ORGANIZA NOT EVERY DOG THAT PPROXIMATELY 50%. STUDENT ARE CUSTOM IZED TO THE NEEDS (COUR CAMPUS, IN THE ONTINUES AFTER PLA	THREE YEAR APPRENTICESHI MENT WITH A CONSUMER OF E FOR THE BLIND, INC. AMERIC E GUIDE DOG FOUNDATION. I TION CARES FOR ALL DOGS. ENTERS FORMAL TRAINING B AFTER COMPLETION OF FORM MIZED TO THE INDIVIDUAL AN OF THE PARTICULAR CONSUME CONSUMER'S HOME COMMUN CEMENT WITH AFTERCARE, FC D 100% BY THE ORGANIZATIO	EITHER AMERI CA'S VETDOGS FORMAL TRAIN DOGS ARE HO BECOMES A GU AL TRAINING, ID THEIR DISA ER. THE CONSU VITY OR A CON DLLOW-UP, SU	CA'S VETDOG S IS MANAGEE IING OF AN A USED ON CAM IDE OR SERV THE DOG IS BILITIES. HAI JMER OR STU IBINATION OI	S -THE VETERAN D BY THE GUIDE SSISTANCE DOG IPUS IN STATE C ICE DOG. THE O READY TO BE TE READY TO BE TE RNESSES, BACK DENT AND THEIF THE TWO. THE	I'S K-9 CORPS DOG FOUND/ TAKES APPR OF THE ART K RGANIZATIO AMED WITH / PACKS AND (R DOG ARE T PROCESS AN	5, INC. OR ITS ATION AND OXIMATELY THR ENNELS IN THE N CURRENTLY A CONSUMER. T JTHER REQUIRE RAINED TO WOI D THE	REE THE ED RK	
4b	(Code:) (F [,]	xpenses \$	2,323,968 including grants	of \$) (Revenue \$)		
ΨU	DURING FY SCREENING PUPPIES SP PUPPY RAIS WERE PLACI CURRENTLY MAINE, PEN EACH PRISC	2023 THE ORGANIZATI AND TESTING. DURIN END SEVEN TO EIGHT ER OR PRISON PUPPY I ED. 233 PUPPIES WERE SUPPORTS PUPPY RAI NSYLVANIA AND CONN	ION SUPPORTED 105 I G FY 2023, 264 PUPPI WEEKS IN OUR PUPPY PROGRAM BEFORE CO E PLACED IN PUPPY RA SERS IN NEARLY 20 S IECTICUT. THE PROFES	2,323,968 Including grants DOGS IN THE BREEDING COLO ES WERE ADDED TO THE PRO NURSERY. FROM THE NURSEF MING BACK TO THE ORGANIZ JISER HOMES AND 104 PUPPIE TATES AND HAS AGREEMENTS SSIONAL PUPPY STAFF SUPPOF NMATE HANDLERS WHO ARE (ONY. THE BREE GRAMS OF AM RY THEY SPENI ATION FOR FO ES PARTICIPAT WITH 14 PRIS RTS OUR PUPP	ERICA'S VETE D APPROXIMA RMAL TRAINI ED IN OUR PF GONS THROUC Y RAISING VC	Y IS CAREFULLY OGS AND THE G TELY ONE YEAR I NG. DURING FY RISON PUPPY PRO GHOUT MASSACHOLUNTEERS AND	GUIDE DOG F IN THE HOME 2023 A TOTAL OGRAM. THE IUSETTS, MA OUR STAFF 1	TER EXTENSIVE OUNDATION. OF A VOLUNTE OF 337 PUPPI ORGANIZATION RYLAND, FLORIE YPICALLY VISIT	EER ES N DA, TS	
	(6.)										
4c	TEAMS, 2 SI THREE WITH PENTAGON. CONSUMER' DISABLED,	ND GRADUATE SERVICE EIZURE/SERVICE DOG I THE SEATTLE POLICE IN ADDITION, THE GU S NEEDS ARE EVALUAT PROSTHETIC LIMB REC	TEAMS, 3 HEARING/S DEPARTMENT, TWO A IDE DOG FOUNDATIO TED, AND IF POSSIBLE CIPIENTS, TRAUMATIC	1,635,165 including grants MMERICA'S VETDOGS - GRADL ERVICE DOG TEAMS AND ALSO T FORT BELVOIR COMMUNITY N GRADUATED 25 GUIDE DOG E A DOG IS TRAINED TO MEET BRAIN INJURIES, PROFOUND MITIGATE A PERSON'S DISABI	JATED 5 GUIDE O PLACED 8 FA HOSPITAL, ON TEAMS AND F THOSE NEEDS HEARING LOS	ACILITY DOGS NE WITH BROO PLACED ONE F 5. SOME OF TH S AND THOSE	ONE AT NEW JE DKE ARMY MEDIO ACILITY DOG WI HE DISABILITIES WITH A PRIMAR	ERSEY VA ME CAL CENTER, TH THE LARG SERVED ING Y DIAGNOSI	DICAL CENTER, AND ONE AT TH SCHOOL. EACH CLUDE: PHYSIC/ S OF PTSD. IN	, HE US H	

SOCIALIZATION ASSISTANCE FOR OUR VETERANS. STUDENTS TYPICALLY STAY ON CAMPUS APPROXIMATELY TWO WEEKS IN THE STUDENT RESIDENCE WHICH CAN ACCOMMODATE UP TO 17 STUDENTS AT A TIME. EACH STUDENT HAS A PRIVATE ROOM WITH PRIVATE BATH. THE RESIDENCE IS STAFFED 24 HOURS PER DAY. ALL MEALS ARE PROVIDED. STUDENTS CAN ALSO RECEIVE HOME TRAINING, WHERE THE FOUNDATION SENDS A CERTIFIED INSTRUCTOR TO THE STUDENT'S HOME COMMUNITY.

	(Code:) (Expenses \$ 1,336,829 including grants of \$) (Revenue \$)	
	PUBLIC EDUCATION - PUBLIC EDUCATION AND OUTREACH ARE IMPORTANT PARTS OF THE MISSION OF AMERICA'S VETDOGS. THIS PAST I DISTRIBUTED THREE ISSUES OF THE SENTINEL WHICH WERE SENT TO APPROXIMATELY 61,400 RECIPIENTS. THE SENTINEL IS THE OFFIC EDUCATE THE PUBLIC ABOUT ASSISTANCE DOGS, ASSISTANCE DOG ETIQUETTE AND DISABILITY ISSUES. ORGANIZATION GRADUATES, P CARETAKERS WENT ON OVER 75 SPEAKING ENGAGEMENTS OFF CAMPUS AND EACH ONE TYPICALLY HAS AN AUDIENCE OF 30 OR MORE PI EMBRACED SOCIAL MEDIA AS A MEANS TO REACH OUR SUPPORTERS EFFICIENTLY AND EFFECTIVELY. WE HAVE NEARLY 81,200 FACEBOOK 13,000 TWITTER FOLLOWERS. ADDITIONALLY WE HAVE APPROXIMATELY 69,800 FOLLOWERS THROUGH YOUTUBE, LINKEDIN AND INSTAG AMERICA'S VETDOGS PARTNERED WITH MAJOR LEAGUE SOCCER TEAM ATLANTA UNITED FC TO RAISE SERVICE DOG KING, NASHVILLE SC SERVICE DOG CASH, NATIONAL HOCKEY LEAGUE TEAM WASHINGTON CAPITALS TO RAISE SERVICE DOG BISCUIT, MAJOR LEAGUE BASESI YORK METS TO RAISE SERVICE DOG SHEA, NATIONAL FOOTBALL TEAM HOUSTON TEXANS' TO RAISE SERVICE DOG KIRBY. COPRORATE PL SPONSOR PENFED TO RAISE SERVICED OG ALFIE, THE FOUNDER'S GROUP AT MORGAN STANLEY TO RAISE SERVICE DOG KIRBY. COPRORATE PL PUPPY COOPER, DELOITTE TO RAISE SERVICED OG KLIP, THE FOUNDER'S GROUP AT MORGAN STANLEY TO RAISE SERVICE DOG SERVESENTA PRESENTATIONS AT SEVERAL STATE CONVENTIONS FOR THE VETERANS ASSOCIATION, AMERICAN LEGION, VETERANS OF FOREIGN WARS LEAGUE.	IAL NEV UPPY RA EOPLE. \ LIKES / RAM. DU OCCER C BALL TE/ JPPY WI NANCIA TIVES H	VSLETTEF ISERS AI /ETDOGS AND NEA JRING FY LUB TO F AM THE N TH A PUR L TO SPC AVE MAD	ND HAS RLY 2023 RAISE IEW POSE NSOR
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,336,829 including grants of \$) (Revenue \$)		
4e	Total program service expenses 10,067,323	F	orm 99	0 (2022)
	Page 3			
_				
	990 (2022) t IV Checklist of Required Schedules			Page 3
T CI	encekist of kequiled Senedules		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. oxtimes	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 😼	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🗐	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 😼	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😵	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	

29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
https://	/projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
		F	orm 99	0 (2022)

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Page **4**

Form 990 (2022)

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Pa	t IV Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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? \ldots .	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2022)
Form	990 (2022)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	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		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		

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.0/21/.	24, 9:20 PM Americas Vetdogs The Veterans K9 Corps Inc - Full Filing- Nonprofit Explorer - ProPu	oneu		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
ь	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	Page 6 990 (2022) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a 8b or 10b below, describe the circumstances, processes or changes in Schedule O. See instructions	lo" resp	oonse to	
Pa	990 (2022) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	oonse to	
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Pa Se 1a 2 3	990 (2022) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI extion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	2		No No
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Pa 1a b 2 3 4 5 6 7a	990 (2022) 1 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Nellines" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI Cettor A. Governing Body and Management Image: Check if Schedule O contains a response or note to any line in this Part VI Image: Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Image: Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members included in line 1a, above, who are independent Image: Check if Chec	2 3 4 5 6 7a		No No No No No No
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Pa 1a b 2 3 4 5 6 7a b 8	990 (2022) VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 26 Inter the number of voting members included in line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 1b 26 Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person? 1b 26 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 10 26 Did the organization have members, stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to e	2 3 4 5 6 7a 7b	Yes	No No No No No No
Pa 1a b 2 3 4 5 6 7a b 8 a b 9	990 (2022) 1VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "h lines" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? Did Did the organization have members, stockholders?	2 3 4 5 6 7a 7b 8a 8b 9	Yes	No No No No No No
Pa Se 1a b 2 3 4 5 6 7a b 8 a b 9	990 (2022) IVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year inf 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 in Schedule 0. Ia 26 Enter the number of voting members included in line 1a, above, who are independent Ib 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Ib 26 Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person? Ib 26 Did the organization become aware during the year of a significant diversion of the organization's assets? Ib 16 10 16 16 17 16 16 17 16 16 16 18 16 16 16 16 16 16 16	2 3 4 5 6 7a 7b 8a 8b 9	Yes	No No No No No No

b 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?

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10b

		L I		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , FL , GA , IL ,	עכ עע	, ME	мп
	MA , MI , MN , MS , NJ , NM , NY , NC , NE RI , SC , TN , VA , WA , WI			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗹 Own website 🛛 Another's website 🗹 Upon request 🛛 Other (explain in Schedule O)			
10	Describe in Cabadula O whathan (and if as how) the annualization media its assumption descenates and list of interest			

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:
 AMERICA'S VETDOGS - THE VETERANS K-9 CORPS INC 371 E JERICHO TURNPIKE SMITHTOWN, NY 11787 (631) 930-9081

Form **990** (2022)

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Form 990	(2022) Page 7
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
Sectio	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year. • List a	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
of compen	sation. 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, box 6 of 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, or 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.

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

(A) Name and title	(B) Average hours per week (list	(C Position (do not c one box, unless p officer and a dir	neck more than erson is both an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)		Former Highest compensated employee Key employee Officer	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations

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)/21/24, 9:20 PM (1) DONALD DEA	Americas Vetdo	-	I	Î I	1	1			I
CHAIR		х		х			0	0	
	2.00								
(2) ALPHONCE J BROWN JR ACFRE		х		х			0	0	
VICE CHAIR - DEVELOPMENT	2.00								
(3) GLENN TECKER	2.00								
/ICE CHAIR - PLANNING		Х		Х			0	0	
(4) LUCAS MATTHIESSEN LCSW CASAC	2.00				 				
		х		х			0	0	
/ICE CHAIR - PROGRAM	2.00				 				
5) TRAVIS J CAREY CPA	2.00	x		х			0	0	
REASURER	2.00	^		^			0	0	
(6) LESLIE H TAYNE ESQ	2.00								
-	• •••••	х		х			0	0	
SECRETARY	2.00								
(7) PAMELA TATE	2.00	х					0	0	
EXECUTIVE COMMITTEE	2.00						· · · ·		
8) JOSEPH N CAMPOLO ESQ	2.00								
EXECUTIVE COMMITTEE		Х					0	0	
	2.00								
9) ROBERT S MADDEN		х		х			0	0	
/ICE-CHAIR- MILITARY AND V	2.00								
(10) GARTH JORDAN	1.50								
30ARD MEMBER	1.50	Х					0	0	
(11) GARY BROWN	1.50								
		х					0	0	
30ARD MEMBER	1.50								
12) WENDY FRIGERIA	1.50	х					0	0	
BOARD MEMBER	1.50						Ŭ	, i i i i i i i i i i i i i i i i i i i	
(13) GLENN SCHNEIDER	1.50								
30ARD MEMBER		Х					0	0	
	1.50 1.50			_					
14) ANDREA MCCARREN		х					0	0	
BOARD MEMBER	1.50								
(15) PAMELA KAUL	1.50								
30ARD MEMBER		х					0	0	
16) PAMELA LINDEN PHD	1.50 1.50								
		х					0	0	
BOARD MEMBER	1.50								
(17) CELESE V LOPES ESQ	1.50	х					0	0	
BOARD MEMBER	1.50			1			0	0	

------- Page 8 ---

Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	C Position (do not o one box, unless p officer and a dir	heck more than erson is both an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	or director	Former Highest compensated employee Key employee Officer	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
18) LACHELLE SMITH	1.50				0	0	

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BOARD MEMBER	1.50								U	U	v
(19) ROBERT MCINERNEY	1.50		1								
BOARD MEMBER	1.50	X							0	0	0
(20) WALTER J BUCKLEY	1.50										
BOARD MEMBER	1.50	X							0	0	0
(21) KRISTEN CHAMBERS	1.50		1								
BOARD MEMBER	1.50	х							0	0	0
(22) MAJ PETER WAYRET	1.50		1								
BOARD MEMBER	1.50	X							0	0	0
(23) MICHAEL F TROIANO ESQ	2.00										
EXECUTIVE COMMITTEE	2.00	X							0	0	0
(24) THERESA FITZPATRICK	1.50										
BOARD MEMBER	1.50	х							0	0	0
(25) MATTHEW SHERWOOD PHD	1.50										
BOARD MEMBER	1.50	х							0	0	0
(26) CHARLES BONOMO	1.50										
BOARD MEMBER	1.50	х							0	0	0
(27) JOHN MILLER	20.00										
PRESIDENT AND CEO	20.00			х					0	517,804	59,363
(28) LAURA ENGLISH	20.00										
CAFO	20.00	•••••		х					0	214,645	19,143
(29) BRADLEY HIBBARD	20.00										
CHIEF PROGRAM OFFICER	20.00				х				0	200,324	35,317
(30) LORETTA QUIS	20.00		1								
DIRECTOR OF ADMINISTRATIV	20.00					х			0	142,400	25,050
(31) JENNIFER GISLER	20.00		1								
CHIEF GROWTH OFFICER	20.00	•••••				х			0	169,988	37,688
(32) GRETE EIDE	20.00		1								
CHIEF CANINE CARE OFFICER	20.00					х			0	138,955	35,657
(33) MICHAEL DEVLIN	20.00										
INSTRUCTOR	20.00					х			0	136,059	29,711
(34) MICHAEL BIZZARRO	20.00										
IT MANAGER	20.00	•••••				Х			0	135,940	6,061
1b Sub-Total			•		•						
c Total from continuation sheets to Pa					۱L						
d Total (add lines 1b and 1c)					•			0		1,656,115	247,990

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RWT PRODUCTION LLC	MAIL SERVICES	558,376
8932 ORANGE HUNT LANE ANNANDALE, VA 22003		
WASHINGTON ALLIANCE GROUP INC	PUBLIC RELATIONS/LOBBYIST	171,572
875 10TH STREET NW 1105 WASHINGTON, DC 20001		
GREENWOOD GRAPHICS	PRINTING SERVICES	143,520
PO BOX 263 COMMACK, NY 11725		

compensation from the	e org	anization 🕨 3					Form 990 (2022)
							FUTTI 990 (2022)
				Page 9			
Form 990 (2022)							Dawa
	nt of	Revenue					Page S
			onse or note to an	y line in this Part VIII			🗆
				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				lotal revenue	exempt	business	excluded from
					function revenue	revenue	tax under sections 512 - 514
Federated campaigns	•	. 1a					
Contributions,							
Sifts, Grants, and Membership dues	·	1b					
DtherAmt Similar		1					
Arfound raising events	•	1c					
269,143 d Related organizations		1d					
		10					
e Government grants (contr	ributio	ns) 1e					
1,000,000							
f All other contributions, gir and similar amounts not i							
above	nciuue	1f					
10,876,245							
g Noncash contributions inc lines 1a - 1f:\$	luded						
inies 1a - 11:\$		1g					
224,716							
h Total. Add lines 1a-1f	•		12,145,388				
			Business Code				
2a							
en							
Bevenue							
Program Service							
Ser							
am							
, ogr							
f All other program	convi						
9 Total. Add lines 2							
3 Investment income similar amounts) .			erest, and other	115,644			115,644
4 Income from invest	ment	of tax-exempt bon	d proceeds 🛛 🕨				
5 Royalties	<u> </u>						
	ļ	(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental	H						
expenses	6b						
c Rental income or (loss)	6c						
d Net rental income		oss)					
	Ľ,	(i) Securities	(ii) Other				
7a Gross amount	' _			1			
from sales of assets other	7a	227,605					
than inventory							

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J/ <u>2</u> 1	724, 9:20 Pivi			P	inericas veidogs The	veterans K9 Corps Inc	- Full Filling- Nonprol	it Explorer - ProPublic	a
Other Revenu	Less: cost or other basis and sales expenses	7b	2	224,716					
2	Gain or (loss)	7c		2,889					
ţ.	d Net gain or (loss)				•	2,889			2,889
0	 Gross income from fur (not including \$ contributions reported 		269,143 of		-				
	See Part IV, line 18			8a	82,258				
	b Less: direct expense	ses		8b	82,258				
	c Net income or (loss			ng eve	nts 🕨	0			
	9a Gross income from <u>c</u> See Part IV, line 19	jamii •	ng activities.	9a					
	b Less: direct expense	ses		9b					
	c Net income or (loss	s) fro	om gaming a	ctivitie	es 🕨	-			
	10a Gross sales of inve returns and allowa			10a					
	b Less: cost of goods	s sol	d	10b					
	c Net income or (loss	s) fro	om sales of i	nvento	•				
	11aOTHER REVENUE				Business Code 900099	12,147	12,147		
	ь								
Ōtŀ	er f evenueMiscAmt								
	d All other revenue			Ι.					
	e Total. Add lines 11	.a-1	1d	• •	• •	12,147			
	12 Total revenue. Se	e in	structions			12,276,068	12,147	0	118,533

Form 990 (2022)

– Page 10 –

Form	990 (2022)				Page 10			
Pa	rt IX Statement of Functional Expenses							
	Section 501(c)(3) and 501(c)(4) organizations must	complete all column	s. All other organizat	ons must complete co	olumn (A).			
	Check if Schedule O contains a response or note to a	any line in this Part I)	(
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
	Grants and other assistance to domestic individuals. See Part IV, line 22							
	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							
	Compensation of current officers, directors, trustees, and key employees							
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	5						
7	Other salaries and wages							
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							

Г

11 Fees for services (non-employees).

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

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a Management				
b Legal	77,567	57,475	11,456	8,636
c Accounting	13,000	8,672	2,166	2,162
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,000			30,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,097,474	958,013	71,338	68,123
12 Advertising and promotion	77,895	75,658	1,114	1,123
13 Office expenses	996,412	146,430	23,962	826,020
14 Information technology				
15 Royalties				
16 Occupancy	189,290	179,173	6,662	3,455
17 Travel	434,871	426,217	3,237	5,417
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	7,854	7,168	488	198
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	424,734	383,620	29,264	11,850
23 Insurance	176,528	164,538	8,563	3,427
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHARED PROFESSIONAL SER	7,453,725	6,435,486	843,698	174,541
b KENNEL EXPENSES	475,229	475,229		
c REPAIRS AND MAINTENANCE	330,253	301,526	20,938	7,789
d OPERATIONAL EXPENSES	224,608	194,540	14,975	15,093
e All other expenses	266,628	253,578	2,250	10,800
25 Total functional expenses. Add lines 1 through 24e	12,276,068	10,067,323	1,040,111	1,168,634
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

- Page 11 -

Form 990 (2022) Page 11 Part X **Balance Sheet** Г Check if Schedule O contains a response or note to any line in this Part IX (A) Beginning of year (B) End of year Cash-non-interest-bearing 1 1 2,669,530 3,673,288 2 2 Savings and temporary cash investments . . 1,375,737 909,067 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% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . 6 7 7 Notes and loans receivable, net . . . Assets 8 8 Inventories for sale or use . . . 57,949 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other

10a

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

basis. Complete Part VI of Schedule D

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.0/21/24,9 b	20 PM Americas Vetdogs The Veterans K9 Corps Inc - Full Fili Less: accumulated depreciation 10b	ng- Nonpront Exploi	10c	ca
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)	4,103,216	16	4,582,355
17	Accounts payable and accrued expenses	59,422	17	57,116
18	Grants payable		18	
19	Deferred revenue	216,923	19	246,861
20	Tax-exempt bond liabilities		20	
v 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u> </u>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	34,300	25	485,807
26	Total liabilities. Add lines 17 through 25	310,645	26	789,784
Balances 52 52	Organizations that follow FASB ASC 958, check here F I and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	3,603,547	27	3,751,364
28	Net assets with donor restrictions	189,024	28	41,207
or Fund	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
S 30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets 30	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,792,571	32	3,792,571
Net 33	Total liabilities and net assets/fund balances	4,103,216	33	4,582,355

Form 990 (2022)

— Page 12 —

Form	n 990 (2022)				Page 12
Pa	Art XI Reconcilliation 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		12	,276,068
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	,276,068
3	Revenue less expenses. Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		3	,792,571
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in 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		3	,792,571
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🗹 Accrual 🗍 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 \frown

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	igsquare Separate basis	\square Consolidated basis	igsquare Both consolidated and separate basis			
b	Were the organization's fina	ancial statements audited by	an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to consolidated basis, or both		cial statements for the year were audited on a separate basis,			
	Separate basis	Consolidated basis	Both consolidated and separate basis			
с			ommittee that assumes responsibility for oversight nents and selection of an independent accountant?	2c	Yes	
	If the organization changed	d either its oversight process o	or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal awa Guidance, 2 C.F.R. Part 200		ired to undergo an audit or audits as set forth in the Uniform	3a	Yes	
b			or audits? If the organization did not undergo the required any steps taken to undergo such audits.	Зb	Yes	
				F	orm 99	0 (2022)

Form 990 (2022)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile	Pub	lic Visual	Render	ObjectId: 2	20242124934930	1742 - Subm	nission: 2024-	05-03	TIN: 20-8814368
SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 5.gov/Form990 for in	ion 501(c)(3) empt charitabl 990 or Form 9	organization or e trust. 90-EZ.	a section	OMB No. 1545-0047 2022 Open to Public	
200	of th	e organiza			<u></u>			Employer identif	Inspection
1ERIC/	A'S VE	ETDOGS S K-9 CORPS I							
Part				Charity Stat	us (All organization	s must compl	ete this part.) S	20-8814368 See instructions.	
	_				e it is: (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital c	or a cooperat	ive hospital serv	vice organization desc	ribed in sectior	n 170(b)(1)(A)(iii).	
4		A medical r name, city,		inization operate	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii).	Enter the hospital's
5 6		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)			. , ,		ribed in section
_				-	governmental unit de				eral public described in
		section 17	0(b)(1)(A)	(vi). (Complete	e Part II.)		-	init of from the gene	
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9	\Box				escribed in 170(b)(1) ee instructions. Enter				llege or university or a
0		An organiza from activit investment	ation that not ies related to income and	rmally receives: ts exempt fun unrelated busin	(1) more than 331/3% nctions—subject to cer	of its support tain exceptions,	from contribution and (2) no more	s, membership fees, than 33 1/3% of its	and gross receipts
1		An organiza	tion organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
2		more public	ly supported	l organizations o		09(a)(1) or s	ection 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a majo				y giving the supported ganization. You must
b		Type II. A manageme	supporting c nt of the sup	organization sup	ervised or controlled i ation vested in the sar				
с		Type III fu	unctionally	integrated. A s	supporting organizatio	n operated in co	onnection with, ar	nd functionally integ	rated with, its
d		Type III n functionally	on-function integrated.	ally integrate The organizatio	n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported org	anization(s) that is not quirement (see
e	\square		,	-	rt IV, Sections A and ved a written determir	•		pe I. Type II. Type I	II functionally
_	\cup	integrated,	or Type III r	on-functionally	integrated supporting	organization.			II functionally
				2				· · · · · · · · - <u>-</u>	
		ame of supp organization	orted	(ii) EIN	<pre>ipported organization((iii) Type of organization (described on lines 1- 10 above (see instructions))</pre>	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	
						Yes	No		
				-					
otal									+
or Pa		vork Reduct or 990-EZ.	tion Act Not	tice, see the Iı	nstructions for	Cat. No. 1128	1 35F	Schedul	e A (Form 990) 2022
					Pa	ge 2			
chedu	ıle A	(Form 990) 2	2022						Page 2
Part	t II	(Comple	ete only if y	ou checked th	tations Described ne box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qu	(1)(A)(vi) Jalify under Part III.
Sec	tion	A. Public		raneu to qual	ing under the tests i	isteu DelOW, [hease complete	: rait 111.)	
		/93r						Ι	I

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	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	8,361,045	8,621,646	8,676,681	9,371,656	12,145,388	47,176,416
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	8,361,045	8,621,646	8,676,681	9,371,656	12,145,388	47,176,416
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						52,189
6	Public support. Subtract line 5 from line 4.						47,124,227
	ection B. Total Support	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
-	fiscal year beginning in) 🕨	()	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	8,361,045	8,621,646	8,676,681	9,371,656	12,145,388	47,176,416
-	dividends, payments received on securities loans, rents, royalties and income from similar sources.	328	11,294	15,412	5,528	115,644	148,206
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	16,691	11,686	10,942	14,477	12,147	65,943
11	Total support. Add lines 7 through						47,390,565
12	10 Gross receipts from related activities, e	etc. (see instruction	uns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's	first, second, thirc	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
S	ection C. Computation of Public		-				
14	Public support percentage for 2022 (lin		-			14	99.440 %
15	Public support percentage for 2021 Sch					15	98.900 %
16a	33 1/3% support test—2022. If the and stop here. The organization qualit						_
t	33 1/3% support test—2021. If the						
	box and stop here. The organization	qualifies as a put	olicly supported or	ganization			🕨 🗆
17a	10%-facts-and-circumstances test and if the organization meets the "facts"						
	meets the "facts-and-circumstances" te			-	-	-	
b	10%-facts-and-circumstances tes	t—2021. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	more, and if the organization meets th meets the "facts-and-circumstances"				• •		-
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	17b, check this bo	x and see	0
	instructions						► 🗆
						Schedule A (F	orm 990) 2022
			Page 3				
<u> </u>							_
	edule A (Form 990) 2022	<u> </u>			() ()		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II If
	the organization fails t						
	ection A. Public Support	T	T	1	1		- -
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3							
	under section 513						

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4	lax revenues levied for the organization's benefit and either paid			1					
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								
0	from line 6.)								
Se	ection B. Total Support								
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	fiscal year beginning in)	(=) ====	(-) ====	(0) 2020	(=) ====	(-) ====			
9 10a	Amounts from line 6 Gross income from interest,								
104	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
Ŭ	(less section 511 taxes) from								
	businesses acquired after June 30,								
с	1975. Add lines 10a and 10b.						-		
11	Net income from unrelated business		ł	1	1				
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.).					504()(0)			
14	First 5 years. If the Form 990 is for t	-					-		_
	this box and stop here								
	ection C. Computation of Public Public support percentage for 2022 (lin	Support Perce	ivided by line 13	column (f))		4 -			
15 16	Public support percentage from 2022 (in Public support percentage from 2021 S		•			15 16			
						10			
<u> </u>	ection D. Computation of Invest Investment income percentage for 20	Ment Income 22 (line 10c. colu	percentage	line 13 column (f))	17			
17	Investment income percentage for 20					17			
	33 1/3% support tests-2022. If the					-	no 17	is not	
19a	more than 33 1/3%, check this box and								
ь	33 1/3% support tests—2021. If the	e organization did	not check a box (on line 14 or line :	19a, and line 16 is	more than 33 $_{1}$	 /3% ar	d line	18 is
	not more than 33 1/3%, check this box	-						_	
20	Private foundation. If the organizati								
	Fivate foundation. If the organizati		a box on line 14, .			Schedule A			2022
						benedule A	(,	
			Page 4						
			rage 4						
Sche	dule A (Form 990) 2022							Р	age 4
Pai	t IV Supporting Organization								
	(Complete only if you checked box 12b, of Part I, complete Se								
	12d, of Part I, complete Section			120, 01 Part 1, 00	Inplete Sections A,	D, and E. II yo	u chec	keu Do	x
Se	ction A. All Supporting Organiz		i i						
								Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	e organization's go	overning document	s?			
		organizations list							
	If "No," describe in Part VI how the s	upported organiza	itions are designa	ted. If designated	by class or purpos	se,			
		upported organiza	itions are designa ionship, explain.	ted. If designated	l by class or purpos	se,	1		
2	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support	upported organiza d continuing relat ed organization th	<i>ionship, explain.</i> nat does not have	an IRS determina	ation of status unde	er section	1		
2	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	upported organiza d continuing relat ed organization th	<i>ionship, explain.</i> nat does not have	an IRS determina	ation of status unde	er section	1		
2	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support	upported organiza d continuing relat ed organization th	<i>ionship, explain.</i> nat does not have	an IRS determina	ation of status unde	er section	1		
2 3a	If "No," describe in Part VI how the sudescribe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported	upported organiza d continuing relat ed organization th Part VI how the o	ionship, explain. hat does not have rganization deteri	an IRS determina mined that the su	ation of status unde pported organization	er section on was	2		
	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	upported organiza d continuing relat ed organization th Part VI how the o	ionship, explain. hat does not have rganization deteri	an IRS determina mined that the su	ation of status unde pported organization	er section on was	2		
	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	upported organiza d continuing relat ed organization th Part VI how the o organization deso supported organi	ionship, explain. nat does not have rganization detern cribed in section 5 ization qualified u	an IRS determina mined that the su 501(c)(4), (5), or nder section 501(ation of status unde pported organizatio (6)? If "Yes," answ c)(4), (5), or (6) a	er section on was rer lines 3b and nd satisfied	2		
3a	If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	upported organiza d continuing relat ed organization th Part VI how the o organization deso supported organi	ionship, explain. nat does not have rganization detern cribed in section 5 ization qualified u	an IRS determina mined that the su 501(c)(4), (5), or nder section 501(ation of status unde pported organizatio (6)? If "Yes," answ c)(4), (5), or (6) a	er section on was rer lines 3b and nd satisfied	2		

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с	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.	Зc	<u> </u>	
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.			
ь	Did the eventiation have obtained and discussion in deciding whether to make the the favoian evented	4a		
Ь	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.	4b		
с	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.	4c		
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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .			
		9a		
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 .	9b		
с	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 .	9c		
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.			
h	Did the exercise tion have any evene hydroge heldings in the toy year? (Use Cabedula C. Farm 1720, to determine whether	10a		
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).	10b		
	Schedule A		000)	202
	Page 5			
	lule A (Form 990) 2022		F	Page 5
rar	t IV Supporting Organizations (continued)		Ver	N
	Has the organization accontrol a gift or contribution from any of the following network?		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 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No."			

	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or
	remove directors or trustees were allocated among the 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.

Section C. Type II Supporting Organizations

1

2

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	

Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. з

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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.	2a		
	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.	2b		
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 .	3a		
	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.	0 1-		

3b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
ā	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
Ċ	: Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		

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	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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III sup	oporting organization (see

- Page 7

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022				Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to whether details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019 				
d From 2020				
e From 2021 				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				

a Applied to underdistributions of prior years

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Explanation

· · · · · · · · · · · · · · · · · · ·	1		i
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:	4		
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	Page 8	S	hedule A (Form 990) (2022)
Schedule A (Form 990) 2022			Page 8
Part VI Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; on E, lines 1c, 2a, 2b, 3a an	Part IV, Section B, lines 1 and 2 ad 3b; Part V, line 1; Part V, Sect	2; Part IV, Section C, line 1; tion B, line 1e; Part V
F	acts And Circumstances 1	Test	

Return Reference

Schedule A (Form 990) 2022

Additional Data

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Software ID: Software Version:

efile Public Visual Ren	nder Objectld: 202421249349301742 - Submission: 2024-05-03	TIN: 20-8814368					
Schedule B	Schedule of Contributors	OMB No. 1545-0047					
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 	2022					
Name of the organizatior AMERICA'S VETDOGS THE VETERANS K-9 COR		Employer identification number					
	janization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	□ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n					
	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

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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

Name of organization AMEDICALS VETDOCS https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

Part I

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

- Page 3 -

Schedule I	Schedule B (Form 990) (2022) Page 3					
Name of or AMERICA'S THE VETER		Employer identification 20-8814368	number			
Part II	Noncash Property (see instructions). Use duplicate copies of Part 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			

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-			\$_	
(a) No. from Part I	(b) Description of noncash pro	operty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash pro	operty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$\$	
(a) No. from Part I	(b) Description of noncash pro	operty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash pro	operty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash pro	operty given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
				Schedule B (Form 990) (2022
		Page 4		
Schedule	B (Form 990) (2022)			Page
AMERICA'S	rganization S VETDOGS RANS K-9 CORPS INC		Employer ide 20-8814368	ntification number
Part III	<i>Exclusively</i> religious, charitable, etc., contribution \$1,000 for the year from any one contribution organizations completing Part III, enter the to year. (Enter this information once. See instruut Use duplicate copies of Part III if additional space)	utor. Complete columns (a) to tal of exclusively religious, o ctions.)	ribed in section 501(c)(7), hrough (e) and the followi	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
	=			
		(e) Transfer of gift	Relationship of transferor	

-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. –			
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Relationsh	ip of transferor to transferee
(a)	(h) Burnasa of sift		(d) Description of how sift is hold

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Part I	(υ) παιμόδε οι χιιι		(c) บระ อเ ฐแเ	(u) Descrip	uon oi now gin is n e iu
. =					
	Transferee's name, address, and a		e) Transfer of gift Relatio	nship of transferor to	transferee
=					
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descrip	tion of how gift is held
. =					
	Transferee's name, address, and a		e) Transfer of gift Relatio	nship of transferor to	transferee
I		_	L	Sche	edule B (Form 990) (2022)

Additional Data

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Software ID: Software Version:

efile Public Visual	Render ObjectId: 2024212493	349301742 - Submission: 2024	-05-03	TIN: 20-8814368
,		gn and Lobbying Activ		OMB No. 1545-0047
SCHEDULE C	Fontical Campaig	gir and Lobbying Activ	11165	0000
(Form 990)	For Organizations Exempt From In	ncome Tax Under section 501(c)	and section 527	2022
Department of the Treasury Internal Revenue Service	 Complete if the organization is described by the second sec	ribed below. ▶Attach to Form 990 <u>0</u> for instructions and the latest inf		Open to Public Inspection
 Section 501(c)(3) or Section 501(c) (oth Section 527 organization and Section 501(c)(3) or Section 501(c)(3) or Section 501(c)(3) or If the organization and (Proxy Tax) (see separation 501(c)(4), (a) Name of the organization 	wered "Yes" on Form 990, Part IV, Line 3 ganizations: Complete Parts I-A and B. Do er than section 501(c)(3)) organizations: Co zations: Complete Part I-A only. wered "Yes" on Form 990, Part IV, Line 4 ganizations that have filed Form 5768 (ele ganizations that have NOT filed Form 5768 wered "Yes" on Form 990, Part IV, Line 4 ate instructions), then 5), or (6) organizations: Complete Part III. ion	not complete Part I-C. omplete Parts I-A and C below. Do not o 4, or Form 990-EZ, Part VI, line 47 (Lo ction under section 501(h)): Complete I 3 (election under section 501(h)): Comp	complete Part I-B. bbbying Activities), 1 Part II-A. Do not comp plete Part II-B. Do not	t hen blete Part II-B. complete Part II-A. , Part V, line 35c
AMERICA'S VETDOGS THE VETERANS K-9 CORP	S INC		20-8814368	
	e if the organization is exempt un	der section 501(c) or is a sect		tion.
-	ion of the organization's direct and indirect			
	activity expenditures. See instructions			
	or political campaign activities. See instruct		<u>-</u>	
_	e if the organization is exempt un			
	of any excise tax incurred by the organiza of any excise tax incurred by organization			
	n incurred a section 4955 tax, did it file For	-	· · ·	
				🗌 Yes 🗌 No
4a Was a correction	made?			🗌 Yes 🗌 No
b If "Yes," describe	in Part IV. e if the organization is exempt un	der section $501(c)$ except sec	tion 501(c)(3)	
	directly expended by the filing organizatio			
2 Enter the amount	of the filing organization's funds contribute	ed to other organizations for section 52	27 exempt	
3 Total exempt fun	tion expenditures. Add lines 1 and 2. Enter	here and on Form 1120-POL, line 17b	► s	
4 Did the filing orga	nization file Form 1120-POL for this year	?	• <u>-</u>	🗌 Yes 🗌 No
5 Enter the names, organization mac of political contril	addresses and employer identification num e payments. For each organization listed, e putions received that were promptly and dir action committee (PAC). If additional spac	ber (EIN) of all section 527 political or nter the amount paid from the filing or rectly delivered to a separate political o	ganizations to which ganization's funds. Al organization, such as a	the filing so enter the amount
(a) Name	(b) Address	f	 Amount paid from iling organization's unds. If none, enter -0 	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction	Act Notice, see the instructions for Form 99	 Cat. No. 5008 Page 2 	84S Sche	dule C (Form 990) 2022

Schedule C (Form 990) 2022

Page **2**

_	Section Sot(11)).			
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g expenditures).	group member's nam	e, address, EIN,
в	Check \blacktriangleright if the filing organization checked box i	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means	g Expenditures	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	d 1d)		
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		J	<u>I</u>	1
g	Grassroots nontaxable amount (enter 25% of line 1f	·)		
h	Subtract line 1g from line 1a. If zero or less, enter -	0		
i	Subtract line 1f from line 1c. If zero or less, enter -0)		
j	If there is an amount other than zero on either line :	1h or line 1i, did the organization file Form 4720 re	eporting	

section 4911 tax for this year?

🗌 Yes 🗌 No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				Cabadula C (I	- orm 990) 2022

Schedule C (Form 990) 2022

Page 3

Schedule C (Form 990) 2022 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: а Volunteers? Yes b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? С No d Mailings to members, legislators, or the public? No Publications or nublished or broadcast statements? Νn

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

10/21/2	24, 9:20 PM	Americas Vetdogs The Veterans K9 Corps Inc - Full Filing- Nonprofit Explor	er - Prol	Publica			
f		or lobbying purposes?		No	-		
q	•	their staffs, government officials, or a legislative body?	Yes				46,990
ĥ		ars, conventions, speeches, lectures, or any similar means?		No			,
i	Other activities?		Yes			1	86,000
j	Total. Add lines 1c through 1i .					2	32,990
2a	Did the activities in line 1 caus	e the organization to be not described in section 501(c)(3)?		No			
b		ny tax incurred under section 4912			1		
с	If "Yes," enter the amount of a	ny tax incurred by organization managers under section 4912					
d	If the filing organization incurre	ed a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the 501(c)(6).	organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sect	ion		
				-		Yes	No
1		more) dues received nondeductible by members?			1		
2		/ in-house lobbying expenditures of \$2,000 or less?			2		
3	5 5	arry over lobbying and political expenditures from the prior year? organization is exempt under section 501(c)(4), section 501(c)			3		
2 a	expenses for which the sect Current year		2a				
b			2b				
С	Total		2c				
3	Aggregate amount reported in	section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carry	nount on line 2c exceeds the amount on line 3, what portion of the excess does rover to the reasonable estimate of nondeductible lobbying and political	4				
5	, ,	d political expenditures. See Instructions	4				
	art IV Supplemental Ir		5				
Prov	vide the descriptions required fo	r Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); lso, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (se	e
	Return Reference	Explanation					
PART	II-B, LINE 1:	LINE 1B AND LINE 1G ARE COMPRISED OF STAFF COMPENSATION AND TRAV COMPRISED OF FEES PAID TO PUBLIC RELATIONS/LOBBYIST WASHINGTON					
			Sched	ule C (I	Form	990)	2022

Software ID: Software Version:

Additional Data

Return to Form

efile Public Visual Render ObjectId: 202421249349301742 - Submission: 2024-05-03 TIN: 20-8						TIN: 20-8814368		
SCI	HEDULE D		Supplement	ntal Financial Stateme	onte		OMB No. 1545-0047	
(For	n 990)		Supplemen		51113		2022	
				ganization answered "Yes," on F 10, 11a, 11b, 11c, 11d, 11e, 11f,			ZUZZ	
Depart	ment of the Treasury			Attach to Form 990.	•		Open to Public	
	I Revenue Service		Go to <u>www.irs.gov/Forn</u>	<mark>1990</mark> for instructions and the late			Inspection	
	Name of the organization Employer identification number AMERICA'S VETDOGS Employer identification number							
THE	VETERANS K-9 COR					8814368		
Pa	rt I Organiz	zations Mai	intaining Donor Advi	sed Funds or Other Similar F s" on Form 990, Part IV, line 6.	unds or Ac	counts.		
	Comple	te il the olya		(a) Donor advised funds		(b) Funds a	nd other accounts	
1	Total number at o	end of year .						
2		-	ns to (during year)					
3	Aggregate value	of grants from	n (during year)					
4	Aggregate value	at end of year	r					
5	Did the organiza	ation inform al	II donors and donor adviso	brs in writing that the assets held in a	donor advised	funds are the	2	
				clusive legal control?			Yes 🗌 No	
6	Did the organiza	ation inform al	II grantees, donors, and do	onor advisors in writing that grant fu	nds can be us	ed only for		
				or donor advisor, or for any other p		ring impermis	sible	
					• •		🗌 Yes 🗌 No	
Pa		vation Ease		s" on Form 990, Part IV, line 7.				
1				nization (check all that apply).				
-			public use (e.g., recreation		on of an histo	rically import	ant land area	
				,				
	\square	of natural hab			on of a certifie	ed historic str	ucture	
		on of open spa						
2	Complete lines 2 easement on the			qualified conservation contribution in	n the form of			
а		,	•		2a	Held at t	he End of the Year	
a b								
c	2			c structure included in (a)	-			
d				ired after July 25, 2006, and not on				
u			National Register		20			
3	Number of conse tax year >	ervation easer	ments modified, transferre	ed, released, extinguished, or termin	ated by the o	rganization du	iring the	
4	Number of state	s where prope	erty subject to conservatio	on easement is located >				
5				he periodic monitoring, inspection, h	andling of vio	lations,		
	and enforcemen	t of the conse	ervation easements it hold	s?		C	🤇 Yes 🗌 No	
6	Staff and volunt	eer hours dev	voted to monitoring, inspec	cting, handling of violations, and enfo	orcing conserv	vation easeme	ents during the year	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservatior	n easements c	luring the year	
-	·		<u> </u>			(4)(5)()		
8				above satisfy the requirements of s			Yes 🗌 No	
9				servation easements in its revenue a				
5	balance sheet, a	and include, if	applicable, the text of the	footnote to the organization's finance				
		-	for conservation easemen					
Par				of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other S	imilar Asse	ets.	
1a	If the organizati historical treasu	on elected, as res, or other s	s permitted under FASB AS similar assets held for pub	SC 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.				
b	If the organizati historical treasu	on elected, as res, or other s	s permitted under FASB AS similar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research				
	following amoun i) Revenue includ					. ►\$		
(i 2	If the organizati	on received or	r held works of art, histori	cal treasures, or other similar assets				
a	-		·	ASC 958 relating to these items:		. ►\$		
b						·		
			part X	ns for Form 990.			ule D (Form 990) 2022	

		Pag	ge 2 ——						
Sche	dule D (Form 990) 2022								Page 2
Parl	III Organizations Maintaining Co	llections of Art, His	storical T	reasures, o	r Other	Similar Asse	ts (cont	inued)	
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records, ch		the following t	that are a	significant use	of its coll	ection	
а	Public exhibition		d 🗌	Loan or exch	ange prog	rams			
b	Scholarly research		e 🗌	Other					
с	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	llections and explain ho	w they furth	ner the organiz	zation's ex	empt purpose	in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of a be maintained as part	rt, historica of the orga	l treasures or nization's colle	other sime	ilar ·	Yes		
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		990, Part	IV, line 9, or	reporte	d an amount	on Form	990, P	art X,
1a	Is the organization an agent, trustee, custod						_	_	
	included on Form 990, Part X?					· · · · [Yes	🗆 Na)
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:			Amo	unt		-
c	Beginning balance	•			1c				-
d	Additions during the year				1d				-
е	Distributions during the year				1e				-
f	Ending balance				1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for escrow	or custodial a	account lia	bility?) Yes	🗆 Na	•
b	If "Yes," explain the arrangement in Part XIII								
Pa	rt V Endowment Funds.								
	Complete if the organization answ							_	<u> </u>
1a	Beginning of year balance	(a) Current year	(b) Prior yea	ir (C) 1wo y	ears back	(d) Three years	баск (е)	Four years	5 раск
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance (li	ine 1g, colu	mn (a)) held a	IS:				
b	Permanent endowment ►								
c	Term endowment 🕨								
č	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organization	n that are h	eld and admin	istered for	r the			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i) 3a(ii)		
b	If "Yes" on 3a(ii), are the related organization						3b	<u> </u>	
4	Describe in Part XIII the intended uses of the							<u> </u>	
Par	t VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answ	wered "Yes" on Form							
	Description of property (a) Cost or ot (investme		other basis (other) (c) Acc	cumulated d	epreciation	(d) Bo	ook value	
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10(c).)		•			0

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.				Page
Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	Part IV,	line 11b.See For	m 990, Part X (c) Method of v	, line 12.
(including name of security)	Book Value	Cost	or end-of-year	market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11c. See For	-m 990. Part X	Line 13.
(a) Description of investment		(b) Book value	(c) Met	hod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, l	ine 11d. See For	m 990, Part X	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u>.</u> .	<u></u>	<u></u> .	

Part X **Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1.

(1) Endoral income taxes

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

DUE TO AFFILIATE	485,807
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 485,807
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2022

	of Revenue per Audited Financial Staten organization answered 'Yes' on Form 990, Pa		•	eturn.	
	other support per audited financial statements .			1	13,547,245
Amounts included on line	1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (loss	es) on investments	2a			
b Donated services and use	of facilities	2b	1,271,177	7	
c Recoveries of prior year g	rants	2c			
d Other (Describe in Part X)	Ш.)	2d			
e Add lines 2a through 2d				2e	1,271,177
Subtract line 2e from line	1			3	12,276,068
Amounts included on Forr	n 990, Part VIII, line 12, but not on line ${f 1}$:				
a Investment expenses not	included on Form 990, Part VIII, line 7b .	4a			
b Other (Describe in Part X)	III.)	4b			
c Add lines 4a and 4b .		• •		4c	(
Total revenue. Add lines 3	and 4c. (This must equal Form 990, Part I, line 12).		5	12,276,068
	of Expenses per Audited Financial State organization answered 'Yes' on Form 990, Pa			Return.	
	per audited financial statements			1	13,547,245
Amounts included on line	1 but not on Form 990, Part IX, line 25:				
Donated services and use	of facilities	2a	1,271,177	,	
• Prior year adjustments		2b			
Other losses		2c			
d Other (Describe in Part X	Ш.)	2d			
Add lines 2a through 2d		•••		2e	1,271,177
Subtract line 2e from line	1			3	12,276,068
Amounts included on Forr	n 990, Part IX, line 25, but not on line 1:				
a Investment expenses not	included on Form 990, Part VIII, line 7b	4a			
• Other (Describe in Part X	III.)	4b			
Add lines 4a and 4b .		•		4c	(
Total expenses. Add lines	3 and 4c. (This must equal Form 990, Part I, line 1	3.) .		5	12,276,068
art XIII Supplement	al Information			·	
	ed for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b. Also complete this part to provide a			t V, line 4; Pa	rt X, line 2; Part XI
Return Refe	rence		Explanation		
RT X, LINE 2:	AVD IS EXEMPT FROM FEI REVENUE CODE. AVD IS A UNCERTAIN TAX POSITIO FOR 2023 AND 2022	LSO EX	NCOME TAX UNDER SEC EMPT FROM STATE AND	LOCAL TAXÉS	S. AVD EVALUATED

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Rend	er ObjectId: 202	421249	349301	742 - Submission:	2024-05-	·03	TIN: 20-8814368
SCHEDULE G	Suppler	menta	al Info	rmation Regar	rding		OMB No. 1545-0047
(Form 990)				Gaming Activit	-		2022
	Complete if the organization	ion answe	red "Yes" o	n Form 990, Part IV, lines 17 \$15,000 on Form 990-EZ, lir	7, 18, or 19, c	or if the	-
Department of the Treasury Internal Revenue Service		► Attac	h to Form S	990 or Form 990-EZ. Instructions and the latest inf	ormation.		Open to Public Inspection
Name of the organization AMERICA'S VETDOGS					E	Employer ide	ntification number
THE VETERANS K-9 CORPS INC	2				2	20-8814368	
	ctivities. Complete if t ers are not required to	-			rm 990, P	art IV, line 1	7.
1 Indicate whether the orga	anization raised funds thr	ough any	v of the fo	llowing activities. Check	all that app	ly.	
a 🗹 Mail solicitations			е	Solicitation of non-	governmen	t grants	
b <mark>.</mark> Internet and email so	olicitations		f	🗸 Solicitation of gove	ernment gra	nts	
c < Phone solicitations			g	🗹 Special fundraising	events		
d < In-person solicitations	S						
2a Did the organization have	e a written or oral agreem	nent with	anv indiv	idual (including officers,	directors, tr	ustees	
or key employees listed i	in Form 990, Part VII) or e	entity in o	connection	n with professional fundra	aising servio	ces? 🛛 🗹 Ye	s 🗌 No
b If "Yes," list the 10 highe to be compensated at lea	est paid individuals or enti ast \$5,000 by the organiza		draisers) p	oursuant to agreements u	under which	the fundraise	r is
(i) Name and address of indivi or entity (fundraiser)	idual (ii) Activity) Did iser have	(iv) Gross receipts from activity		unt paid to ained by)	(vi) Amount paid to (or retained by)
		cust	ody or	nom activity	fundraise	er listed in	organization
			trol of butions?		COI	. (i)	
	DIRECT MAIL	Yes	No				
QUINTESSENTIAL MARKET INC	ING CONSULTANT						
11571 MAPLE RIDGE RD			No	694,077		66,105	627,972
RESTON, VA 20190							
COMMUNITY COUNSELLING							
SERVICE CO LLC 527 MADISON AVE 5TH FLO	DONOR ANALYTICS OOR ASSESSMENT		No	0		30,000	0
NEW YORK, NY 10022							
			$\left \right $				
Total			•	694,077		96,105	627,972
	organization is registered	I'	1.1 11				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

– Page 2 –

Schedule G (Form 990) 2022

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
 (d) Total events

		(a)Event #1 GOLF (event type)	(b) Event #2 HONOR RUN & DOG WALK (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	298,682	52,719		351,401
	2 Less: Contributions	228,765	40,378		269,143
	3 Gross income (line 1 minus line 2)	69,917	12,341		82,258
Direct Expenses	4 Cash prizes . . . 5 Noncash prizes . . . 6 Rent/facility costs . . .				
Expe	7 Food and beverages	42,676			42,676
ect	8 Entertainment				
Ď	9 Other direct expenses	22,888	4,291		27,179
	10 Direct expense summary. Add lines 4 t	-		🕨	69,855
	11 Net income summary. Subtract line 10	, , ,		🕨	12,403
Pa	rt III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000

on Form 990-E7, line 6a.

				-	-	-		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))		
Re	1	Gross revenue						
Direct Expenses	2	Cash prizes						
Expe	3	Noncash prizes						
ect	4	Rent/facility costs						
ã	5	Other direct expenses						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u> ☐ No			
	7	Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨			
	8	Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	🕨			
9 a b	 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 							
10a		Vere any of the organization's gaming lic	enses revoked, suspende	d or terminated during the	e tax year?	Yes No		

https://projects.propublica.org/nonprofits/organizations/208814368/202421249349301742/full

0/21/2 D	4, 9:20 PM 11 res, explain:	Americas Vetdogs The Ve	eterans K9 Corps Inc - Full Filing- Nonprofit Explorer	- ProPublic	a	
						J
				Sche	dule G (Fo	orm 990) 2022
			Page 3			
	dule G (Form 990) 2022					Page 3
11 12			ers?	• •	🗌 Yes	🗆 No
12					🗌 Yes	
13	Indicate the percentage of gaming acti	vity conducted in:				
а				13a		%
b				13b		%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special events books and re	ecords:		
	Name 🕨					
	Address 🕨					
15a		with a third party from w	whom the organization receives gaming			
b	If "Yes," enter the amount of gaming reasonable amount of gaming revenue retained by	evenue received by the o	organization 🕨 \$ and th	ne		
с	If "Yes," enter name and address of the	e third party:				
	Name 🕨					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation * \$					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:	o law to make charitable	distributions from the gaming proceeds to			
а	retain the state gaming license? .				🗌 Yes	□ No
b	Enter the amount of distributions requi	red under state law distr	ibuted to other exempt organizations or spent			
	in the organization's own exempt activ	, j				
Par			nations required by Part I, line 2b, columns oplicable. Also provide any additional infor			
	Return Reference		Explanation			
SCHE	DULE G, PART I, LINE 2B, COLUMN (V)	CONSULTANT FOR A FIX ACTUALLY RECEIVED, U INC'S DUTIES WILL BE MATERIALS BY THIRD-P, WHO HAVE PREVIOUSLY RESPOND POSITIVELY T PURSUIT OF ITS MISSIC FOR FINANCIAL SUPPOF	ETING, INC. IS RETAINED BY ORGANIZATION A ED FEE THAT IS NOT COMPUTED ON A PERCEN NDER A WRITTEN AGREEMENT. THE SCOPE OF (TO PLAN, ADVISE, CONSULT AND/OR ARRANGE ARTY VENDORS FOR THE PURPOSE OF ORGANI (EXPRESSED AN INTEREST AND/OR A NEED, AS O AN APPROPRIATE CALL TO ACTION THAT WIL DN GOALS, AND WHEN APPROPRIATE, RESPONE RT. COMMUNITY COUNSELLING SERVICE CO. LL VIDE PREDICTIVE MODELLING AND DONOR AN	TAGE OF F QUINTESS FOR THE ZATION C S WELL AS L HELP OF TO AN IN C IS RETA	UNDS RA ENTIAL M PREPARA ONTACTII S A WILLI RGANIZA NCIDENTA INED BY	AISED, OR MARKETING, ITION OF NG THOSE NGNESS TO TION IN AL REQUEST THE
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Schedule J	Comper	isat	ion Information		OMB No.	OMB No. 1545-0047		
Form 990)	Com	pens	Trustees, Key Employees, and Hig ated Employees		20	22)	
			vered "Yes" on Form 990, Part IV n to Form 990.	/, line 23.	20		•	
Department of the Treasury			instructions and the latest infor	mation.	Open t			
nternal Revenue Service Name of the organiza	ation			Employer ident		ectio mber	n	
AMERICA'S VETDOGS THE VETERANS K-9 COR								
	ons Regarding Compensation			20-8814368				
	ons Regarding compensation					Yes	No	
	ppiate box(es) if the organization provided ection A, line 1a. Complete Part III to prov							
First-class	s or charter travel		Housing allowance or residence for	personal use				
	companions		Payments for business use of perso					
_	nification and gross-up payments		Health or social club dues or initiat					
	ary spending account	\cup	Personal services (e.g., maid, chau	tteur, chef)				
	xes on Line 1a are checked, did the organi or provision of all of the expenses describe				· 1b			
	ation require substantiation prior to reimbu			no 1o2	2			
airectors, truste	es, officers, including the CEO/Executive E	JIFECTO	or, regarding the items checked on Li	ne 1a?	·			
organization's C	if any, of the following the filing organizati EO/Executive Director. Check all that apply d organization to establish compensation	y. Do r	not check any boxes for methods					
🗹 Compensa	ation committee		Written employment contract					
	ent compensation consultant		Compensation survey or study					
🗹 🛛 Form 990	of other organizations	<	Approval by the board or compensation	ation committee				
 During the year, related organiza 	. did any person listed on Form 990, Part V ition:	/II, Se	ction A, line 1a, with respect to the f	iling organization	or a			
a Receive a sever	ance payment or change-of-control payme	nt?.			4a		No	
b Participate in, o	r receive payment from, a supplemental n	onqua	lified retirement plan?		4b		No	
c Participate in, o	r receive payment from, an equity-based o	ompe	nsation arrangement?		4c		No	
If "Yes" to any o	of lines 4a-c, list the persons and provide t	he ap	olicable amounts for each item in Par	t III.				
Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9.					
	ed on Form 990, Part VII, Section A, line 1 ontingent on the revenues of:	a, did	the organization pay or accrue any					
a The organization					5a		No	
	anization?				5b		No	
	ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of:	a, did	the organization pay or accrue any					
a The organization	n?				6a		No	
b Any related orga					6b		No	
	6a or 6b, describe in Part III.							
payments not d	ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describe	e in Pa	art III		7		No	
8 Were any amou subject to the ir in Part III	nts reported on Form 990, Part VII, paid o iitial contract exception described in Regul	r accu ations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe				
	8, did the organization also follow the rebu		presumption procedure described in	-	on 9		No	
	iction Act Notice, see the Instructions				ule J (Form			

– Page 2 –

(i)

(ii)

0

153,788

Schedule J (Form 990) 2022 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other columns (B)(i)-(D) benefits deferred column (B) (i) Base (iii) Other (ii) compensation reported as Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 JOHN MILLER PRESIDENT AND CEO (i) 0 0 0 0 0 0 0 - - - - - - -- - -- - - -(ii) - - -- - - - - -- - - -458,404 59,400 0 26,850 32,513 0 577,167 2 BRADLEY HIBBARD CHIEF PROGRAM OFFICER 0 0 0 (i) 0 0 0 0 -----(ii) 0 - - -- - - - -- - - -168,324 32,000 18,227 17,090 0 -235,641 3 LAURA ENGLISH CAFO 0 (i) 0 0 0 0 0 0 - -_ (ii) - - - ------- - - - - -----0 19,143 196,445 18,200

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4 JENNIFER GISLER CHIEF GROWTH OFFICER 0

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5 GRETE EIDE CHIEF CANINE CARE OFFICER	(i) (ii)		0	0 0	0	0 22,548	0	0 0
6 LORETTA QUIS DIRECTOR OF ADMINISTRATIV	(i)	0	0	0	0	0	174,612 0	0
	(ii)	129,985	12,415	0	12,980	12,070	167,450	0
7 MICHAEL DEVLIN INSTRUCTOR	(i)	0	0	0	0	0	0	0
	(ii)	136,059	0	0	12,860	16,851	165,770	0
8 MICHAEL BIZZARRO IT MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	135,940	0	0	6,061	0	142,001	0
							Schedule 1 (Fr	orm 990) 2022

Schedule J (Form 990) 2022

— Page 3 —

Schedule J (Form 990) 2022	rhedule J (Form 990) 2022 Page 3							
	Part III Supplemental Information							
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation							
PART I, LINE 3	THE COMPENSATION OF THE PRESIDENT & CEO, CAFO AND ANY KEY EMPLOYEE, AS DEFINED BY THE IRS, IS REVIEWED BY THE COMPENSATION COMMITTEE, AND RECOMMENDATIONS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL AS PER THE BYLAWS. PERSONS WITH CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE COMPENSATION OF THE PRESIDENT & CEO, CAFO AND ANY KEY EMPLOYEE, AS DEFINED BY THE IRS, IS REVIEWED AND APPROVED USING INDEPENDENT RESEARCH STUDIES, CHOSEN BY THE COMPENSATION COMMITTEE. RESEARCH STUDIES ARE BASED UPON CURRENT COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS INCENTIVE/GOAL BASED. GOALS ARE PREPARED IN THE PRIOR FISCAL YEAR, AND APPROVED BY THE COMPENSATION COMMITTEE. THE RECOMMENDATIONS PROVIDED TO THE EXECUTIVE COMMITTEE FROM THE COMPENSATION COMMITTEE. OTHER ACTUAL PERFORMANCE AGAINST THE ESTABLISHED GOALS, AND ARE APPLIED TO COMPENSATION RANGES DERIVED FROM THE INDEPENDENT RESEARCH STUDIES.							
PART II, COLUMN E	AMERICA'S VETDOGS - THE VETERANS K-9 CORPS, INC. IS A RELATED ORGANIZATION OF GUIDE DOG FOUNDATION FOR THE BLIND, INC. THE COMPENSATION OF THE PRESIDENT & CEO, CAFO, KEY EMPLOYEES, AND ALL STAFF THAT IS REPORTED IN PART VII AND ALSO IN PART II, COLUMN E OF SCHEDULE J OF THIS RETURN REPRESENTS TOTAL COMPENSATION FOR WORK PERFORMED ON BEHALF OF BOTH ORGANIZATIONS.							
	Schedule J (Form 990) 2022							

Additional Data

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SCH	IEDULE M				OMB No. 1				
(For	m 990)	► Complete if the		Ioncash Contri		29 or 30.	20	22	
	ment of the Treasury	 ► Attach to Form ► Go to <u>www.irs.</u> 		990 for the latest informa	tion.		Open to		
	al Revenue Service e of the organizat	ion				Employer iden	Inspe tification n		
AMER THE V	ICA'S VETDOGS /ETERANS K-9 CORP	S INC				20-8814368			
Pa	rt I Types	of Property	1						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determin ontribution a		S
2 3 4	Art—Works of and Art—Historical tr Art—Fractional ir Books and public Clothing and hou goods Cars and other v Boats and planes Intellectual prop	easures nterests sations isehold ehicles							
9	Securities—Publi		х	1.951	224,71	6 FMV			
10 11	Securities—Close	ely held stock . nership, LLC, s							
	Qualified conserv contribution—H structures . Qualified conserv	istoric							
	contribution—O					-			
15 16	Real estate—Res Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic					_			
21 22	Taxidermy . Historical artifact					-			
23	Scientific specim								
24	Archeological art	ifacts							
25	Other 🕨 (
26	Other ► (
27									
	Other ► (ho organiza	lation during the tax year for	contributions				
29				3, Part IV, Donee Acknowledg		29			
						LI		Yes	No
30a	hold for at least	three years from th	e date of th	contribution any property r in initial contribution, and wl	hich isn't required to be us	hrough 28, that it ed for exempt			No
h	If "Yes," describ	e the arrangement i	n Part II.				30a		No
31		-		alicy that requires the review	w of any nonstandard cart	ributions?	31		No
	Does the organi	5	ird parties	olicy that requires the reviev or related organizations to so			31 32a		No
b	If "Yes," describ	e in Part II.							
33	If the organizati describe in Part		amount in c	olumn (c) for a type of prop	erty for which column (a)	is checked,			
For P	aperwork Reduction	on Act Notice, see the	e Instructior	ns for Form 990.	Cat. No. 51227] Sche	dule M (Form	990) ((2022)
				Page 2 -					

Schedule M (Form 990) (2022)

Page **2**

		ig in Part I, o this part for					tributior	ns, the	numbe	er of ite	ems r	eceive	d, or a	combin	ation o	of both.	Also	
Retur	rn Refere	ince								Expla	nation	1						
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Additiona	l Data	a													R	eturn	to For	m
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Department of the Trea nternal Revenue Serv	,				1	Attach v.irs.gov	י to For	m 990) or 99	Э 0-Е Ζ.							oen to l Inspec	
Name of the org		1					/							ployer	r ident		on num	
AMERICA'S VETDO THE VETERANS K-9		NC											20-	88143	68			
Return Reference								Ехр	olanati	on								
FORM 990,	A QUE	STIONNAIR	RE/R	EVIEW (CHECKL	IST ACC	OMPAN	IES TH	HE DR	AFT F	ORM	990.	THE CI	HECKL	IST HI	GHLIG	HTS KE	Y
PART VI, SECTION B,		S TO BE RE' NIOR STAFI																
LINE 11B	BOARD	D MEMBER 990 WILL B	S AS	S WELL A	AS VERE	BALLY DE	ESCRIE	ED TO	VISU	ALLY	IMPA	IRED E	BOARE	D MEM				
FORM 990,		OSURE STA													ONFLI	CTS AI	RE DISC	LOSED
PART VI, SECTION B,	TO THE	E FULL BOA	ARD	AND AD	DRESS	ED AS R	EQUIRI	ED.										
LINE 12C																		
FORM 990, PART VI,		OMPENSAT RIA, AS DEF																
SECTION B, LINE 15	PROVI	DED TO TH	IE EX	XECUTI	VE COM	MITTEE	OF THE	E BOAF	RD FC	R APF	PROV	AL AS	PER T	ΉĖ ΒΥ	'LAWS	. PERS	SONS W	ΊTΗ
	THIS R	EVIEW AND	D AP	PROVA	L. THE C	COMPEN	ISATION	I OF TI	HE PF	ESID	ENT 8	CEO	, THE (CAFO,	AND A	NY EN	IPLOYE	E THAT
	RESEA	RCH STUD	DIES	, CHOSE	EN BY TH	HE COM	PENSA	TION C	COMM	ITTEE	. RES	SEARC	CH STU	JDIES A	ARE B	ASED	UPON	
	DOCU	ENT COMPA	N AN	ID RECC	ORD KEE	EPING AS	S TO TH	IE DEL	IBER/	ATION	S ANI	D DEC	ISION	S REG	ARDIN	IG THE		
		ENSATION / _ YEAR, AN										-		-				
		JTIVE COM LISHED GC																
	STUDI																	
FORM 990, PART VI,		RGANIZATI [,] WRITTEN F																
SECTION C, LINE 19	ALSO A	AT WWW.VE	ETD	OGS.OR	G AND (GUIDEST	TAR.OR	G.										
FORM 990,		CA'S VETD																
PART VII	COSTS	OVERLAPP 6, INCLUSIV	VE O	F SALA	RY COS	TS ARE A	ALLOC	ATED T	O AM	ERICA	A'S VE	TDO	GS BAS	SED UF	PON TI	HE NU	MBER C	
		CA'S VETD								RICA'	S VE	[DOG	S HAS	NO DI	RECT	EMPLO	DYEES.	
FORM 990, PART XII,	THE PF	ROCESS HA	AS N	NOT CHA	ANGED F	FROM TH	HE PRIC	DR YEA	AR.									
LINE 2C									<u></u>		F c · · ·							
or Paperwork Reduc	ction Act No	otice, see the In	nstruc	tions for Fo	orm 990 or 9	990-EZ.		(Cat. N	o. 510	56K					Sche	edule O (Fo	orm 990) 202

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SCHEDULE R (Form 990)	►c	omplete if	the organ	ization an	zations a swered "Yes Attach to I Form990 for	" on Form Form 990.	990, Pa	rt IV, lin	ne 33, 34,	35b, 36	, or 37.			20, 20,	22 Publi	
Internal Revenue Service Name of the organization											Employer ide	entificatio	on numb	Inspe er	ction	
AMERICA'S VETDOGS THE VETERANS K-9 CORPS INC										:	20-8814368					
Part I Identification	of Disregarded Ei	ntities. Co	mplete if	the orgar	nization answ	vered "Yes		m 990, (c)	Part IV, I	ine 33.		e)	1	(f)		
Name, address, and E	IN (if applicable) of disre	garded entity			Primary a	ctivity	Legal do	micile (sta gn country	nte To	tal income		ear assets		Direct con entit		
Part II Identification of	f Related Tax-Exe	empt Orga	anization	is. Comple	ete if the org	janization	answere	d "Yes"	on Form	990, Pa	irt IV, line 3	4 because	e it had	one or r	nore	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization					(b) ry activity	(c Legal domi or foreign	cile (state	Exempt	(d) t Code section	on Publ (if se	(e) ic charity statue ction 501(c)(3)	s Di	(f) irect contro entity	olling	Section (13) co	512(b) ntrolled ity? No
(1)GUIDE DOG FOUNDATION FOR TH EAST JERICHO TURNPIKE SMITHTOWN, NY 11787 11-1687477	IE BLIND INC			TO PROVID DOGS FOR VISUALLY I	THE BLIND OR	N	Y	501(C)(3)	LINE	7		DOG FOUN E BLIND IN			No
For Paperwork Reduction Act	Notice, see the Ins	tructions f	or Form 9			Ca	t. No. 501	.35Y				Scł	hedule R	(Form §	90) 20)22
Schedule R (Form 990) 2022															Pag	e 2
Part III Identification of one or more related	f Related Organiz ed organizations tr						e organiz	zation a	nswered	"Yes" or	n Form 990,	Part IV, I	line 34,	because	it had	
Name, addres	a) ss, and EIN of ganization		(b) Primary activity	(c) Legal domicile (state o foreign country	or entity	(e Predom income(r unrela excluded f under se 512-5	inant s elated, ited, from tax ections	(f) Share of total income	(g) Share of end-of- year assets	Dispro		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(j) eral or haging ther? No	Perce	k) ntage ership
	f Related Organiz								nization	answere	d "Yes" on I	Form 990	, Part IV	, line 34		
(a) Name, address, and EIN related organization		(b) Primary a)	d (state	(c) Legal lomicile e or foreign ountry)	(Direct c	d) ontrolling atity	(e) Type of e (C corp corp or trus	ntity Sha b, S i ,	(f) re of total ncome	(g) Share of end of-year assets	- Perce	h) entage ership	Sectio contr Yes	(i) n 512(b) olled ent	(13) ity? No
		İ						5. 642	-/		1				1	

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 									ļ
1				1			Schedule R	(Form 990) 2022
	Page	3							

Schedule R (Form 990) 2022					Dag	
Part V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35t	o, or 36.		Pag	ge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	•				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	l organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p	Yes	
${\bm q}$ Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this I	ine, including covered i	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount in	volved	
(1)GUIDE DOG FOUNDATION FOR THE BLIND INC	P	7,114,364	DIRECT COST			
(2)GUIDE DOG FOUNDATION FOR THE BLIND INC	С	3,136,924	DIRECT COST			
(3)GUIDE DOG FOUNDATION FOR THE BLIND INC	0	7,453,725	DIRECT COST			
(4)GUIDE DOG FOUNDATION FOR THE BLIND INC	N	3,675,094	DIRECT COST			

— Page 4 -

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022													Page 4
Part VI Unrelated Organizations Taxable a	as a Partne	ership. Co	mplete if the	organiza	ation answ	ered "Yes	" on Form	990, Part	IV, line 3	57.			
Provide the following information for each entity taxed as was not a related organization. See instructions regarding					nducted mor	e than five	e percent of	its activitie	s (measur	ed by total a	ssets or g	ross rev	enue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501	(e) partners ction (c)(3) izations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	

	1	Dage E	1	1		1	1	Sch	edule R (Form 99	90) 202
dule R (Form 990) 2022		Page 5 –									Page
rt VII Supplemental Information Provide additional information for		ions on Sche	edule R. See in	structions.							- uge
Return Reference					planation						

Additional Data

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