Use Only

Firm's address

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Patriot Paws Service Dogs Name change 04-3815107 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 254 Ranch Trail 972-772-3282 Amendec return City, town, or post office, state, and ZIP code 695,638. G Gross receipts \$ Applica-Rockwall, TX 75032 H(a) Is this a group return pending F Name and address of principal officer:Lori for affiliates? same as C above H(b) Are all affiliates included? JYes L I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► www.patriotpaws.org H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2005 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: Train service dogs to help Activities & Governance disabled veterans and other Americans with mobile disabilities. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 16 6 Total number of volunteers (estimate if necessary) <u>60</u> 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 618,908. Revenue 684,706. 9 Program service revenue (Part VIII, line 2g) O. Ō. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 942 1,090. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,411.9,842. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 622,261. 695,638. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ö 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 215,447 304,258. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 322,638. 409,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 538,085. 713,822. Revenue less expenses. Subtract line 18 from line 12 84,176. -18,184. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 500,187. 483,146. 21 Total liabilities (Part X, line 26) 19,025. 20,168. 22 Net assets or fund balances. Subtract line 21 from line 20 481,162. 462,978. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Lori Stevens, Here Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Paid Paul Majors ₽00133134 Preparer Firm's name CliftonLarsonAllen, LLP Firm's EIN 🛌 41-0746749

Dallas, TX 75244

May the IRS discuss this return with the preparer shown above? (see instructions)

5001 Spring Valley Road, Suite 600W

Phone no. 972 - 383 - 5700

Form 990 (2012)

Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H $\overline{\mathbf{x}}$ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32

Schedule N, Part II

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Form 990 (2012)

X

X

Х

X

X

X

32

33

34

35a

35b

36

37

34

Form 990 (2012) Patriot Paws Service Dogs

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W.O.C. included in the de- Estate of V			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
	(gambling) winnings to prize winners?	1.		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
	filed for the calendar year onding with as within the second of the calendar year onding with as within the second of the calendar year.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-{	₹.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Х	
За	Uid the organization have unrelated business gross income of \$1,000 cm and studies it.	١		х
b	If "Yes." has it filed a Form 990-T for this year? If "No." provide an evalenation in Cabadata Co.	3a		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	44		7.7
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	in res, to line 5a or 5b, did the organization file Form 8886-T?	5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 30		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	UE .		
	were not tax deductible?	6b		
7	organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to the Porm 6282?	7c		X
<u>u</u>	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization reactive and first the during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	7h	N/Z	<u> </u>
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966? N/A	_		
þ	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12	İ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
17	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
ıza L	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
2	Section 501(c)(29) qualified nonprofit health insurance issuers.			
d	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information with the second state.	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is a service of the control of the service of the servic		T	
	Enter the amount of reserves the organization is required to maintain by the states in which the	Ī		
С	organization is licensed to issue qualified health plans			
4a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		_	77
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
	2 to toport these payments: ii Tvo, provide an explanation in Schedule O	14b	200 (2	1010
		Form §	99U (2	(210)

Form 990 (2012) Patriot Paws Service Dogs 04-3815107 Page

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

<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
260	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9	1	T
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	в		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		X
3	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?			v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	ļ	
6	Did the organization have members or stockholders?	5	ļ	X
7a	Did the organization have members or stockholders?	6	ļ	X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		ŀ	
h		7a	<u> </u>	X
~	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Pid the granization contemporarequals decurrent the provide support of the property of the property of the provide support of the provide	7b		X
	and the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
a	- 3- · · · · · · · · · · · · · · · · · ·	8a	X	
	and the second second second behalf of the governing body?	8b	X	
9	is there arry officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	7 say, did the organization have written policies and procedures governing the activities of such chanters, affiliates			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
D	bescribe in Schedule O the process, if any, used by the organization to review this Form 990	116		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		-23
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
	in Schedule O how this was done	4.0		
13	Did the organization have a written day	12c		77
14	Did the organization have a written decompany	13		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	_14		X
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			~~
b	Other afternoon to the second	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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?			
b		16a		X
~	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		- 1	
Sect	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	е	
	To public inspection, indicate now you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion• 🖿		
	2011 000 VCIID 5/2-1/2-3202			
o didina.	254 Ranch Trail , Rockwall, TX 75032			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	/do	not c	Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe d a d	rson	is bot	h an	compensation	compensation	amount of
	week	——	cer ar	la a o	recto	or/trus	tee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	36 01 0	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trus	al fra		aaki	notus		(11 22 1000 111100)		and related
	below	individual trustee or director	Institutional trustee	ja l	Key employee	lest ce loyee	Jê.			organizations
(1)	line)	Ē	ils:	Officer	Key	Highest compensated employee	튵			
(1) Lori Stevens	50.00								_	
Execuitive Director	0.00	X		X				66,958.	0.	0.
(2) Dr. William Perkins	15.00								_	
Chairman of the Board (3) Mike Kovar	0.00	X		X	_	L		0.	0.	0.
Treasuer	1.00	.,		,,	ĺ				_	_
(4) Terri Stringer	0.00	X.	ļ	Х	<u> </u>			0.	0.	0.
Secretary	0.50	-						_	•	_
(5) Dr. Rhonda Phillips	0.50	X		$\vdash \vdash$				0.	0.	0.
Board Member	0.00	X								_
(6) Clay Rankin	0.50	Δ.		\vdash				0.	0.	0.
Board Member	0.00	y						0.	0.	0
(7) Christina Melton-Crain	0.50			\vdash	-			V •	U •	0.
Board Member	0.00	х						0.	0.	0.
(8) Nate Crain	0.50		-					0.	U •	<u> </u>
Board Member	0.00	X			, 1			0.	0.	0.
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Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	Average hours per week (list any hours for	box, offic	not c , unle cer an	Pos check ss pe nd a d	more rson i lirecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS)		am	(F) timate nount other pensa om th	of ation
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	(W-2/1099-MISC)		-/	orga and	anizat d relat inizati	tion ted
													
1b Sub-total c Total from continuation sheets to Part V	Il Section A	Ш.				<u> </u>		66,958.		0.			0
d Total (add lines 1b and 1c) Total number of individuals (including but n						\triangleright	o re	66,958.		0.			0
compensation from the organization 3 Did the organization list any former officer,	director, or tru	ıstee	. ke	v em	/olan	/ee.	or h	nighest compensated er	nnlovee on			Yes	No
Ine 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportabl	 le coi	mpe	 ensa	 tion	d		er compensation from t	he organization		3		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsatio	on fr	om.	any	unre	J fo	or such individual ed organization or individ	dual for services		4		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	eper	nder	nt co	ontra	actor	rs th	nat received more than \$	\$100,000 of comp	I	tion fro		X
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ıg w	ith o	r wit	thin	the organization's tax y (B)	ear.		(C)		
Name and business	address	NO	NE	!			-	Description of se	ervices	Col	mpens	sation	1
2 Total number of independent contractors (in	ncluding but no	ot lim	 nited	to t	hose	e list	ed a	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation >				0					E,	orm 9 9	90 /2	012\

•		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a		·			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1					
s, (Am	С	Fundraising events	1c					
Giff lar		Related organizations						
imi		Government grants (contribut						
tior er S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f	684,706.				
ntr d C	g	Noncash contributions included in lines	1a-1f; \$	68,722.				
<u>a</u> 6	h	Total. Add lines 1a-1f			684,706.			
				Business Code				
Program Service Revenue	2 a							
ierv	b							
m S	C							
grai	d					:		
ro	е							
ш.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			1 000			4 000
		other similar amounts)		🕨	1,090.			1,090.
	4	Income from investment of ta						
	5	Royalties						
	6 -	0	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
	L	assets other than inventory						
	Б	Less: cost or other basis						
	_	and sales expenses						
	٠	Gain or (loss)		L				
		Net gain or (loss)		········· >				
ane	0 4	including \$						
evenue		contributions reported on line						
Other Re		Part IV, line 18						
the	h	Less: direct expenses	a					
0		Net income or (loss) from fund		>				
		Gross income from gaming ac	-					
	- -	Part IV, line 19						
	b	Less: direct expenses	b					
		Net income or (loss) from gam		>				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale		>				
		Miscellaneous Revenu		Business Code				
	11 a	Miscellaneous R	levenue	900099	9,842.			9,842.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	************************		9,842.			
23200	12	Total revenue, See instructions.		<u></u> ▶ [695,638.	0.	0.	10,932.
23200: 12-10-	12				····			Form 990 (2012)

Form 990 (2012) Patriot Paws Service Dogs Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				
	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
1	Grants and other assistance to governments and			gerioidi expeniess	охронось
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,958.	48,461.	18,497.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	214,316.	155,113.	59,203.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,984.	16,635.	6,349.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	13,812.		13,812.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	8,825.	1,389.	7,436.	
12	Advertising and promotion	33,852.	8,069.		22,640.
13	Office expenses	16,410.	4,466.	11,944.	
14	Information technology				
15 16	Royalties	51,393.	20 545	10 040	
17	Occupancy	58,597.	38,545.	12,848.	
18	Payments of travel or entertainment expenses	30,337.	56,613.	1,984.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,271.	18,483.	12,788.	
23	Insurance	25,045.		25,045.	
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 0.)				
а	Dog Related Expenses	64,922.	64,922.		
b	Veterinary Care	43,360.	43,360.		
С	Supplies	19,100.	14,360.	4,740.	
đ	Other Expenses	16,976.	5,259.	11,717.	
	All other expenses	26,001.	26,001.		
25	Total functional expenses. Add lines 1 through 24e	713,822.	501,676.	189,506.	22,640.
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)				
232010	12-10-12				Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X .			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	34,754.	1	130,978
2	Savings and temporary cash investments	294,624.	2	235,182
3	Pledges and grants receivable, net	65,000.	3	39,700
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	•		
	Part II of Schedule L.		5	
6	Loans and other receivables from other disqualified persons (as defined u	nder		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	puting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
, l	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	
8 3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	9,188.	9	2,743
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 142, (
b	Less: accumulated depreciation 10b 71,5		10c	70,114
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	3,055.		4,429
16	Total assets. Add lines 1 through 15 (must equal line 34)	500,187.		483,146
17	Accounts payable and accrued expenses	19,025.	17	20,168
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustee			
21 22	key employees, highest compensated employees, and disqualified persor	į.		
000	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24 25	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			
26	Schedule D Total liabilities. Add lines 17 through 25	19,025.	25	20 160
2.0			26	20,168
۵ ا	Organizations that follow SFAS 117 (ASC 958), check here X complete lines 27 through 29, and lines 33 and 34,	and		
27 28 29 30 31 32		311,695.		412 000
28	Unrestricted net assets Temporarily restricted net assets	169,467.	27	413,989
29			28	40,303
3	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		20	
31	Paid-in or capital surplus, or land, building, or equipment fund		30	
32	Retained earnings, endowment, accumulated income, or other funds		31	
33	Total net assets or fund balances	481,162.		462,978.
34	Total liabilities and net assets/fund balances	500,187.	33	483,146.
<u> </u>	and the week of the second for the being 1000		J 34	Form 990 (2012)

	n 990 (2012) Patriot Paws Service Dogs	04-38	15107	Da	age 12
Pa	rt XI Reconciliation of Net Assets	02 00		Гс	ige 12
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69	5.6	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2			322.
3	Nevertide less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			62.
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 33,				
Da	column (B))	10	46	2,9	78.
га	Thanclar Statements and Reporting	······································			
	Check if Schedule O contains a response to any question in this Part XII		• • • • • • • • • • • • • • • • • • • •	• • • • • •	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
20	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
24	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
ь	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
c					
·	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			İ
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin-Act and OMB Circular A-133?	gle Audit			
ь		***************************************	За		X
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any other telescopies.	ed audit			ı
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Patriot Paws Service Dogs

Employer identification number 04-3815107

Part	Reason	tor Public Chai	rity Status (All organia	zations mu	ist comple	te this par	t.) See ins	tructions.				
The organ			because it is: (For lines									_
1			es, or association of chu					١.				
2	A school des	scribed in section 1:	70(b)(1)(A)(ii). (Attach Sc	chedule E.)		C A A A	,-				
з 🗔			ital service organization			170(b)(1)	(Δ)(iii)					
4 🔲			operated in conjunction					γων ανανί	ii) Enter	the hoenite	l'e namo	
	city, and stat		.,		op.,,a, a 000		2011011 171	יועראני אנטאי	ii). Liitei	nie nospite	no name,	
5 🔲	-		benefit of a college or u	niversity o	waed or o	norated by	/ O COVORD	mantalija	it alaaasil	d i -		
	section 170	(b)(1)(A)(iv). (Compl	lete Part II \	ravoroity o	winca or o	perated by	y a govern	mentarun	ii descrii	Jed In		
6 🖂			nent or governmental un	it doooribo	مناهم منالم	470(L)(41/41/-3					
7 X	An organizat	ion that normally rec	rent of governmental un	of its sur-	o in section)(a)O17 nc	1)(A)(V).	. ,,				
	section 170	(b)(1)(A)(vi). (Comple	ceives a substantial part	or its supp	on from a	governm	entai unit (or from the	e general	public des	cribed in	
8 🗀				(0)								
9 🗔			section 170(b)(1)(A)(vi).									
• <u> </u>	An Organizat	ion that normally rec	ceives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, r	nembershi	ip fees, a	and gross re	ceipts fron	Π
	issome and	iled to its exempt tu	nctions - subject to certa	ain except	ions, and (2) no more	e than 33	1/3% of its	suppor	t from gross	s investmer	٦t
			taxable income (less sec	tion 511 ta	ax) from bu	ısinesses	acquired b	by the orga	anization	after June	30, 1975.	
10		509(a)(2). (Complet	,									
10	An organizat	ion organized and o	perated exclusively to te	est for pubi	lic safety.	See secti o	on 509(a)(4).				
11	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	e purposes	of one or	
	more publicly	supported organization	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se e	ction 50 9(a)(3). Ch	eck the box	< that	
		1	organization and compl									
	а 🔲 Туре		ype II c 🗀 T	ype III - Fu	inctionally	integrated	1 (∄ └ Тур	e III - No	n-functiona	lly integrate	∍d
e	By checking	this box, I certify the	at the organization is not	t controlled	d directly o	r indirectly	/ by one o	r more dis	qualified	persons ot	her than	
_	foundation m	nanagers and other t	than one or more publich	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	Э(a)(2).	
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			_	
		rganization, check tl							***********		[
g			organization accepted a									
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons of	described	in (ii) and (iii) below	/,	Yes No	 >
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?	>						11a(ii)		
	(III) A 35% (controlled entity of a	ı person described in (i) (or (ii) abov	e?		· - · • • • • • • • • • • • • • • • • •	***		11g(iii)		_
h	Provide the f	ollowing information	about the supported or	ganization	(s).							_
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization		u notify the	(vi) Is	the	(vii) Amoun	t of monetar	_
orga	ınization		(described on lines 1-9		sted in your		ion in col.	organizatio	on in col. ed in the	l · ·	port	y
			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
											West	
			:									
				<u> </u>								
									-		<u>,</u>	
					1				1			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 Patriot Paws Service Dogs 04-3815107 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			(0, =0.0	(4) 2011	(0) 2012	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	192,354.	302,675.	586,462.	618,908.	684,706.	2385105.
2	Tax revenues levied for the organ-					, , ,	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	192,354.	302,675.	586,462.	618,908.	684,706.	2385105.
5	The portion of total contributions						
	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						312,384.
	Public support. Subtract line 5 from line 4.						2072721.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Totai
	Amounts from line 4	192,354.	302,675.	586,462.	618,908.	684,706.	2385105.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	422	1 004				
_	and income from similar sources	433.	1,024.	478.	942.	716.	3,593.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	*			700	0 411	16 000	40.000
11	assets (Explain in Part IV.) Total support. Add lines 7 through 10			700.	2,411.	16,287.	19,398.
	Gross receipts from related activities,	ota /oog inetruetia					2408096.
	First five years. If the Form 990 is for					12	
	organization, check this box and stop	. h.					
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2012 (I			oiumn (fl)		14	86.07 %
15	Public support percentage from 2011	Schedule A. Part	II line 14	oldinin (1 <i>))</i>		15	86.07 %
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box or	line 13, and line 1			
	stop here. The organization qualifies	as a publicly supp	orted organization			iore, criecit and bo	× and
b	33 1/3% support test - 2011. If the o	rganization did no	t check a box on li	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	is hox
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			D
17a	10% -lacts-and-circumstances tes	t - 2012. If the orga	anization did not ci	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - 2011. I f the orga	anization did not cl	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	ınization	▶□
18	Private foundation. If the organizatio	n did поt check a i	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	<u> </u>
					Scho	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						(7) 1 4
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			7110-100			
_	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-					<u> </u>	
4	•						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
Ç	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					<u> </u>	I
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6		\-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	(0) = 0.10	(4) 2011	(0,2012	(i) rotal
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
11	Add lines 10a and 10b Net income from unrelated business					<u> </u>	
• •	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		:				
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
	Public support percentage for 2012 (column (f))	,	15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2012. If the	organization did n				33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Meadows Foundation	294,000.	245,83
Orix Foundation	71,032.	22,870
Rees-Jones Foundation	65,000.	16,838
The Annenberg Foundation	75,000.	26,838
otal Excess Contributions to Schedule A, Part II, Line 5		312,384

Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization Employer identification number Patriot Paws Service Dogs 04-3815107 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

Patriot Paws Service Dogs

04-3815107

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Miriam Yeager-John Horn Trust 9741 Homestead Trail Anchorage, AK 99507	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP+4 Jack Guy - Order of Eastern Star	Total contributions	Type of contribution Person X
	710 FM 2274 N. Jacksonville, TX 75766	\$ 22,500.	Payroll Noncash (Complete Part II if there
(a)			is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Caroline Donaldson-The Wilson Foundation 9575 Music St. Novelty, OH 44072-9619	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Lewis Greenwood Foundation 69653 Camino De Las Brisas Cathedral City, CA 92234	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Rees-Jones Foundation 5956 Sherry Ln., Suite 1603 Dallas, TX 75225-8026	\$65,000 .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	The Annenberg Foundation 101 W. Elm St., Suite 640 Conshohockem, PA 19428	\$ <u>75,000.</u>	Person X Payroll

Employer identification number

Patriot Paws Service Dogs

04-3815107

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	The Dallas Foundation - TRIAD 3963 Maple Ave., Suite 390 Dallas, TX 75219	\$22,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Tower of Hope 228 Park Avenue South, #19065 New York , NY 10003	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	The Fifth Age of Man PO Box 410506 San Francisco, TX 94141	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Fossil 901 S. Central Expwy Richardson, TX 75080	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Robert Donato Postal 580 Thames Street Newport, RI 02840	s16,619.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200455		\$	Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-2	1-12 1 8	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2012)

Employer identification number

Patriot Paws Service Dogs

04-3815107

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
11	Puppy		
		 \$16,619.	07/02/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
223453 12-21-1	19	Schedule B (Form 99)	D, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number Patriot Paws Service Dogs

Part III

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Donation of a puppy Statement 11 to be used for the organization's exempt purpose. (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B

Statement

1

The puppy was used for the organization's exempt purpose of providing service dogs to those in need.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

Name of the organization

Patriot Paws Service Dogs

Employer identification number 04-3815107

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		3 3 1 1 p 3 3 3 4 3 1 5 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	and only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	aforring
		a donor devisor, or for any other purpose cor	
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990. Part	W line 7
1	Purpose(s) of conservation easements held by the organizati		14, 1110 7.
	Preservation of land for public use (e.g., recreation or e		inally impartant land aver
	Protection of natural habitat	education) Preservation of an historic Preservation of a certified	
	Preservation of open space	Freservation of a certified	a historic structure
2	· · · · · · · · · · · · · · · · · · ·	final papaganating partition that is the form of	
_	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Halfarth, Frankler, W.
а	Total number of conservation eccements		Held at the End of the Tax Year
b	Total number of conservation easements Total acreage restricted by conservation easements		
			2b
4	Number of conservation easements on a certified historic str	ucture included in (a)	2c
•	Number of conservation easements included in (c) acquired a listed in the National Register.	arter 8/1 //Ub, and not on a historic structure	
3	listed in the National Register		2d
J	Number of conservation easements modified, transferred, relyear	leased, extinguished, or terminated by the or	ganization during the tax
4			
5	Number of states where property subject to conservation eas		
,	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it		Yes No
7	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	ig the year ▶
	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of		
1 01		r Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
ıa	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
р	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		🕨 \$
2	If the organization received or held works of art, historical treatments		in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2012 Patriot							04-3	815107	Page 2
Pai	t III Organizations Maintaining C	Collection	ns of Ar	t, Histo	orical Ti	reasures,	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accessi	ion, and oth	er records	s, check	any of the	following that	at are a sig	nificant use of	its collection i	tems
	(check all that apply):			protessing .						
а	Public exhibition		d			change progr				
b	Scholarly research		е		ther					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections a	nd explain	how the	y further t	the organizat	ion's exem	pt purpose in F	art XIII.	
5	During the year, did the organization solicit of	or receive d	onations o	f art, his	torical trea	asures, or oth	er similar a	ssets		_
D-	to be sold to raise funds rather than to be m	aintained a	s part of th	ne organ	ization's c	ollection?			Yes	No.
Pal	t IV Escrow and Custodial Arran	gements	Complet	te if the d	organizatio	on answered	"Yes" to Fo	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa									
па	Is the organization an agent, trustee, custod									
_	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •		l	Yes	└─ No
D	If "Yes," explain the arrangement in Part XIII	and compl	ete the foll	owing ta	ıble:					
^	Registring belongs								Amount	
c d	Beginning balance		· - · · · · · · · · · · · · · · · · · ·					1c		
e	Additions during the year				•••••			1d		
f	Distributions during the year	**************			• • • • • • • • • • • • • • • • • • • •					
	Ending balance Did the organization include an amount on F	orm 000 D	out V 15 (1f	1,,	
b	If "Yes," explain the arrangement in Part XIII.	Chook hor	art A, iine z	 مام∞مهنی					Yes	No
Pai	t V Endowment Funds. Complete i	f the organ	zation ans	owered "	Yes" to Ec	n provided in	IV line 10	.,		
		(a) Curre			or year) Three years ba	ck (a) Four v	pare hack
1a	Beginning of year balance	(2) 00.110	n your	(10) 1 11	or year	(C) TWO YEA	TO DOOR (U	j mico years ba	on (e) rour ye	Jai S Daux
b	Contributions									••
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses						-			*****
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year er	nd balance	(line 1g	, column (a)) held as:	L		l	······································
а	Board designated or quasi-endowment			%	`					
b	Permanent endowment	%		-						
c	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ession of the	e organiza:	tion that	are held a	and administe	ered for the	organization		
	by:								Y	es No
	(i) unrelated organizations				**-**			•	3a(i)	
	(II) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as r	equired or	Schedu	ıle R?		•••••	,	3b	
4	Describe in Part XIII the intended uses of the	organizatio	on's endov	vment fu	ınds.	,				
Fai	t VI Land, Buildings, and Equipm									
	Description of property	1	Cost or oth s (investm			t or other (other)		umulated eciation	(d) Book v	alue .
1a	Land									
b	Buildings									
С	Leasehold improvements					4,088.		9,562.		,526.
	Equipment					8,268.		2,451.		,817.
e	Other					9,699.	4	9,928.		,771.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form (990, Part X	(, columr	n (B), line 1	10(c).)			70	,114.

	dule D (Form 990) 2012 Patriot Paws Service Dogs	04	-3815107 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With R	evenue per Retu	urn
1	Total revenue, gains, and other support per audited financial statements	1	701,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d		6,071.	
e	Add lines 2a through 2d		6,071.
3	Subtract line 2e from line 1	3	CO = CO O
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3337000.
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	40	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With I	xpenses per Re	eturn
1	Total expenses and losses per audited financial statements		1 510 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		7 1 2 7 0 2 3 6
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
c	Other: 1		
d		6,071.	
-	Other (Describe in Part XIII.)	<u> </u>	C 071
3	Add lines 2a through 2d	26	
4	Subtract line 2e from line 1	3	713,822.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	40	
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information	5	713,822.
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b an	ıd 2b; Part V, line 4; Part
X, line	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information.	
Fai	t X, Line 2: THE ORGANIZATION HAS TAX EXEMPT STA	rus under s	ECTION
501	(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZA	ATION HAS A	DOPTED
OTT	DANGE IN MARK TAXON		
<u>GU1</u>	DANCE IN THE INCOME TAX STANDARD REGARDING THE R	ECOGNITION	OF UNCERTAIN
max	DOGETHEONIC HILLS CHEEN TO THE THEORY		
IAZ	POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION	THRESHOLD	PRINCIPLES
FOF	THE FINANCIAL STATEMENT RECOGNITION OF TAX POSI	rions taken	OR EXPECTED
TO	BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO	BE REALIZE	D. DURING
201	.2 AND 2011, THE ORGANIZATION DID NOT HAVE ANY UNC	CERTAIN TAX	POSITIONS.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Patriot Paws Service Dogs	04-3815107 Page 5
Schedule D (Form 990) 2012 Patriot Paws Service Dogs Part XIII Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:	
Amounts reclassified to expenses for tax return purposes	6,071.
	373,11
Part XII, Line 2d - Other Adjustments:	
Amounta realizacitied to amount for the	C 0.71
Amounts reclassified to expenses for tax return purposes	6,071.
	VI. 1

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2012

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Patriot Paws Service Dogs

Employer identification number

	atriot	: Paws Ser	<u>vice</u>	e Do	gs			04	-38	151	07		
Part I Excess Bene	efit Transa	actions (section 5	01(c)(3) and	section 501(c)(4) org	janiza	ations only).						
								art V	line 40	ìh			
1	1	ation answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected									otod2		
(a) Name of disqualified p	person	person and o		-	(0	c) De	scription of tran	nsactio	on				
		person and c	n ganız	alion							Y	es	No
2 Enter the amount of tax	incurred by t	he organization ma	nadere	or dis	gualified persons du	rina i	tha waar wadar						
	····								> \$				
3 Enter the amount of tax,	if any, on lin	e 2, above, reimbur	sed by	the or	ganization				▶ \$				
Dowl II Language	-1/ -												
Part II Loans to and	a/or From	Interested Per	rsons	·.									
Complete if the	organization	answered "Yes" on	Form	990-EZ	, Part V, line 38a or I	Form	990, Part IV, lin	ne 26:	or if th	ne oraz	anizati	on	
reported an amo	ount on Form	990, Part X, line 5,	6. or 2	2.	,			,					
(a) Name of	(b) Relation	ship (c) Purpose		an to or	(e) Original	/43	Delegan	lai	l In	(h) Ap	proved	GY VA	ritton
interested person	with organizati	ofloan		n the ization?	principal amount	(1)	(f) Balance due (g) In the default?			by bo	Approved (i) Writ board or projected agreem		ment?
	Organizati	011		Т	, , , , , , , , , , , , , , , , , , , ,				Т	cómm	nttee?		
			То	From				Yes	No	Yes	No	Yes	No
			<u> </u>						 				
			-	+		 			-			1	
	<u> </u>			+					-	ļ			
				╀				ļ					
Total		······································		<u> </u>	> \$	1							L
Part III Grants or As	sistance	Benefiting Inte	reste	d Pe	rsons			<u> </u>		l		L	
		answered "Yes" on	Form:	990, Pa									
(a) Name of interested	person	(b) Relationship			(c) Amount of		(d) Type of (e) Purpose of			:			
	interested person and assistance assistance assistance assistance			assista	ance								
		li le organiz	ation										
				_									
									+				
											••••		
						$ \bot $							
									T			-	
		1				_							

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	
				rever	No
Country Friends Veterinary	Board Member	15,314.	Veterinary	,,,,,	X

Part V Supplemental Information					
•••	al information for responses to questions	on Schedule L (see	instructions).		
Sch L, Part IV, Business T	ransactions Involvir	ıg Interest	ed Persons:		
(a) Name of Person: Countr	y Friends Veterinary	Clinic			
(d) Description of Transac	tion: Veterinary Ser	vices - Dr	. Rhonda		
Phillips is the owner of C	ountry Friends Veter	inary Clin	nic. The cli	nic	
provides care to some of t					
				,	

	ma-i-i				
					<u></u>

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Patriot Paws Service Dogs

Employer identification number 04-3815107

Pa	rt I Types of Property						<u> </u>		
		(a) Check if applicable	(b) Number of contributions or items contributions	(c) Noncash contr amounts report Form 990, Part V	rted on	Method of noncash contri	d) determir bution a	ning Imoun	ts
1	Art - Works of art		items contributed	t Offir 990, Fait V	m, me ig				
2	Art - Historical treasures		-						
3	Art · Fractional interests	-							
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or				***************************************				
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	· ·	1 1	0.5	440				
25 26	Other (Puppies) Other (Pet Food)	X	15 20			RETAIL PRI			
27	Other (Other Donatio)	X	36	1/,	0TO •	RETAIL PRI			
28	Other (Other Dollation)		30	1,	250.	RETAIL PRI	CE		
29	Number of Forms 8283 received by the organi		- 41 4						
	for which the organization completed Form 82								
	to which the organization completed Form 62	os, Part IV, I	Jonee Acknowledo	gement	29			1	T
30a	During the year, did the organization receive b	v contributio	n any avanach ac	سنا الساح المالية	4.00 %	-4.24	r	Yes	No
	at least three years from the date of the initial	ontribution	any property rep	orted in Part I, line	es 1-28 th	at it must noid for			
	the entire holding period?	zonanou i	and which is not	equired to be use	a tor exen	npt purposes for			~
b	the entire holding period? If "Yes," describe the arrangement in Part II.	••••••					30a		X
31	Does the organization have a gift acceptance	nolicy that re	acuires the review	of any non-standa	rd contrib	utions?	0.4		X
	Does the organization hire or use third parties	or related or	ganizations to soli	of any non-standa	i nanasah	utions?	31		
							20-		x
b	contributions? If "Yes," describe in Part II.		***************************************	• • • • • • • • • • • • • • • • • • • •			32a		
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which colum	nn (a) is ch	necked			
	describe in Part II.	- 2.2 (0) 1	a. a type of proper	sy tor writerrooterr	iii (a) is ci	ieokeu,			
	······································						1	L	L

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

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Patriot Paws Service Dogs

Employer identification number 04-3815107

Form 990, Part VI, Section B, line 11: The organization's 990 is prepared
by an independent accounting firm, and reviewed by the organization's
management team before filing with the IRS.
management team before fiffing with the irs.
Form 990, Part VI, Section C, Line 19: The organization makes its
governing documents, conflict of interest policy, and financial statements
available to the public upon request.
Form 990, Part XII, Line 2C: The organization has a committee that
assumes responsibility for oversight of the audit of its financial
statements. This process is consistent with prior years.

Form 88	368 (Rev. 1-2013)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box		► X	
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.		
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part I	I Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ed).	
						ee instructions	
Type or	Name of exempt organization or other filer, see instru	ctions			nployer identification number (EIN) or		
print					, p		
File by the	material many desired				04-3815107		
due date fo filing your	ate for Number street and room or suite no. If a B.O. box, soci instructions			Social se	cial security number (SSN)		
return. See	um. See 254 Ranch Trail				,	. ()	
instruction							
	NOCKWAII, 12 /3032						
Enter th	e Return code for the return that this application is for (file	e a separa	tte application for each return)			01	
Applica	tion	D-4	A i				
is For	aon	Return	• • •			Return	
	90 or Form 990-EZ	Code	ls For			Code	
Form 99		01	F 1041 A				
	720 (individual)	02	Form 1041-A		********	08	
Form 99	. 1	03	Form 4720			09	
	90-T (sec. 401(a) or 408(a) trust)	 	Form 5227			10	
	00-T (trust other than above)	05 06	Form 6069			11	
	Oo not complete Part II if you were not already granted		Form 8870	3 6 411		12	
0.0	Lori Stevens	an autor	nauc 3-month extension on a prev	Tousiy file	a Form 8800	S	
• The	pooks are in the care of 254 Ranch Trail	1 _ 1	Rockwall TY 75032				
Teler	ohone No. ► 972-772-3282		FAX No. ▶				
	organization does not have an office or place of business	e in tha l lr					
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	fthie ie fo	r the whole or	oup check this	
xod			ach a list with the names and EINs of				
4. [r		Novem.	ber 15, 2013	all memic	ers are extern	3101113 101.	
	or calendar year 2012, or other tax year beginning		, and endin	a			
	the tax year entered in line 5 is for less than 12 months, c	heck reas		9	eturn	•	
	Change in accounting period				Cum		
7 St	ate in detail why you need the extension						
A	dditional time is requested t	to ga	ther the information	on ne	cessarv	to	
Ē	ile a complete & accurate ret	urn.					
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax less any				
	onrefundable credits. See instructions.	, •	and the comments tary root any	8a	\$	0.	
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated		Ψ		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.				\$	0.	
c B	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using			8b			
EFTPS (Electronic Federal Tax Payment System). See instru				8c	\$	0.	
			st be completed for Part II o				
Under pe it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ino accomo			f my knowledge	e and belief,	
Signature				Date	▶		

Form 8868 (Rev. 1-2013)

Form 8879-EC

IRS _{e-file} Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning	, 2012, and ending

,20

2012

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization ▶ Do not send to the IRS. Keep for your records.

Patriot Paws Service Dogs

Employer identification number

04 - 3815107

Name and title of officer

Lori Stevens

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	695638
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DINI-	chack	000	hov	anh	

CITICOMPATEDIMITEM, HIP	to enter my PIN	34T33				
ERO firm name		Enter five numbers, but do not enter all zeros				
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.						
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.					
Officer's signature ▶ Date ▶						

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

X Lauthoriza Clifton Largon Allen LLD

80278421893

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date > 8 30 2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So