_{-orm} 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2020 calendar year, or tax year beginning	, and ending			
В	Check if app	licable: C Name of organization			D Employe	r identification number
	Address cha	ange DOGS FOR OUR BRAV	E, INC		J	
	Name chang	Doing business as				656908
\Box	`	Number and street (or P.O. box if mail is not delivered to street addre	ess)	Room/suite	E Telephon	
Н	Initial return Final return/				636-	288-1523
Ш	terminated					
	Amended re	ST. LOUIS MO 6313 F Name and address of principal officer:	9-3155	<u> </u>	G Gross rec	elpts\$ 407,394
$\overline{\Box}$	Application	· · ·		H(a) Is this a gr	oup return for si	ubordinates? Yes X No
ш	эррпоацоп	THEREN CLIEBBLEN			-	
		60 HILLCREST DRIVE	00070	H(b) Are all su		
			92270	- 11-140	," attach a list,	See instructions
1	Tax-exemp		4947(a)(1) or 527	4		
<u>J</u>	Website:			H(c) Group exc		
K	Form of org		L Y	ear of formation: 2	2014	м State of legal domicile: СА
	ant I					<u> </u>
	1 Br	lefly describe the organization's mission or most significant ac	tivities:			**********
9	٠,,	See Schedule O				*******************
ā					• <i></i> •	**********************
Activities & Governance		· · · · · · · · · · · · · · · · · · ·	***************************************			************************
Š	2 CI	neck this box 🕨 🔛 if the organization discontinued its operati	ons or disposed of more than 25	5% of its net as	sets.	
8		umber of voting members of the governing body (Part VI, line			3	10
es	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	9
₹	5 To	otal number of individuals employed in calendar year 2020 (Pa	rt V, line 2a)		5	8
Ş	6 To	A formula a constant of the following the second			4	0
•	7a To	otal unrelated business revenue from Part VIII, column (C), line			··· _	126
	b Ne	et unrelated business taxable income from Form 990-T, Part I,				0
				Prior Ye	ar	Current Year
<u>a</u>	8 C	ontributions and grants (Part VIII, line 1h)	26	<u>8,507</u>	407,268	
n a	9 Pr	ogram service revenue (Part VIII, line 2g)	L			0
Revenue	10 ln	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	L		116	126
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an	d 11e)			0
_		otal revenue – add lines 8 through 11 (must equal Part VIII, co		26	8,623	407,394
	13 G	ants and similar amounts paid (Part IX, column (A), lines 1–3	L			0
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			0	
ģ	1				0	
xpenses	16aPr	alaries, other compensation, employee benefits (Part IX, colum ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)				0
ğ	b To	otal fundraising expenses (Part IX, column (D), line 25)	2,177			
ú	17 01	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		19	5,651	323,544
	18 To	otal expenses. Add lines 13–17 (must equal Part IX, column (A		19	5,651	323,544
	19 Re	evenue less expenses. Subtract line 18 from line 12		7	2,972	83,850
10 S	3			Beginning of Cu		End of Year
Net Assets or Fund Balances	20 To	tal assets (Part X, line 16)	.,	22	4,268	320,316
A Page	21 To	tal liabilities (Part X, line 26)	<u>.</u>		0	12,198
		et assets or fund balances. Subtract line 21 from line 20		22	4,268	308,118
	art II	Signature Block				
U	nder pena	Ities of perjury, I declare that I have examined this return, including ac	companying schedules and stateme	nts, and to the b	est of my kn	owledge and belief, it is
trı	ue, correct	t, and complete. Declaration of preparer (other than officer) is based of	n all information of which preparer h	as any knowled	ge.	
		- PIE FLORE				
Sig	gn	Signature of officer			Date	
He	re	ANDREW GLADSTEIN	PRESI	DENT		4
		Type or print name and title				
	1	Print/Type preparer's name Preparer's sign	ature	Date	Check	if PTiN
Paid	d _M	ARY KAY O'NEILL		05/06	5/21 self-em	ployed P00747311
Pre	parer F	im's name B & B ACCOUNTING & T.	AX SERVICES, LLC		Firm's EIN	26-0521417
Use	Only	7605 Natural Bridge		"		
		Firm's address > ST. Louis, MO 63121		١,	Phone no.	314-382-2702
May		discuss this return with the preparer shown above? See instru	ictions			X Yes No
For	Paperwo	rk Reduction Act Notice, see the separate instructions.				Form 990 (2020)
DAA		•				. 51111 000 (2000)

	90 (2020) DOGS FOR OUR		46-4656908	Page 2
Part		Service Accomplishments		
			line in this Part III	X
	rlefly describe the organization's miss	sion:		
Se	e Schedule O		***************************************	

D	id the organization undertake any sigi	nificant program services during the year	which were not listed on the	
р	rior Form 990 or 990-EZ?		***************************************	Yes X No
lf	"Yes," describe these new services of	n Schedule O.		
D	id the organization cease conducting,	or make significant changes in how it cor	nducts, any program	
S	ervices?	-		Yes X No
lf	"Yes," describe these changes on So			
			ee largest program services, as measured b	ıv
			e amount of grants and allocations to other	
	e total expenses, and revenue, if any		o amount of granto and anocations to ouror	0 ,
	is total expenses, and recorded, it any	, tor dadir program dormod reported.		
OU VE TO SA AD CO	TERANS WHO HAVE SUI OUR COUNTRY, OUR OVING TWO LIVES AT OUR DING FINANCIAL BURN VERS ALL FOOD, VET	FFERED DEBILITATING GOAL IS TO USE RESCUE ONCE. IN ORDER TO FUI DEN, WE ALSO PROVIDE) (Revenue \$ TRAINED SERVICE DOGS INJURY OR ILLNESS WHI DOGS AT EVERY OPPORE LY REALIZE OUR MISSIC A CONTINUUM OF FREE RMACEUTICALS FOR THE	AT NO COST TO LE IN SERVICE FUNITY, THUS ON WITHOUT SUPPORT THAT
DÓ	G.		•••••	***************************************
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b (C N/ .) (Revenue \$	
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(C	ode:) (Expenses \$	including grants of \$) (Revenue \$)
//	A			//
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	her program services (Describe on So	•		
	xpenses \$	including grants of \$ 182,556) (Revenue \$)
e_To	tal program service expenses >	182,556		

Form 990 (2020) DOGS FOR OUR BRAVE, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			**
e	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ [х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	-	<u> </u>
٠	complete Schoolule D. Doyt III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<u> </u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt population comisses? If flyes I complete Schodule D. Port IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in guasi andowments? If "Vas " complete Schedule D. Part V	10		х
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,"	, ecc.),000-00-0000	600000000
	complete Schedule D, Part VI	11a	i	х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	ا ا		37
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
19	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	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
10		4.0	- 1	X
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
''	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- "		
		18		X
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		>
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

*****	art W Checklist of Required Schedules (continued)		P	age 4
<u> </u>	art 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		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	,		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art 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	·····	<u></u> .,,	
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

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

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		!				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	*********	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financia	accou	unt)?		4a		x
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			L <u>!</u>	<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e					
	organization solicit any contributions that were not tax deductible as charitable contributions?			L	ôа		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 g	joods					
	and services provided to the payor?			Lī	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>L</u>	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		Ì			
	required to file Form 8282?	, ,	,	<u>.</u> 7	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	?	<u>L</u> 7	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		<u>L</u> 7	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required	?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			J-C? 7	7h		**********
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine						
	sponsoring organization have excess business holdings at any time during the year?				8	200700000000	*************
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?				a)		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			· · · · · · · · · · · · · · · · · · ·)b	*********	*******
10	Section 501(c)(7) organizations. Enter:	1					
a	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:	ا مدا					
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
100	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b					
12a b			·		2a		*********
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	•		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		• • • • • • • • • • • • • • • • • • • •		3a		*******
b	Enter the amount of reserves the organization is required to maintain by the states in which						
		405					
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b					
14a		13c		4	4-		
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule.				4a		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				4b		
					اي	ļ	v
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	· · · • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	lnaam	^2		8888) E	*******	**************************************
. •	If "Yes," complete Form 4720, Schedule O.	iricom	e (1	6		X
	ii 100; Complete Femi Trze, Conteduio Ci						y:::::::::::::::::::::::::::::::::::::

Form 990 (2020) DOGS FOR OUR BRAVE, INC 46-4656908 <u> Page</u> **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 10 if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent b 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... Section 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 affillates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website Upon request Other (explain on Schedule O) Describe on 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTINA KIMERLE, EXEC DIRECTOR DOGS FOR OUR BRAVE, INC

ST LOUIS

MO 63139-3155 636-288-1523

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

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

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

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

K 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 any hours for	bo off	x, unle icer a	not check more than one unless person is both an er and a director/trustee) of			an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(17-27 1000-MIGO)	(**-271030-MIGO)	related organizations
(1) RICHARD ACHESON										
DIRECTOR	8.00 0.00	x							_	
(2) JERRY ARGOVITZ	0.00							0	0	0
(-,	8.00									
DIRECTOR	0.00	X						0	0	0
(3) DALE BURGHARDT										
DIDECMOD	8.00	٦,								_
OIRECTOR (4) DAVID P FRIDOVIO	0.00	X						0	0	0
(4) 2211 22 2 22 22 23 24 25 2	8.00									
DIRECTOR	0.00	X						o	o	0
(5) ANDREW GLADSTEIN										
· · · · · · · · · · · · · · · · · · ·	8.00								_	_
PRESIDENT (6) MARYLYNN GLADSTE	0.00	Х		X				0	0	0
(6)MARIHINN GHADSII	8.00									
VICE PRESIDENT	0.00	x		x				o	0	0
(7) JIM SCHUETTE										
	8.00							ji		
SECRETARY	0.00	X		X				0	0	0
(8) RICHARD SHALOUB	0.00		1							
TREASURER	8.00 0.00	x	ŀ	x				0	0	o
(9) CURTIS SIMIC	0.00	41		-						<u> </u>
,,	8.00									
DIRECTOR	0.00	Х						0	0	0
(10)										
				i						
(11)		\dashv								<u> </u>

Part VII Section A. Officers	, Directors, Tru	stee	es, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week ((list any hours for related	Average Position (do not check more than per week (list any officer and a director/trus					n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional trustee	9	Key employee	Highest compensated employee	ler.			
			ļ							
	• , •									
1b Subtotal	ets to Part VII, S	ecti	on A	١			* * *			
Total number of individuals (increportable compensation from	cluding but not li	mite	d to	thos	e list	ed a	bove	e) who received more than	\$100,000 of	
 3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1s for services rendered to the organization and the listed on line 1s 	rmer officer, dire complete Schede 1a, is the sum izations greater	ector lule of of re than	trus J for porta \$15	such able (0,00 ensa	ind com 0? If 	ividu pens "Ye: from	alion s," co	n and other compensation omplete Schedule J for suc	from the ch	3 X 4 X 5 X
Section B. Independent Contractor 1 Complete this table for your five		naai	tod i		and			natara that was in all many t	h #400 000 /	
compensation from the organiz	e highest comperation. Report co (A) usiness address	mpe	ensat	ion f	or th	e ca	lend	ar year ending with or with	nan \$100,000 of in the organization's tax ye (B) ion of services	ear. (C) Compensation
					•			20001196		Compensation
			-			į				
2 Total number of Independent or received more than \$100,000 or DAA	ontractors (included from the following from the fo	ding from	but r the	not li orga	mite iniza	d to	thos •	e listed above) who	0	Form 990 (2020

P	art V	III Statem	ent c	of Revenue redule O cont	ains:	a resno	nse or not	e to any line in th	nie Part VIII		[-]
-		- CHOOK		iodaio O doi!	CONTO	а гозро	1130 01 1101	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
話す	1a	Federated cam	paigns		1a						
ia d	ь	Membership du			1b			_			
S, E	c	Fundraising eve			1c			1			
Sittle F	d	Related organiz	zations	·	1d						
5.E	e	Government grants (d		· · · · <i>· · ·</i> · · · · · · · · · · · ·	1e						
io .	f	All other contributions	, gifts, gra	ants,							
혈		and similar amounts r	not include	ed above	1f		407,268	3			
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions	s included	l in lines 1a-1f	1g	\$					
<u>۲۵</u>	<u>h</u>	Total. Add lines	s 1a–1	f			<u></u>	407,268	3		
							Business Cod	е			
8	2a										
Program Service Revenue	d k					• · · · · · · · · ·	,		<u> </u>		
E	C				• • • • • • •		<u> </u>				
P S	a	* * * * * * * * * * * * * * * * * * * *		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •			<u> </u>		
Ĕ	e	All other progra		doo royonyo							
	g										
_	3	Investment inco						7			
	-	other similar an	•	•	. 0, 1110	a oot, and	•	126	3	126	
	4	Income from inv			t bond	proceeds					
	5	Royalties									
				(i) Real		1	Personal				
	6a	Gross rents	_6a								
	b	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c			l					
		Net rental incon Gross amount from	ne or (I			<u>,,,,,,,,,,,</u>	<u> </u>				
	۱"	sales of assets		(i) Securitles	i	(ii) Other				
		other than inventory	7a			 					
Other Revenue	b	Less: cost or other	<u></u>	ı							
eve	۱ ـ	basis and sales exps.	7b 7c			<u> </u>					
5	ı	Gain or (loss) Net gain or (loss		·		<u> </u>					
£ e		Gross income fron			·····	<u> </u>					
0	""	(not including \$		iong cvanta							
	l	of contributions rep		n line 1c).							
		See Part IV, line 1	_		8a						
	b	Less: direct exp			8b						
	С	Net income or (I	oss) fr	om fundraising	events						
	9a	Gross income from	n gamin	g activities.							
		See Part IV, line 19			9a						
		Less: direct exp			9b						
		Net income or (I			ities .		<u> </u>				
	10a	Gross sales of in		-							
		returns and allov			10a						
		Less: cost of go			10b						
		Net income or (I	oss) tro	om sales of inve	ntory .		Business Code				
S .	11a	, <u> </u>									
scellaneous Revenue	b										<u>_</u>
ĕĕ	c 						-	-		· · · · · · · · · · · · · · · · · · ·	
ĬŽ	d	All other revenue		· • · · · · · · · · · · · · · · · · · ·							
_		Total. Add lines									
		Total revenue.						407,394	0	126	0
	_										

Form 990 (2020) DOGS FOR OUR BRAVE, INC
Part IX Statement of Functional Expenses

300	Check if Schedule O contains a res	<u>complete all columns. All ol</u> nonse or note to any line in	ther organizations must co	mplete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1			OAP BIRGO	gorierai expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u> </u>			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	76,186 12,221		76,186	
b		12,221		12,221	
C	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
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.)	5,785		5,785	
12	Advertising and promotion	4,051	4,051		
13	Office expenses	11,871	3,253	8,618	
14	Information technology				
15	Royalties				
16	Occupancy	10,331		10,331	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	25,670		25,670	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	165 546	4.00 04.0		
a	DOG TRAINERS/TRAINING TEC	165,718	165,718		
b	FUNDRAISING & DEVELOPMENT	6,220	4,043		2,177
C	VETERAN TRAVEL	3,137	3,137		
ď	DOG SUPPLIES	2,354	2,354		
	All other expenses	302 544	400 ====	4 6 6 6 7	
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	323,544	182,556	138,811	2,177
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			İ	
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash---non-Interest-bearing 224,268 320,316 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 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 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 224,268 320,316 16 Accounts payable and accrued expenses ______ 17 17 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 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 25 <u>12,198</u> Total liabilities. Add lines 17 through 25 Ol 12,198 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here ▶

X and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ______ 30 Retained earnings, endowment, accumulated income, or other funds 31 224,268 308,118 31 Total net assets or fund balances 224,268 308,118 Total liabilities and net assets/fund balances 224,268 320,316

Form 990 (2020)

orm 9	90 (2020) DOGS FOR OUR BRAVE, INC	46-4656908			Page 12
Part	XI Reconciliation of Net Assets		<u></u>		<u> </u>
	Check if Schedule O contains a response or note to any line in thi	s Part XI			
1 T	otal revenue (must equal Part VIII, column (A), line 12)		1	40	7,394
2	otal expenses (must equal Part IX, column (A), line 25)		2		3,544
3 F	tevenue less expenses. Subtract line 2 from line 1		3		3,850
4	let assets or fund balances at beginning of year (must equal Part X, line 32, column	(A))	4 [4,268
5 N	let unrealized gains (losses) on investments		5		
6 E	onated services and use of facilities	******************************	6		
7 Ir	ivestment expenses	*************************	7		
8 P	rior period adjustments		8	<u> </u>	
9 C	Managan and an angle and an angle and the control of the control o				
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal F	art X, line	·		
	2, column (B))		. 10	30	8,118
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this	s Part XII			
					res No
1 A	ccounting method used to prepare the Form 990: X Cash Accrual	Other			
lf	the organization changed its method of accounting from a prior year or checked "O	ther," explain in	. "		
S	chedule O.				
2a V	ere the organization's financial statements compiled or reviewed by an independer	t accountant?		2a	X
Jf	"Yes," check a box below to indicate whether the financial statements for the year v	vere compiled or		***	
	viewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and sepa	rate basis			
b W	ere the organization's financial statements audited by an independent accountant?			2b	X
lf	"Yes," check a box below to indicate whether the financial statements for the year was	vere audited on a			
S	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and sepa	rate basis			
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes respo			*************	****************
	e audit, review, or compilation of its financial statements and selection of an indepe			2c	
lf	the organization changed either its oversight process or selection process during th	e tax year, explain on			
	chedule O.	- · ·			
3a A	s a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in the		kccccccccd	000000000000000000000000000000000000000
	ngle Audit Act and OMB Circular A-133?			3a	
b If	"Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the			+-
re	quired audit or audits, explain why on Schedule O and describe any steps taken to	undergo such audits		3 _h	

Form **990** (2020)

SCHEDULE A (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

DOGS FOR OUR BRAVE, INC

Employer identification number 46-4656908

Part	Reas	son for Public Charity	Status. (All organizations	s must o	complete	e this part.) See instructi	ons.						
The orga	anization is no	t a private foundation becau	se it is: (For lines 1 through 12,	check on	ly one box	(.)							
1 🔲	A church, co	onvention of churches, or as	sociation of churches described	in sectio	n 170(b)(1)(A)(i).							
2	A school de	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or	990-EZ).)								
3 🗍			ice organization described in se										
4 🗍			ed in conjunction with a hospital				nosnital's name						
	city, and sta		селданевон тип в поортан	400011100		on the last the tale t	loopital a flame,						
5			of a college or university owned	d or opera	tod by a c	povernmental unit described in							
٠ _		(b)(1)(A)(iv). (Complete Par		i oi opeia	ted by a g	overnmentar unit described in							
6			governmental unit described in s	eastian 1	フロ/L\/4\//	116-1							
7 X													
' <u>**</u>	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8 📙	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 📋	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
40 🗆	university:		4)										
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11			exclusively to test for public saf										
12													
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
а			erated, supervised, or controlled										
	the supp	orted organization(s) the pov	wer to regularly appoint or elect	a maiorit	v of the di	rectors or trustees of the	9						
			omplete Part IV, Sections A a		•								
b	Type II.	A supporting organization su	pervised or controlled in conne	ction with	its suppo	rted organization(s), by having	1						
	control o	r management of the suppor	rting organization vested in the	same per	sons that	control or manage the support	ed						
			Part IV, Sections A and C.	•		3	·						
C	Type III its suppo	functionally integrated. A sorted organization(s) (see ins	supporting organization operate structions). You must complet e	d in conne Part IV,	ection with Sections	n, and functionally integrated w	rith,						
d	that is no	ot functionally integrated. The	d. A supporting organization ope e organization generally must se	atisfy a di	stribution	requirement and an attentiven	on(s) ess						
			nust complete Part IV, Sectio										
е	Check the functions	iis box if the organization rec ally integrated, or Type III no	eived a written determination fr n-functionally integrated suppor	om the IR ting organ	tS that it i: nization.	s a Type I, Type II, Type III							
f		mber of supported organizati											
g	Provide the f	ollowing information about the	ne supported organization(s).										
	e of supported janization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see Instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
			,	Yes	No	metracional	men denorie)						
(A)				1									
(B)													
(C)				1		000000000000000000000000000000000000000							
(D)													
(E)													
Total													
E D		- A - 1 M - 41 41 - 1 - 4 - 4		40000000000000	kommunika		<u> </u>						

Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	tion A. Public Support		***************************************			· · · · · · · · · · · · · · · · · · ·	· A · · · · k
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,965	199,813	227,746	253,507	407,268	1,156,299
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	67,965	199,813	227,746	253,507	407,268	1,156,299
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)						58,118
6	Public support. Subtract line 5 from line 4						1,098,181
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 0047	(-) 0040	(-1) 0040	4 3 0000	
	Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,965	199,813	227,746	253,507	407,268	1,156,299
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,156,299
12	Gross receipts from related activities, etc.			* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop here	e		<u></u>			.
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2020 (line 6	, column (f) divided	by line 11, columi	າ (f))		14	94.97%
15	Public support percentage from 2019 School	edule A, Part II, line) 14			15	92.13%
16a	33 1/3% support test—2020. If the organi	zation did not chec	k the box on line 1	3, and line 14 is 3	3 1/3% or more, cl	heck this	
	box and stop here. The organization quali						▶ 🕱
b	33 1/3% support test—2019. If the organi				5 is 33 1/3% or mo	re, check	
	this box and stop here . The organization of						▶ ∐
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization meets						
b	Part VI how the organization meets the "fa organization	9. If the organization	n did not check a nd-circumstances"	box on line 13, 16a	a, 16b, or 17a, and ox and stop here .	l line Explain	▶ □
18	organization	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and se	; ; ;	
	instructions					*****************	► <u></u>

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Sched

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	quality under	ine tests listed	below, please t	omplete Part I	i.)	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0)	(4) 23 10	(0) 2020	(i) Total
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	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(4) = 2 . (4)	(\$) 2011	(0) 2010	(4) 2019	(e) 2020	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				.,		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her						_
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2020 (line 8			on (f))	 	15	
16	Public support percentage from 2019 Scho	edule A. Part III. lir	ne 15		• • • • • • • • • • • • • • • • • • • •		%
	tion D. Computation of Investme	nt Income Per	centage	***************	***************	10	
17	Investment income percentage for 2020 (li	ne 10c, column (f)	, divided by line 13	column (f))		17	%
18	Investment income percentage from 2019 S	chedule A, Part II	l, line 17			18	
9a	33 1/3% support tests—2020. If the organ	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/39		70
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	ualifies as a public	ly supported organ	nization	▶ □
b	33 1/3% support tests—2019. If the organ	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	ın 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop h e	ere. The organizati	on qualifies as a p	ublicly supported o	organization	▶ 🗌
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, or	19b, check this box	x and see instructi	ons	>

Schedule A (Form 990 or 990-EZ) 2020 DOGS Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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(Form 990	or 990-1	EZ) 2020

	lule A (Form 990 or 990-EZ) 2020 DOGS FOR OUR BRAVE, INC 46-4	4656908	Page (
Pa	nt IV Supporting Organizations (continued)		
		Yes	No.
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	1		
	11c below, the governing body of a supported organization?	11a	
b	• • • • • • • • • • • • • • • • • • • •	11b	
С	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Saat	detail in Part VI. tion B. Type I Supporting Organizations	11c	
Seci	ion B. Type I Supporting Organizations		
1	Did the governing body, members of the governing body officers antique in their official and the second body.	Yes	No No
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	icers,	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among		
	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	1	
_	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.		
Sect	ion C. Type II Supporting Organizations	2	
	<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	103	110
	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	
Sect	ion D. All Type III Supporting Organizations	<u></u>	
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2	
3	By reason of the relationship described 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.	3	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	<u></u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).	
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	· ~	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
1.	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in 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. <i>Answer lines 3a and 3b below.</i>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	<u>3a</u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1

	ule A (Form 990 or 990-EZ) 2020 DOGS FOR OUR BRAVE, INC		46-4656	908	Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	ee	
	instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E.		
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	ar
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			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	эаг
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
_ [Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
C	I Total (add lines 1a, 1b, and 1c)	1d		_	
6	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			
<u>5</u>	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current Year	٢
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated T	Гуре II	I supporting organization	· · · · · · · · · · · · · · · · · · ·	
	(see instructions).				

Schedule A (Form 990 or 990-EZ) 2020

	Type III Non-Functionally Integrated 509(a)(3) S		40-4000	900 Page 7		
	Type III Non-Functionally Integrated 509(a)(3) S	supporting Organiza	tions (continuea)			
Sect	Section D – Distributions					
1	Amounts paid to supported organizations to accomplish exempt purpor	ses				
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required—provide details)	ails in Part VI)				
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organizations	ation is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2020 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Sect	ion E – Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2020	(ili) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required–explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
	From 2015					
	From 2016					
	From 2017					
	From 2018					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
<u>i</u>	Carryover from 2015 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
•	Section D, line 7:					
а	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.		-			
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020 Subtract lines 3h			,		
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information III, line 12; Part IV, Section A B, lines 1 and 2; Part IV, Sec	A, lines 1, 2, 3b, 3c, 4b, ction C, line 1; Part IV, art V, Section B, line 1e	ons required by Part II, line 4c, 5a, 6, 9a, 9b, 9c, 11a, Section D, lines 2 and 3; F ; Part V, Section D, lines 6	2 10; Part II, line 17a or 17b; Part 11b, and 11c; Part IV, Section Part IV, Section E, lines 1c, 2a, 2b, 5, 6, and 8; and Part V, Section E, naturations.)
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Schedule B (Form 990, 990-EZ,

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest Information.

Schedule of Contributors

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

DOGS FOR OUR		46-4656908
Organization type (check or	ne):	
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	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions tole property) from any one contributor. Complete Parts I and II. See instructions for outributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % supportions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-that received from any one contributor, during the year, total contributions of the gather amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complet	EZ), Part II, line greater of (1)
contributor, during the literary, or educationa	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received by ear, total contributions of more than \$1,000 exclusively for religious, charitable, all purposes, or for the prevention of cruelty to children or animals. Complete Parts istead of the contributor name and address), II, and III.	, scientific,
contributor, during the contributions totaled r during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received by year, contributions exclusively for religious, charitable, etc., purposes, but no surpose than \$1,000. If this box is checked, enter here the total contributions that we exclusively religious, charitable, etc., purpose. Don't complete any of the parts up to this organization because it received nonexclusively religious, charitable, etc., reduring the year	och ere received nless the , contributions
990-EZ, or 990-PF), but it mu:	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-	s Form 990-EZ or on its

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

D	OGS FOR OUR BRAVE, INC		46-4656908
J. S. S. N. S. F. F.	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		☐ Van ☐ Na
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	Yes No
-	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		П., П.,
Đ.	art II Conservation Easements.	<u> </u>	Yes No
90 9 089	Complete if the organization answered "Yes" on F	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or educ	—; *′	
	Protection of natural habitat	, =	•
	H	Preservation of a certified his	storic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	(0000000000)
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b
С	Number of conservation easements on a certified historic structure inclination	uded in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a	
	historic structure listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organizat	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is k	ocated >	
5	Does the organization have a written policy regarding the periodic monitor	toring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds? \hdots		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ea	asements during the year
	>	-	,
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	nents during the year
	▶ \$,	Table Walling and your
8	Does each conservation easement reported on line 2(d) above satisfy ti	ne requirements of section 170(h)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme	ints in its revenue and expense statemen	at and
	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	<u> </u>	
Pa	nt III Organizations Maintaining Collections of Art, I	Historical Treasures, or Other 5	Similar Assets
*******	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.	Jiiiiiai 7.000to.
1a	If the organization elected, as permitted under FASB ASC 958, not to re		e sheet works
	of art, historical treasures, or other similar assets held for public exhibition		
	service, provide in Part XIII the text of the footnote to its financial statem		or public
h	If the organization elected, as permitted under FASB ASC 958, to report		and works of
	art, historical treasures, or other similar assets held for public exhibition,		
		, education, or research in furtherance or	public service,
	provide the following amounts relating to these items:		>
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
_	(ii) Assets included in Form 990, Part X	<u> </u>	▶ \$
2	If the organization received or held works of art, historical treasures, or of the control of th		vide the
	following amounts required to be reported under FASB ASC 958 relating		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u></u>	> \$

(Investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(other)

depreciation

Schedule D (Form 990) 2020

 \triangleright

1a Land ______ **b** Buildings c Leasehold improvements d Equipment

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rade	J

Part VII	Investments – Other Securities.			1 ago v
	Complete if the organization answered "Yes" on I		-	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	
(4) Flyandial			Cost or end-of-ye	ear market value
(1) Financial (
(2) Other	ld equity interests			
/A\				
(A) (B)				
(C)	***************************************			<u> </u>
(D)				
(E)	***************************************			
(F)	***************************************			
(G)	***************************************			
(H)			·····	
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
******************************	Complete if the organization answered "Yes" on F	orm 990. Part IV. I	line 11c. See Form 990. F	Part X line 13
	(a) Description of Investment	(b) Book value	(c) Method o	
		• •	Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		-		<u> </u>
(7)				
(8)		-		
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	<u>orm 990, Part IV, I</u>	ine 11d. See Form 990, F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				<u> </u>
(8)		<u> </u>		
(9) T-4-1 (0-1	(h)(
Part X	(b) must equal Form 990, Part X, col. (B) line 15.)	<u>,</u> ,,.,.,.,	<u></u>	·
on A	Complete if the organization answered "Yes" on F	0800 000 Doubly I	ine 44e es 44f Ces Ess	000 B 434
	line 25.	omi 990, Part IV, I	me Tie of Tit. See Form	990, Part X,
1.	(a) Description of liability			
	ncome taxes		<u> </u>	(b) Book value
_\	LL LIABILITIES	 		04 400
• /	LL TAX ADJ			24,422
. 1 2	NG EQUITY ADJ	 		3,562 -15,786
(5)		<u> </u>		
(6)		 -		
(7)				
(8)				
(9)				 ,
	(b) must equal Form 990, Part X, col. (B) line 25.)			12 100
	ncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization's	s financial statements that range	12,198
organization's li	ability for uncertain tax positions under FASB ASC 740. Check	here if the text of the f	notnote has been provided to D	art XIII
DAA				ALL ALL

Schedule D (F	orm 990) 2020	DOGS	FOR OUR	BRAVE,	INC		46-4656908	Page 5
Part XIII	Suppleme	ntal Inform	nation (cont	tinued)				
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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number DOGS FOR OUR BRAVE, INC 46-4656908 Form 990 - Organization's Mission OUR MISSION IS TO PROVIDE PROFESSIONALLY TRAINED SERVICE DOGS AT NO COST TO VETERANS WHO HAVE SUFFERED DEBILITATING INJURY OR ILLNESS WHILE IN SERVICE TO OUR COUNTRY. OUR GOAL IS TO USE RESCUE DOGS AT EVERY OPPORTUNITY, THUS SAVING TWO LIVES AT ONCE. IN ORDER TO FULLY REALIZE OUR MISSION WITHOUT ADDING FINANCIAL BURDEN, WE ALSO PROVIDE A CONTINUUM OF FREE SUPPORT THAT COVERS ALL FOOD, VETERINARY CARE, AND PHARMACEUTICALS FOR THE LIFE OF THE DOG. Form 990, Part VI, Line 2 - Related Party Information Among Officers ANDREW GLADSTEIN MARYLYNN GLADSTEIN PRESIDENT VICE PRES HUSBAND AND WIFE Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE ANNUAL COMPLETED 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE IT IS FILED Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES ITS 990 TAX RETURN AVAILABLE AT ITS WEBSITE: WWW.DOGSFOROURBRAVE.COM AND AT WWW.GUIDESTAR.ORG