

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">LEASHES OF VALOR</p> Doing business as ATTN: KATHRYN TKAC Number and street (or P.O. box if mail is not delivered to street address) 24114 SPARTA ROAD Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MILFORD VA 22514</p>	D Employer identification number <p style="text-align: center;">82-1110902</p> E Telephone number G Gross receipts \$ 283,973
F Name and address of principal officer: <p style="text-align: center;">DANIQUE MASINGILL</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: LEASHESOFVALOR.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 2017	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,341
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	145,206	225,616
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,131	36,792
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	160,337	262,408
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	16,515	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	150,810	174,869
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	150,810	174,869	
19 Revenue less expenses. Subtract line 18 from line 12	9,527	87,539	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	95,838	170,791
	22 Net assets or fund balances. Subtract line 21 from line 20	61,999	49,413
		33,839	121,378

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 Here	Signature of officer <p style="text-align: center;">DANIQUE MASINGILL</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT</p>
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Paid Preparer Use Only	Print/Type preparer's name ANDREW HILL	Preparer's signature ANDREW HILL	Date 10/28/20	Check <input type="checkbox"/> if self-employed	PTIN P01909084
	Firm's name } HAAG & HILL, P.C.	Firm's EIN } 54-1205579			
	Firm's address } 351 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185	Phone no. } 757-229-5522			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **114,018** including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **6,798** including grants of \$) (Revenue \$)

PUBLIC EDUCATION AND ADVOCACY ON BEHALF OF SERVICE DOGS AND VETERANS.

4c (Code:) (Expenses \$ **8,390** including grants of \$) (Revenue \$)

ASSISTANCE FOR EMERGENCY VETERINARY CARE FOR RETIRED WORKING DOGS AND SERVICES DOGS TO ENSURE THAT THEY RECEIVE THE NECESSARY CARE THEY DESERVE FOR SERVING OUR NATION AND OUR NATIONS WARRIORS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 129,206**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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 "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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	
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
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		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		X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	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?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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?		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	8
1b	0

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 0		
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	
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 O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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 affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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?		X
16b	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

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 **u**

PAUL KRIS SHNAYER
MILFORD

24114 SPARTA RD

VA 22514

540-840-4734

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.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEGAN BURNS	5.00									
DIRECTOR	0.00	X						0	0	0
(2) ABBY FENTON	5.00									
DIRECTOR	0.00	X						0	0	0
(3) RICARDA GANJAM	5.00									
DIRECTOR	0.00	X						0	0	0
(4) JASON HAAG	40.00									
SECRETARY	0.00	X		X				0	0	0
(5) KATHY LAFFEY	5.00									
DIRECTOR	0.00	X						0	0	0
(6) DANIQUE MASINGILL	40.00									
PRESIDENT	0.00	X		X				0	0	0
(7) GREG MASINGILL	5.00									
DIRECTOR	0.00	X						0	0	0
(8) MATT MASINGILL	40.00									
DIRECTOR	0.00	X						0	0	0
(9) PATTI MURPHY	5.00									
DIRECTOR	0.00	X						0	0	0
(10) PAUL KRIS SHNAYER	10.00									
TREASURER	0.00	X		X				0	0	0
(11)										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	410					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	225,206					
	g Noncash contributions included in lines 1a-1f	1g	\$ 66,470					
	h Total. Add lines 1a-1f	u	225,616					
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f		u						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			u				
	4 Income from investment of tax-exempt bond proceeds			u				
	5 Royalties			u				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)			u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)			u				
	8a Gross income from fundraising events (not including \$ 410 of contributions reported on line 1c). See Part IV, line 18	8a			49,583			
			b Less: direct expenses	8b	14,132			
	c Net income or (loss) from fundraising events			u	35,451			
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities			u					
10a Gross sales of inventory, less returns and allowances	10a			8,774				
		b Less: cost of goods sold	10b	7,433				
c Net income or (loss) from sales of inventory			u	1,341		1,341		
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions	u			262,408	0	1,341	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
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)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	1,563	750	813	
c Accounting	24,500		24,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,700	6,250	2,700	15,750
12 Advertising and promotion	4,612	4,451		161
13 Office expenses	901	788	113	
14 Information technology				
15 Royalties				
16 Occupancy	1,500	1,500		
17 Travel	3,128	2,546	28	554
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	6,651	6,651		
23 Insurance	3,441	3,441		
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.)				
a DOG TRAINING	27,408	27,408		
b INFORMATION TECHNOLOGY	20,020	19,520	500	
c EVENTS	9,572	9,522		50
d VET BILLS	8,915	8,915		
e All other expenses	37,958	37,464	494	
25 Total functional expenses. Add lines 1 through 24e	174,869	129,206	29,148	16,515
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	34,222	1	55,330
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	14,610	8	32,140
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	95,051		
	10b	Less: accumulated depreciation	11,730	10c	83,321
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	95,838	16	170,791	
Liabilities	17	Accounts payable and accrued expenses	56	17	1,329
	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 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	61,943	22	48,084
	23	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	
	26	Total liabilities. Add lines 17 through 25	61,999	26	49,413
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	33,839	27	121,378
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	33,839	32	121,378
33	Total liabilities and net assets/fund balances	95,838	33	170,791	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	262,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,869
3	Revenue less expenses. Subtract line 2 from line 1	3	87,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,839
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,378

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LEASHES OF VALOR

Employer identification number

82-1110902

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 university:
- 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 33 1/3% 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			95,262	145,206	225,616	466,084
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			95,262	145,206	225,616	466,084
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)						3,394
6 Public support. Subtract line 5 from line 4						462,690

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			95,262	145,206	225,616	466,084
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on					336	336
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						466,420

12 Gross receipts from related activities, etc. (see instructions) 12 82,919

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.20 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

LEASHES OF VALOR

82-1110902

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

LEASHES OF VALOR

Employer identification number

82-1110902

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KYRUS CHARITIES, INC. 46040 CENTER OAK PLZ STE 165 STERLING VA 20166	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOANNE MASINGILL 425 N OCEAN GRANDE DR PONTE VEDRA FL 32082	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NETWORK FOR GOOD 1140 CONNECTICUT AVENUE NW SUITE 700 WASHINGTON DC 20036	\$ 15,466	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PENFED FOUNDATION 2930 EISENHOWER AVENUE ALEXANDRIA VA 22314	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	APK CHARITIES CORPORATION PO BOX 1247 MADISON CT 06443	\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BOA CHARITABLE GIFT FUND, MA 1-225-0 100 FEDERAL STREET BOSTON MA 02110	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LEASHES OF VALOR

Employer identification number

82-1110902

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDUARDO PEREZ 5 CONCOURSE PARKWAY ATLANTA GA 30328	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COURAGE AND SACRIFICE INC 12 BREIDERHOFT ROAD KEARNY NJ 07032	\$ 8,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	GENSLER 4541 COLLECTION CENTER DRIVE CHICAGO IL 60693	\$ 6,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	GREGOR AND CINDY MASINGILL 5073 SYMPHONY PATH JAMESVILLE NY 13078	\$ 12,722	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	HERO LABRADORS 495 PRIVATE ROAD #4011 DECATOR TX 76234	\$ 20,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	SCHNEIDER PACKAGING EQUIPMENT 5370 GUY YOUNG ROAD BREWERTON NY 13029	\$ 5,123	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LEASHES OF VALOR

Employer identification number

82-1110902**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
8	FENCING	\$ 8,500	03/14/19
9	FURNITURE	\$ 6,000	08/31/19
10	JOHN DEER GATOR	\$ 11,630	09/26/19
10	BARN FLOORING	\$ 1,092	04/17/19
11	3 PUPPIES	\$ 7,500	03/23/19
11	4 PUPPIES	\$ 10,000	10/11/19

Name of organization

LEASHES OF VALOR

Employer identification number

82-1110902

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	1 PUPPY	\$ 2,500	12/24/19
12	BARN	\$ 5,123	04/19/19
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

LEASHES OF VALOR

82-1110902

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, acreage restricted, number of easements on historic structures, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		10,624	583	10,041
c Leasehold improvements				
d Equipment				
e Other		84,427	11,147	73,280
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	83,321

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

LEASHES OF VALOR

Employer identification number

82-1110902

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF FUNDRAISER</u> (event type)	<u>RAFFLE</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	44,510	5,483	49,993
	2	Less: Contributions	410		410
	3	Gross income (line 1 minus line 2)	44,100	5,483	49,583
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,304	3,828	14,132
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				35,451

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u 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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Employer identification number

82-1110902

LEASHES OF VALOR

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DANIQUE AND MATT MASSINGILL TO AQUIRE ASSETS AND FUND PROGRAM	BOARD MEMBERS		X		83,505	48,084			X	X		X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						u \$	48,084					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
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Department of the Treasury
Internal Revenue Service

- u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- u** Attach to Form 990.
- u** Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

LEASES OF VALOR

82-1110902

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
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				
25 Other u ()	X	21	66,470	FAIR MARKET VALUE
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LEASHES OF VALOR

Employer identification number

82-1110902

FORM 990 - ORGANIZATION'S MISSION

OUR ORGANIZATION'S MISSION IS TO RAISE AWARENESS FOR AND PROVIDE PHYSICAL AID AND SUPPORT TO DISABLED U.S. MILITARY VETERANS. OUR PROGRAM COVERS A CRUCIAL GAP IN THE INDUSTRY - A VETERAN OPERATED ORGANIZATION, THAT CAN ASSIST VETERANS WITH THEIR RECOVERY THROUGH THE FIRST-HAND KNOWLEDGE OF THE INDUSTRY AS WELL AS THE UNIQUE CHALLENGES THAT VETERANS FACE DALLY (A VETERAN CENTRIC APPROACH). OUR VISION IS TO ENSURE OUR VETERANS RECEIVE A SERVICE DOG OF THE HIGHEST CALIBER THAT CAN MITIGATE THEIR SPECIFIC DISABILITIES WITHOUT ANY TEMPERAMENTAL OR BEHAVIORAL ISSUES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OUR PROGRAM IS ENTITLED: LEASHES OF VALOR. THE SPECIFIC PURPOSES OF THIS ORGANIZATION IS TO RAISE AWARENESS FOR DISABLED U.S. MILITARY VETERANS AND TO PROVIDE PHYSICAL AID AND SUPPORT FOR DISABLED VETERANS BY TRAINING AND PAIRING THEM WITH SERVICE DOGS TRAINED SPECIFICALLY TO ASSIST THEM IN MITIGATING THEIR SYMPTOMS OF PTSD (POST-TRAUMATIC STRESS DISORDER) AND TBI (TRAUMATIC BRAIN INJURY). THESE SERVICE DOGS REDUCE THE SYMPTOMS ASSOCIATED WITH PTSD AND TBI IN OUR VETERANS, SYMPTOMS THAT CAN OFTEN LEAD TO SUICIDE. THESE DOGS ARE HIGHLY TRAINED BY EXPERIENCED PROFESSIONALS TO KEY IN ON THE VETERANS' DISABILITIES BY PROVIDING "ALERTS" TO THEIR SPECIFIC SYMPTOMS. THE TRAINERS ENSURE THE HIGHEST LEVEL OF OBEDIENCE AND QUALITY OF TRAINING IS ACHIEVED BEFORE THE DOG EVER LEAVES THE PROGRAM. ONCE THE DOG'S TRAINING IS COMPLETE, THE DOG IS PAIRED WITH A VETERAN, WHERE THE TWO WILL BE TRAINED TOGETHER.

Name of the organization LEASHES OF VALOR	Employer identification number 82-1110902
---	---

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DANIQUE MASINGILL GREG MASSINGILL

PRESIDENT DIRECTOR

HUSBAND AND WIFE

MATT MASINGILL DANIQUE MASINGILL

DIRECTOR PRESIDENT

PARENT

MATT MASINGILL GREGG MASSINGILL

DIRECTOR DIRECTOR

PARENT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

PRESIDENT AND TREASURER REVIEW FORM 990 BEFORE FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

SIGNED STATEMENTS. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- (B) HAS READ AND UNDERSTANDS THE POLICY,
- (C) HAS AGREED TO COMPLY WITH THE POLICY, AND
- (D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAXEXEMPT PURPOSES.

Name of the organization LEASHES OF VALOR	Employer identification number 82-1110902
---	---

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 A DIRECTOR OR OFFICER SHALL RECEIVE A SALARY FOR HIS OR HER SERVICES
 AS DETERMINED BY THE BOARD OF DIRECTORS EXCEPT THAT THE DIRECTOR OR OFFICER
 WHO IS TO RECEIVE THIS SALARY MAY NOT VOTE IN DETERMINING THE SALARY TO BE
 RECEIVED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 A DIRECTOR OR OFFICER SHALL RECEIVE A SALARY FOR HIS OR HER SERVICES
 AS DETERMINED BY THE BOARD OF DIRECTORS EXCEPT THAT THE DIRECTOR OR OFFICER
 WHO IS TO RECEIVE THIS SALARY MAY NOT VOTE IN DETERMINING THE SALARY TO BE
 RECEIVED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONSULTANT	\$ 1,500	\$ 2,700	\$ 0
CONSULTANT	\$ 4,750	\$ 0	\$ 15,750
TOTAL	\$ 6,250	\$ 2,700	\$ 15,750

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

Name of the organization

Employer identification number

LEASHES OF VALOR**82-1110902**

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
DUSTOFF GRANT PROGRAM			
\$	8,223	\$ 0	\$ 0
UTILITIES			
\$	7,296	\$ 0	\$ 0
INKIND DOG FOOD AND SUP			
\$	5,196	\$ 0	\$ 0
DOG FOOD AND SUPPLIES			
\$	3,971	\$ 0	\$ 0
TRAINING			
\$	2,524	\$ 0	\$ 0
SUPPLIES			
\$	2,256	\$ 0	\$ 0
WARRIOR TRAINING AND SUP			
\$	2,180	\$ 0	\$ 0
REPAIR & MAINTENANCE			
\$	1,740	\$ 0	\$ 0
MERCHANT FEES			
\$	1,640	\$ 0	\$ 0
OFFICE SUPPLIES			
\$	775	\$ 141	\$ 0
PERMITS & LICENSES			
\$	575	\$ 325	\$ 0
INKIND WARRIOR TRAINING			
\$	416	\$ 0	\$ 0
MEETINGS			
\$	238	\$ 28	\$ 0

Name of the organization

Employer identification number

LEASHES OF VALOR

82-1110902

BANK FEES

\$ 232 \$ 0 \$ 0

WARRIOR HOUSE #1:MISC EXP

\$ 197 \$ 0 \$ 0

MERCHANT FEES

\$ 5 \$ 0 \$ 0

TOTAL

\$ 37,464 \$ 494 \$ 0

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 170,791</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LEASHES OF VALOR</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 24114 SPARTA ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code MILFORD VA 22514</p> <p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 82-1110902</p> <p>E Unrelated business activity code (See instructions.) 454110</p>
--	---	---

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u SALE OF LOGO MERCHANDISE. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u PAUL KRIS SHNAYER** Telephone number **u 540-840-4734**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 8,774			
b	Less returns and allowances			
	c Balance u	1c		
		8,774		
2	Cost of goods sold (Schedule A, line 7)	2		
		7,433		
3	Gross profit. Subtract line 2 from line 1c	3		1,341
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	1,341	1,341

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule) (see instructions)		18
19	Taxes and licenses		19
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
			0
22	Depletion		22
23	Contributions to deferred compensation plans		23
24	Employee benefit programs		24
25	Excess exempt expenses (Schedule I)		25
26	Excess readership costs (Schedule J)		26
27	Other deductions (attach schedule) SEE STATEMENT 1		27
			5
28	Total deductions. Add lines 14 through 27		28
			5
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29
			1,336
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30
31	Unrelated business taxable income. Subtract line 30 from line 29		31
			1,336

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,336
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	1,336
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	1,336
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u Refunded u	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here u	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Sign Here u 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 taxpayer) is based on all information of which preparer has any knowledge.

u PRESIDENT

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name ANDREW HILL	Preparer's signature ANDREW HILL	Date 10/28/20	Check <input type="checkbox"/> if self-employed	PTIN P01909084
	Firm's name } HAAG & HILL, P.C.	Firm's EIN } 54-1205579			
	Firm's address } 351 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185	Phone no. } 757-229-5522			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u** **COST METHOD**

1 Inventory at beginning of year	1	14,610	6 Inventory at end of year	6	8,640
2 Purchases	2	1,463	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	7,433
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5	16,073			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			u	u

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u				

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) u						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
MERCHANT FESS	\$ 5
TOTAL	\$ 5

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return

LEASES OF VALOR

Identifying number
82-1110902

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,651

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,651
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Kennel/Storage Unit	9/21/17	3,264			3,264	40 MO S/L	102	82
2	Kennel/Storage Unit A/C	9/21/17	378			378	5 MO S/L	95	75
3	Computer - K-9 program	10/26/17	421			421	5 MO S/L	98	85
4	Outdoor furniture - SD Program	9/21/17	1,144			1,144	7 MO S/L	204	164
5	Grill	9/21/17	407			407	5 MO S/L	102	81
6	Furniture - Common Area Use	9/21/17	7,550			7,550	7 MO S/L	1,348	1,079
7	Refridgerator and Freezer	11/14/17	3,307			3,307	5 MO S/L	772	661
8	Warrior Classroom/Training Room IKEA	9/21/17	2,515			2,515	7 MO S/L	449	360
9	Warrior House	2/28/18	19,292			19,292	15 MO S/L	1,072	1,286
10	Septic System - WH1	10/27/17	7,360			7,360	40 MO S/L	215	184
11	Warriar bed	9/21/17	484			484	7 MO S/L	87	69
12	Logo Tent	9/21/17	642			642	5 MO S/L	161	128
13	LOV SIGN	7/19/18	1,054			1,054	15 MO S/L	29	71
14	WH1 Dedication Stone Plaque	6/13/18	1,162			1,162	40 MO S/L	17	29
15	IKEA Warrior Bed	1/10/18	158			158	7 MO S/L	23	22
16	WH1 - TV	1/17/18	556			556	5 MO S/L	102	111
17	WH1 Furniture	2/04/18	342			342	7 MO S/L	45	49
18	WH1 - Fridge	2/06/18	113			113	5 MO S/L	21	22
19	Cannon Duplex B&W Laser Printer	9/27/18	216			216	5 MO S/L	11	43
20	Lawn Sweeper	8/02/18	337			337	5 MO S/L	28	67
21	Chainsaw	8/07/18	330			330	5 MO S/L	28	65
22	Generator	9/11/18	1,053			1,053	5 MO S/L	70	211
23	Barn	4/17/19	15,726			15,726	40 MO S/L	0	262
24	Sofa	8/31/19	700			700	7 MO S/L	0	33
25	Coffee Table	8/31/19	700			700	7 MO S/L	0	33
26	Book Shelf	8/31/19	700			700	7 MO S/L	0	33
27	Training Table	8/31/19	650			650	7 MO S/L	0	31
28	Training Table	8/31/19	650			650	7 MO S/L	0	31
29	Training Table	8/31/19	650			650	7 MO S/L	0	31
30	Training Table	8/31/19	650			650	7 MO S/L	0	31
31	Training Table	8/31/19	650			650	7 MO S/L	0	31
32	Training Table	8/31/19	650			650	7 MO S/L	0	31
33	John Deer Gator	9/26/19	11,630			11,630	5 MO S/L	0	582
34	Gator Rack Kit	10/24/19	275			275	5 MO S/L	0	9
35	Gator Guard Kit	11/18/19	287			287	5 MO S/L	0	5
36	2 HP Color Laserjet Printers	3/04/19	388			388	5 MO S/L	0	65
37	Framing Nailer	3/09/19	160			160	5 MO S/L	0	27
38	Fencing	3/14/19	8,500			8,500	15 MO S/L	0	472
	Total Other Depreciation		<u>95,051</u>			<u>95,051</u>		<u>5,079</u>	<u>6,651</u>
	Total ACRS and Other Depreciation		<u>95,051</u>			<u>95,051</u>		<u>5,079</u>	<u>6,651</u>
	Grand Totals		95,051			95,051		5,079	6,651
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>95,051</u>			<u>95,051</u>		<u>5,079</u>	<u>6,651</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Other Depreciation:								
1	Kennel/Storage Unit	9/21/17	3,264	3,264	102	82	82	0
2	Kennel/Storage Unit A/C	9/21/17	378	378	95	75	75	0
3	Computer - K-9 program	10/26/17	421	421	98	85	85	0
4	Outdoor furniture - SD Program	9/21/17	1,144	1,144	204	164	164	0
5	Grill	9/21/17	407	407	102	81	81	0
6	Furniture - Common Area Use	9/21/17	7,550	7,550	1,348	1,079	1,079	0
7	Refridgerator and Freezer	11/14/17	3,307	3,307	772	661	661	0
8	Warrior Classroom/Training Room IKEA	9/21/17	2,515	2,515	449	360	360	0
9	Warrior House	2/28/18	19,292	19,292	1,072	1,286	1,286	0
10	Septic System - WH1	10/27/17	7,360	7,360	215	184	184	0
11	Warriar bed	9/21/17	484	484	87	69	69	0
12	Logo Tent	9/21/17	642	642	161	128	128	0
13	LOV SIGN	7/19/18	1,054	1,054	29	71	71	0
14	WH1 Dedication Stone Plaque	6/13/18	1,162	1,162	17	29	29	0
15	IKEA Warrior Bed	1/10/18	158	158	23	22	22	0
16	WH1 - TV	1/17/18	556	556	102	111	111	0
17	WH1 Furniture	2/04/18	342	342	45	49	49	0
18	WH1 - Fridge	2/06/18	113	113	21	22	22	0
19	Cannon Duplex B&W Laser Printer	9/27/18	216	216	11	43	43	0
20	Lawn Sweeper	8/02/18	337	337	28	67	67	0
21	Chainsaw	8/07/18	330	330	28	65	65	0
22	Generator	9/11/18	1,053	1,053	70	211	211	0
23	Barn	4/17/19	15,726	15,726	0	262	262	0
24	Sofa	8/31/19	700	700	0	33	33	0
25	Coffee Table	8/31/19	700	700	0	33	33	0
26	Book Shelf	8/31/19	700	700	0	33	33	0
27	Training Table	8/31/19	650	650	0	31	31	0
28	Training Table	8/31/19	650	650	0	31	31	0
29	Training Table	8/31/19	650	650	0	31	31	0
30	Training Table	8/31/19	650	650	0	31	31	0
31	Training Table	8/31/19	650	650	0	31	31	0
32	Training Table	8/31/19	650	650	0	31	31	0
33	John Deer Gator	9/26/19	11,630	11,630	0	582	582	0
34	Gator Rack Kit	10/24/19	275	275	0	9	9	0
35	Gator Guard Kit	11/18/19	287	287	0	5	5	0
36	2 HP Color Laserjet Printers	3/04/19	388	388	0	65	65	0
37	Framing Nailer	3/09/19	160	160	0	27	27	0
38	Fencing	3/14/19	8,500	8,500	0	472	472	0
Total Other Depreciation			<u>95,051</u>	<u>95,051</u>	<u>5,079</u>	<u>6,651</u>	<u>6,651</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>95,051</u>	<u>95,051</u>	<u>5,079</u>	<u>6,651</u>	<u>6,651</u>	<u>0</u>
Grand Totals			95,051	95,051	5,079	6,651	6,651	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>95,051</u>	<u>95,051</u>	<u>5,079</u>	<u>6,651</u>	<u>6,651</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Kennel/Storage Unit	9/21/17	0			0	0 HY	0	0
2	Kennel/Storage Unit A/C	9/21/17	0			0	0 HY	0	0
3	Computer - K-9 program	10/26/17	0			0	0 HY	0	0
4	Outdoor furniture - SD Program	9/21/17	0			0	0 HY	0	0
5	Grill	9/21/17	0			0	0 HY	0	0
6	Furniture - Common Area Use	9/21/17	0			0	0 HY	0	0
7	Refridgerator and Freezer	11/14/17	0			0	0 HY	0	0
8	Warrior Classroom/Training Room IKEA	9/21/17	0			0	0 HY	0	0
9	Warrior House	2/28/18	0			0	0 HY	0	0
10	Septic System - WH1	10/27/17	0			0	0 HY	0	0
11	Warriar bed	9/21/17	0			0	0 HY	0	0
12	Logo Tent	9/21/17	0			0	0 HY	0	0
13	LOV SIGN	7/19/18	1,054			1,054	15 MO S/L	29	71
14	WH1 Dedication Stone Plaque	6/13/18	1,162			1,162	40 MO S/L	17	29
15	IKEA Warrior Bed	1/10/18	0			0	0 HY	0	0
16	WH1 - TV	1/17/18	0			0	0 HY	0	0
17	WH1 Furniture	2/04/18	0			0	0 HY	0	0
18	WH1 - Fridge	2/06/18	0			0	0 HY	0	0
19	Cannon Duplex B&W Laser Printer	9/27/18	0			0	0 HY	0	0
20	Lawn Sweeper	8/02/18	0			0	0 HY	0	0
21	Chainsaw	8/07/18	0			0	0 HY	0	0
22	Generator	9/11/18	0			0	0 HY	0	0
23	Barn	4/17/19	0			0	0 HY	0	0
24	Sofa	8/31/19	0			0	0 HY	0	0
25	Coffee Table	8/31/19	0			0	0 HY	0	0
26	Book Shelf	8/31/19	0			0	0 HY	0	0
27	Training Table	8/31/19	0			0	0 HY	0	0
28	Training Table	8/31/19	0			0	0 HY	0	0
29	Training Table	8/31/19	0			0	0 HY	0	0
30	Training Table	8/31/19	0			0	0 HY	0	0
31	Training Table	8/31/19	0			0	0 HY	0	0
32	Training Table	8/31/19	0			0	0 HY	0	0
33	John Deer Gator	9/26/19	0			0	0 HY	0	0
34	Gator Rack Kit	10/24/19	0			0	0 HY	0	0
35	Gator Guard Kit	11/18/19	0			0	0 HY	0	0
36	2 HP Color Laserjet Printers	3/04/19	0			0	0 HY	0	0
37	Framing Nailer	3/09/19	0			0	0 HY	0	0
38	Fencing	3/14/19	8,500			8,500	15 MO S/L	0	472
Total Other Depreciation			<u>10,716</u>			<u>10,716</u>		<u>46</u>	<u>572</u>
Total ACRS and Other Depreciation			<u>10,716</u>			<u>10,716</u>		<u>46</u>	<u>572</u>
Grand Totals			10,716			10,716		46	572
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>10,716</u>			<u>10,716</u>		<u>46</u>	<u>572</u>

Bonus Depreciation Report**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
13	LOV SIGN	7/19/18	1,054		0	0	0	1,054
Grand Total			<u>1,054</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>1,054</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Kennel/Storage Unit	9/21/17	3,264	81	0
2	Kennel/Storage Unit A/C	9/21/17	378	76	0
3	Computer - K-9 program	10/26/17	421	84	0
4	Outdoor furniture - SD Program	9/21/17	1,144	163	0
5	Grill	9/21/17	407	81	0
6	Furniture - Common Area Use	9/21/17	7,550	1,078	0
7	Refridgerator and Freezer	11/14/17	3,307	661	0
8	Warrior Classroom/Training Room IKEA	9/21/17	2,515	359	0
9	Warrior House	2/28/18	19,292	1,286	0
10	Septic System - WH1	10/27/17	7,360	184	0
11	Warriar bed	9/21/17	484	69	0
12	Logo Tent	9/21/17	642	128	0
13	LOV SIGN	7/19/18	1,054	70	70
14	WH1 Dedication Stone Plaque	6/13/18	1,162	29	29
15	IKEA Warrior Bed	1/10/18	158	23	0
16	WH1 - TV	1/17/18	556	111	0
17	WH1 Furniture	2/04/18	342	49	0
18	WH1 - Fridge	2/06/18	113	23	0
19	Cannon Duplex B&W Laser Printer	9/27/18	216	43	0
20	Lawn Sweeper	8/02/18	337	68	0
21	Chainsaw	8/07/18	330	66	0
22	Generator	9/11/18	1,053	210	0
23	Barn	4/17/19	15,726	393	0
24	Sofa	8/31/19	700	100	0
25	Coffee Table	8/31/19	700	100	0
26	Book Shelf	8/31/19	700	100	0
27	Training Table	8/31/19	650	93	0
28	Training Table	8/31/19	650	93	0
29	Training Table	8/31/19	650	93	0
30	Training Table	8/31/19	650	93	0
31	Training Table	8/31/19	650	93	0
32	Training Table	8/31/19	650	93	0
33	John Deer Gator	9/26/19	11,630	2,326	0
34	Gator Rack Kit	10/24/19	275	55	0
35	Gator Guard Kit	11/18/19	287	57	0
36	2 HP Color Laserjet Printers	3/04/19	388	77	0
37	Framing Nailer	3/09/19	160	32	0
38	Fencing	3/14/19	8,500	567	567
Total Other Depreciation			<u>95,051</u>	<u>9,307</u>	<u>666</u>
Total ACRS and Other Depreciation			<u>95,051</u>	<u>9,307</u>	<u>666</u>
Grand Totals			<u>95,051</u>	<u>9,307</u>	<u>666</u>

Asset	Description	Date In Service	Cost	VA
Other Depreciation:				
1	Kennel/Storage Unit	9/21/17	3,264	81
2	Kennel/Storage Unit A/C	9/21/17	378	76
3	Computer - K-9 program	10/26/17	421	84
4	Outdoor furniture - SD Program	9/21/17	1,144	163
5	Grill	9/21/17	407	81
6	Furniture - Common Area Use	9/21/17	7,550	1,078
7	Refridgerator and Freezer	11/14/17	3,307	661
8	Warrior Classroom/Training Room IKEA	9/21/17	2,515	359
9	Warrior House	2/28/18	19,292	1,286
10	Septic System - WH1	10/27/17	7,360	184
11	Warriar bed	9/21/17	484	69
12	Logo Tent	9/21/17	642	128
13	LOV SIGN	7/19/18	1,054	70
14	WH1 Dedication Stone Plaque	6/13/18	1,162	29
15	IKEA Warrior Bed	1/10/18	158	23
16	WH1 - TV	1/17/18	556	111
17	WH1 Furniture	2/04/18	342	49
18	WH1 - Fridge	2/06/18	113	23
19	Cannon Duplex B&W Laser Printer	9/27/18	216	43
20	Lawn Sweeper	8/02/18	337	68
21	Chainsaw	8/07/18	330	66
22	Generator	9/11/18	1,053	210
23	Barn	4/17/19	15,726	393
24	Sofa	8/31/19	700	100
25	Coffee Table	8/31/19	700	100
26	Book Shelf	8/31/19	700	100
27	Training Table	8/31/19	650	93
28	Training Table	8/31/19	650	93
29	Training Table	8/31/19	650	93
30	Training Table	8/31/19	650	93
31	Training Table	8/31/19	650	93
32	Training Table	8/31/19	650	93
33	John Deer Gator	9/26/19	11,630	2,326
34	Gator Rack Kit	10/24/19	275	55
35	Gator Guard Kit	11/18/19	287	57
36	2 HP Color Laserjet Printers	3/04/19	388	77
37	Framing Nailer	3/09/19	160	32
38	Fencing	3/14/19	8,500	567
Total Other Depreciation			<u>95,051</u>	<u>9,307</u>
Total ACRS and Other Depreciation			<u>95,051</u>	<u>9,307</u>
Grand Totals			<u>95,051</u>	<u>9,307</u>

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2019

For calendar year 2019, or tax year beginning _____, ending _____

Name **LEASHES OF VALOR**

Employer Identification Number
82-1110902

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 12/31/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	-2,434	775	1,659	1,336	323
NOL carryover available to current year			1,659		
Current year	1,336			336	
NOL carryover available to next year					323

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

LEASHES OF VALOR**82-1110902**

		2018	2019	Differences	
R e v e n u e	1. Contributions, gifts, grants	1.	225,616	225,616	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	35,451	35,451	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	1,341	1,341	
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.		262,408	262,408
E x p e n s e s	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	50,763	50,763	
	19. Occupancy, rent, utilities, and maintenance	19.	1,500	1,500	
	20. Depreciation and Depletion	20.	6,651	6,651	
	21. Other expenses	21.	115,955	115,955	
	22. Total expenses. Add lines 13 through 21	22.		174,869	174,869
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		87,539	87,539
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24.	262,408	262,408	
	25. Total unrelated revenue	25.	1,341	1,341	
	26. Total excludable revenue	26.			
	27. Total assets	27.	170,791	170,791	
	28. Total liabilities	28.	49,413	49,413	
	29. Retained earnings	29.	121,378	121,378	
	30. Number of voting members of governing body	30.	9	10	
	31. Number of independent voting members of governing body	31.	9	10	
	32. Number of employees	32.	0	0	
	33. Number of volunteers	33.	30	50	

Form 990T	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number **82-1110902**

LEASES OF VALOR

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	5,318	1,341	-3,977
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rent income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Income from controlled organizations (net of expense)			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	11. Total trade or business income. Combine lines 1 through 10	5,318	1,341	-3,977
Expenses	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages			
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses			
	18. Charitable contributions			
	19. Depreciation and Depletion			
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs			
	22. Other deductions	4,543	5	-4,538
	23. Total deductions. Add lines 12 through 22	4,543	5	-4,538
	24. Net income (990T/first activity); Subtract line 23 from 11	775	1,336	561
	25. Number of unrelated business activities for this return	1	1	
26. Unrelated business taxable income from all trades	775	1,336	561	
27. Disallowed employee fringe benefits				
28. Charitable contributions				
29. Taxable income before NOL loss	775	1,336	561	
30. Net operating loss (pre-2018)	775	1,336	561	
31. Specific deduction	1,000	1,000		
32. Unrelated business taxable income.				
Tax & Credits	33. Income tax (corporate or trust)			
	34. Proxy tax			
	35. Other taxes			
	36. Total taxes			
	37. Other credits			
	38. General business credit			
	39. Credit for prior year minimum tax			
	40. Total credits			
	41. Net tax after credits			
	42. Recapture taxes and 965 tax			
43. Total Taxes				
Due/Refund	44. Prior year overpayment and estimated tax payments			
	45. Payment made with extension			
	46. Backup withholding and foreign withholding			
	47. Other payments			
	48. Total payments			
	49. Balance due/(Overpayment)			
	50. Overpayment applied to next year			
	51. Penalties			
52. Total due/(Refund)				

Form SchM	Two Year Comparison for Unrelated Business Activity For calendar year 2019, or tax year beginning _____, ending _____	2018 & 2019
Organization Name LEASHES OF VALOR		Taxpayer Identification Number 82-1110902

Unincorporated Business Income Tax Code: **454110** Activity: **UNRELATED BUSINESS ACTIVITY**

		2018	2019	Differences
R e v e n u e	1. Gross profit/loss on business activities	1. 5,318	1,341	-3,977
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 5,318	1,341	-3,977
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Depreciation and Depletion	18.		
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21. 4,543	5	-4,538
	22. Total deductions. Add lines 12 through 22	22. 4,543	5	-4,538
	23. Taxable income before deductions. Subtract line 23 from 11	23. 775	1,336	561
	24. Deductible losses	24.		
	25. Unrelated business taxable income (loss)	25. 775	1,336	561

Form 990T	Tax Projection Worksheet	2019 & 2020
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Name _____ Taxpayer Identification Number **82-1110902**

LEASES OF VALOR

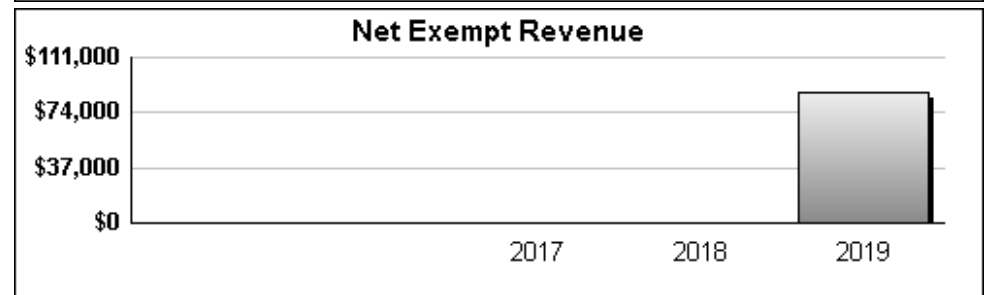
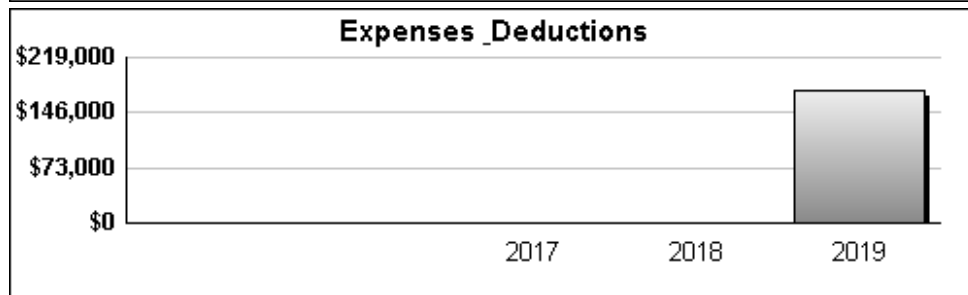
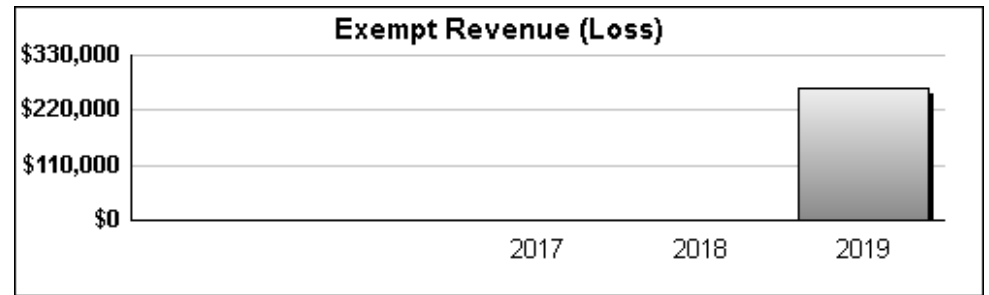
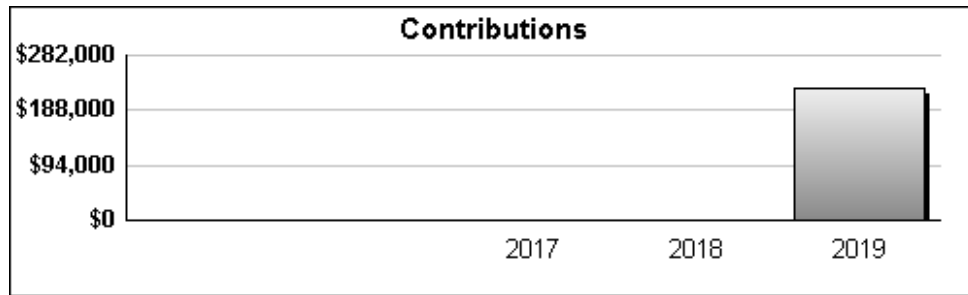
		2019	2020	Differences
In come	1. Gross profit/loss on business activities	1,341	1,341	
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	11. Total trade or business income. Combine lines 1 through 10	1,341	1,341	
Exp enses	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages			
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses			
	18. Depreciation and Depletion			
	19. Contributions to deferred compensation plans			
	20. Employee benefit programs			
	21. Other deductions	5	5	
	22. Total deductions. Add lines 12 through 22	5	5	
	23. Net Income (990T/first activity); Subtract line 23 from 11	1,336	1,336	
Tax & Credits	24. Unrelated business taxable income from all trades	1,336	1,336	
	25. Disallowed employee fringe benefits			
	26. Charitable contributions			
	27. Taxable Income before NOL Loss	1,336	1,336	
	28. Net operating loss (pre-2018)	1,336		-1,336
	29. Specific deduction	1,000	1,000	
	30. Unrelated business taxable income.	-1,000	336	1,336
	31. Income tax (corporate or trust)		71	71
	32. Proxy taxes			
	33. Other taxes			
	34. Total taxes		71	71
	35. General business credit			
	36. Credit for prior year minimum tax			
	37. Other credits			
	38. Total credits			
39. Net tax after credits		71	71	
40. Recapture taxes and 965 tax				
41. Total Taxes		71	71	
Due / Refund	42. Prior year overpayment and estimated tax payments			
	43. Payment made with extension			
	44. Backup and foreign withholding			
	45. Other payments			
	46. Total payments			
	47. Net due / - refund		71	71

Form 990T	Tax Return History	2019
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Name LEASHES OF VALOR	Employer Identification Number 82-1110902
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* Income shown net of expenses

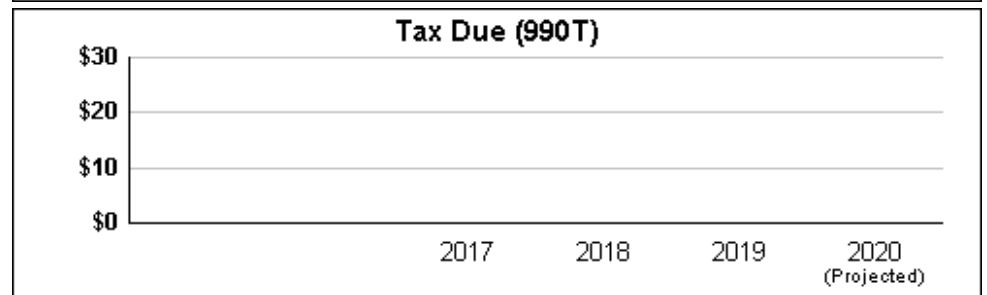
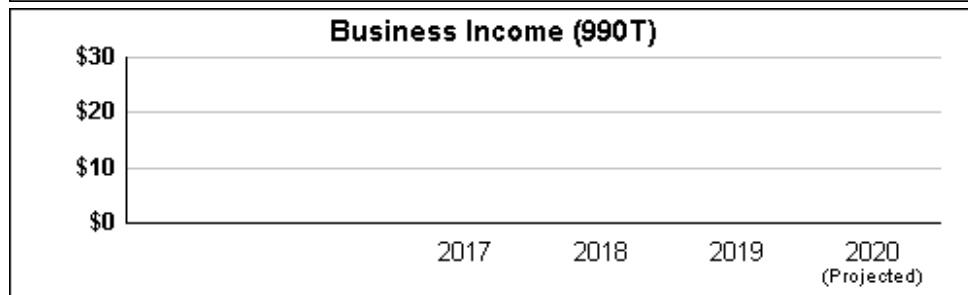
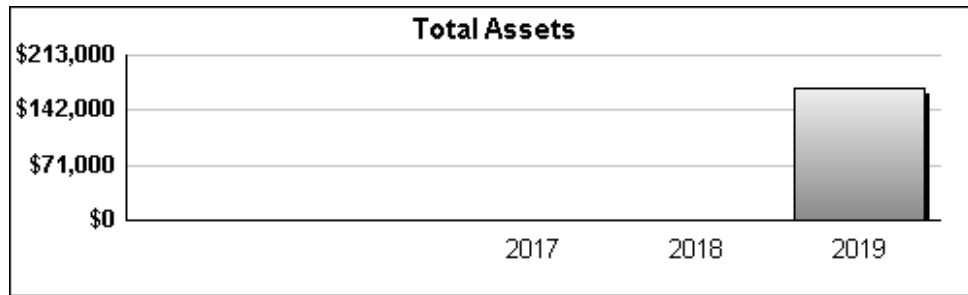
	2015	2016	2017	2018	2019	2020
Business activity profit/loss			-2,434	5,318	1,341	1,341
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.			-2,434	5,318	1,341	1,341
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History	2019
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Name LEASHES OF VALOR	Employer Identification Number 82-1110902
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	2015	2016	2017	2018	2019	2020
Other deductions				4,543	5	5
Net income (990T/first activity)			-2,434	775	1,336	1,336
UBTI from all trades	0	0	0	775	1,336	1,336
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction				775	1,336	1,336
Specific deduction				1,000	1,000	1,000
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						



Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTANT	\$ 4,200	\$ 1,500	\$ 2,700	\$
CONSULTANT	20,500	4,750		15,750
TOTAL	\$ 24,700	\$ 6,250	\$ 2,700	\$ 15,750

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUSTOFF GRANT PROGRAM	\$ 8,223	\$ 8,223	\$	\$
UTILITIES	7,296	7,296		
INKIND DOG FOOD AND SUP	5,196	5,196		
DOG FOOD AND SUPPLIES	3,971	3,971		
TRAINING	2,524	2,524		
SUPPLIES	2,256	2,256		
WARRIOR TRAINING AND SUP	2,180	2,180		
REPAIR & MAINTENANCE	1,740	1,740		
MERCHANT FEES	1,640	1,640		
OFFICE SUPPLIES	916	775	141	
PERMITS & LICENSES	900	575	325	
INKIND WARRIOR TRAINING	416	416		
MEETINGS	266	238	28	
BANK FEES	232	232		
WARRIOR HOUSE #1:MISC EXP	197	197		
MERCHANT FESS	5	5		
TOTAL	\$ 37,958	\$ 37,464	\$ 494	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
INDIVIDUAL AND BUS. CONTRIBUTIONS	\$ 110,280
3RD PARTY FUNDRAISING REVENUE	7,853
IN-KIND CONTRIBUTIONS	66,470
INDIVIDUAL AND FOUNDATION CONTRIBUTI	5,106
INDIVIDUAL AND FOUNDATION CONTRIBUTI	5,460
FOUNDATION GRANTS	10,050
SPECIAL EVENT - PHILLY, NET: PHILLY	19,670
SPECIAL EVENT - BBQ, NET	92
SPECIAL EVENT - BBQ, NET: SPECIAL EV	225
GOLF FUNDRAISER	
CASH CONTRIBUTION	410
TOTAL	\$ <u>225,616</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SCHNEIDER PACKAGING EQUIPMENT	\$	\$
EDUARDO PEREZ	6,000	
GENSLER	6,000	
GREGOR AND CINDY MASINGILL	12,722	3,394
SCHNEIDER PACKAGING EQUIPMENT	5,123	
TOTAL	\$ <u>29,845</u>	\$ <u>3,394</u>

Federal Statements

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
PRODUCT SALES	\$ 1,336
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 336</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
GOLF FUNDRAISER	\$ 44,100
ROVER EVENT	
RAFFLE	<u>5,483</u>
TOTAL	<u>\$ 49,583</u>