** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending		
B	Check if upplicable	C Name of organization			D Employer identifi	cation number
	Addres change	S VALOR SERVICE DOGS INC				
	Name change	Doing business as			47-53742	65
Ļ	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	•	
	Final return/ termin-	15006 MCGRADY RD			813-634-	
	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	321,252.
	□return □Applica □tion	MINAONA, FL 33330	יודה טאכה		H(a) Is this a group r	
	⊥tiòn pendin	F Name and address of principal officer: EME 5246 ASHLEY PARKWAY, SA	RASOTA, FL 346	77	for subordinates	
	Fav. 646	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)		H(b) Are all subordinates i	
	Nebsit			01 321	H(c) Group exemption	list. See instructions
			ssociation Other	I Vear		M State of legal domicile: FL
Pa		Summary	5000141011	L Toai	oriorination. 2023 P	VI Otate of legal dofficile. 2 2
		Briefly describe the organization's mission or most	t significant activities: VALO	R SERV	/ICE DOGS PR	OVIDES
Activities & Governance	'	SERVICE CANINES TO DISABL	ED US SERVICE M	EMBER	AND FIRST	RESPONDERS
rna			ntinued its operations or dispo			
ove.	l	Number of voting members of the governing body			3	7
Ğ		Number of independent voting members of the go				6
es &		Total number of individuals employed in calendar				7
Ϋ́Ē		Total number of volunteers (estimate if necessary)				25
Ę		Total unrelated business revenue from Part VIII, co		/	7a	1,489.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<i></i>	7b	474.
e					Prior Year	Current Year
	8 (581,415.	319,013.
en	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4			374.	54.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			608.	1,489.
		Total revenue - add lines 8 through 11 (must equal			582,397.	320,556.
	1	Grants and similar amounts paid (Part IX, column (/		0.	0.
		Benefits paid to or for members (Part IX, column (7		76,388.	107,744.
Expenses		Salaries, other compensation, employee benefits (70,300.	0.
Sen		Professional fundraising fees (Part IX, column (A),		75	0.	0.
Ä		Total fundraising expenses (Part IX, column (D), lin	, <u> </u>		152,471.	114,436.
		Other expenses (Part IX, column (A), lines 11a-11d Total expenses. Add lines 13-17 (must equal Part l			228,859.	222,180.
		Revenue less expenses. Subtract line 18 from line			353,538.	
or es	13	nevertue less expenses, oubtract line to from line	12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			601,310.	696,059.
Ass	21				6,516.	2,889.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from			594,794.	693,170.
Pá	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return,	, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge.	
	ļ	0				
Sig		Signature of officer	000000000		Date	
Her	e	EMELIE DASH, DIRECTOR OF	OPERATIONS			
		Type or print name and title	la	1	Date Check	TI PTIN
D-!	,	Print/Type preparer's name	Preparer's signature		if	
Paid		JAMES K. O'CONNOR	C COMDANA D A		self-employ	P01345914 9-3040705
		Firm's name RIVERO, GORDIMER Firm's address P. O. BOX 172359	α COMPANY, P.A.		Firm's EIN 5	3-3040/03
use	Only	TAMPA, FL 33672			Dhana na / Q	13) 875-7774
Max	the IC	RS discuss this return with the preparer shown abo	ove? See instructions		Priorie no. (O	X Yes No

Form	990 (2022) VALOR SERVICE DOGS INC 47-5374265 Page 2
	t 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:
•	VALOR SERVICE DOGS PROVIDES SERVICE CANINES TO POST-9/11 COMBAT,
	SIMULATION AND TRAINING WOUNDED UNITED STATES VETERANS AND FIRST
	RESPONDERS SUFFERING FROM POST TRAUMATIC STRESS DISORDER, TRAUMATIC
	BRAIN INJURY AND MOBILITY DISABILITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 159,829 • including grants of \$) (Revenue \$)
	VALOR SERVICE DOGS PROVIDES SERVICE CANINES TO POST-9/11 COMBAT,
	SIMULATION AND TRAINING WOUNDED UNITED STATES VETERANS AND FIRST
	RESPONDERS SUFFERING FROM POST TRAUMATIC STRESS DISORDER, TRAUMATIC
	BRAIN INJURY AND MOBILITY DISABILITIES. VALOR SERVICE DOGS TRAINS THESE
	SERVICE DOGS AND PROVIDES THEM AT NO COST TO ELIGIBLE AND APPROVED
	VETERANS AND FIRST RESPONDERS NATIONWIDE. WE EDUCATE THE PUBLIC ON
	SERVICE DOG RIGHTS AND LAWS IN ORDER TO BETTER FACILITATE THE SUCCESS
	OF THE VETERAN/SERVICE DOG WORKING PAIRS. VALOR SERVICE DOGS PLACED A
	TOTAL OF 25 DOGS SINCE ITS START IN 2015.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 159,829.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	-		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

232004 12-13-22

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

			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х					
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							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37				
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				
_	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			x				
	any contributions that were not tax deductible as charitable contributions?	6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75						
·	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-								
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?								
9 Sponsoring organizations maintaining donor advised funds.								
а	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:							
а	Initiation fees and capital contributions included on Part VIII, line 12	_						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-						
		12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	104						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
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?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

232005 12-13-22

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ${f FL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EMELIE DASH - 813-634-3232			
	15006 MCGRADY RD, WIMAUMA, FL 33598			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offi			from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-NEC)	and related
	below	idual	Institutional trustee	-e	Key employee	Highest compensated employee	Je.			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) CAROL LANSFORD	30.00	1		,,				22 200		•
EXECUTIVE DIRECTOR	2.00			Х				33,280.	0.	0.
(2) EMELIE DASH	2.00	x			L			5,456.	0.	0.
PRESIDENT (3) DEBI ISENSTEIN	5.00	^					~	3,430.	0.	0.
VICE PRESIDENT	3.00	X	l ,					0.	0.	0.
(4) PHIL TULKOFF	1.00	123			7	1				•
SECRETARY/TREASURER	•	x			1			0.	0.	0.
(5) JUSTIN LANSFORD	1.00									
VETERAN RELATIONS DIRECTOR		X	ľ					0.	0.	0.
(6) ALEX DOUGLAS	2.00									
FIRST RESPONDER RELATIONS		Х						0.	0.	0.
(7) STEPHANIE SABSHIN	2.00	l								
VETERINARIAN, DOG HEALTH	1 00	Х						0.	0.	0.
(8) FAITH HARRISON	1.00	ļ ,,								•
BOARD MEMEBER (START 2/1/22)		Х				-		0.	0.	0.
>										
		-								
-										
		1								

	T VII Section A. Officers, Directors, True (A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average hours per week	box	Position (do not check more than box, unless person is bot officer and a director/trus				h an	Reportable compensation from	Reportable compensation from related	n	an	stimate nount o other	
		(list any hours for related organizations below	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
		line)	Individ	Institu	Officer	Keyen	Highe emplo	Forme						
			_							4				
										ϕ				
) 7				
									.0)					
									O _V					
	Subtotal					1	5		38,736.		0.			0.
	Total from continuation sheets to Part V	II, Section A		(? ,	N '			0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								38,736.	000 of roportab	0.			0.
	compensation from the organization	lot limited to ti	1036	liste	u ac	J0V6	5) WI	10 10	eceived more than \$100	,,000 or reportab			V I	0
3	Did the organization list any former officer			кеу е	emple	oye	e, or	hig	hest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	W 1							ner compensation from			3		Х
_	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for consisce		4		X
5 ——	rendered to the organization? If "Yes," con	=				-			ed organization or indiv			5		Х
	tion B. Independent Contractors		-1						L - L	Φ100 000 -f		_4! (
1	Complete this table for your five highest combensation. Report compensation for										iperis	alioni	ITOITI	
	(A) Name and business	s address	NO	ONE	2				(B) Description of s	ervices	С	(C ompe	C) nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se lis	sted	l above) who received m	nore than				

232008 12-13-22

Pa	rt V	111			a in their Deat VIII			
			Check if Schedule O contains a response or note to	any iin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω	_							30000013 312 314
ant			Federated campaigns 1a					
يق قر			Membership dues 1b					
fts,			Fundraising events 1c					
를 를			Related organizations 1d					
ns, Sir			Government grants (contributions) 1e					
utio er (f	All other contributions, gifts, grants, and	,,,				
듗된			similar amounts not included above 1f 319, 0					
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f	000.	210 012			
<u>a</u>		h	Total. Add lines 1a-1f		319,013.			
			Business	s Code				
ce	2	а					1	
ervi Je		b					7	
n S en		С						
ran 3ev		d					2 -	
Program Service Revenue		е					Y	
Ф		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, and		(7		
			other similar amounts)		54.			54.
	4		Income from investment of tax-exempt bond proceeds			/		
	5		Royalties		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			(i) Real (ii) Pers	sonal				
	6	а	Gross rents 6a		\bigcirc			
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities (ii) Ot	her				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
ᅙ			including \$of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
				185.				
				596.	1 400		1 400	
		С	Net income or (loss) from sales of inventory		1,489.		1,489.	
22			Business	s Code				
Miscellaneous Revenue	11	а						
llan		b						
Sce.		С						
Σ			All other revenue					
		е	Total. Add lines 11a-11d		200 556	^	1 400	E 4
	12		Total revenue. See instructions		320,556.	0.	1,489.	54.

232009 12-13-22

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).

0001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	38,736.	28,277.	6,198.	4,261
6	Compensation not included above to disqualified			. 1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,352.	44,787.	9,816.	6,749
8	Pension plan accruals and contributions (include			UY	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,656.	5,589.	1,225.	842
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,961.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2,961.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		Y		
g	Other. (If line 11g amount exceeds 10% of line 25,		4 4 2 4	0.40	4.04
	column (A), amount, list line 11g expenses on Sch 0.)	1,554.	1,134. 4,376.	249.	171
12	Advertising and promotion	5,470.	4,376.	1 020	1,094
13	Office expenses	8,178.	4,336.	1,838.	2,004
14	Information technology				
15	Royalties	11 204	0.450	1 200	F 2 17
16	Occupancy	11,304.	9,459.	1,308.	537
17	Travel	2,373.	2,122.	251.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 000	1 202		
19	Conferences, conventions, and meetings	1,292.	1,292.		
20	Interest				
21	Payments to affiliates	2 0 1 6	2 260	423.	1 🗆 1
22	Depreciation, depletion, and amortization	3,846. 15,727.	3,269.	15,727.	154
23	Insurance	15,141.		15,141.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) SERVICE DOG IN TRAINING	15 521	15 521		
a	VETERAN/GRADUATE COSTS	45,534. 9,654.	45,534. 9,654.		
b	TAXES & LICENSES	5,336.	3,034.	5,336.	
C	FUNDRAISING EXPENSES	363.		5,330.	363
d		844.		844.	303
e or		222,180.	159,829.	46,176.	16,175
25	Total functional expenses. Add lines 1 through 24e	222,100.	133,043.	±0,1/0•	το, τ/ο
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		169,529.	1	158,552	
	2	Savings and temporary cash investments			24,648.	2	133,708
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,149.	8	1,661
⋖	9	D			A	9	
	10a	Land, buildings, and equipment: cost or other				4	
		basis. Complete Part VI of Schedule D		418,304.			
	b	Less: accumulated depreciation	10b	16,166.	405,984.	10c	402,138
	11	Investments - publicly traded securities			\sim \sim \sim	11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			601 210	15	606 050
	16	Total assets. Add lines 1 through 15 (must eq			601,310.	16	696,059
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		\ \ \ '		21	
ies	22	Loans and other payables to any current or for					
biiit		trustee, key employee, creator or founder, sub	_				
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			6,516.	05	2,889
	06	of Schedule D			6,516.	25 26	2,889
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook bore		0,310.	20	2,005
es		and complete lines 27, 28, 32, and 33.	eck Here	-			
auc	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
pu		Net assets with donor restrictions Organizations that do not follow FASB ASC	958 che	ck here X			
F		and complete lines 29 through 33.	000, 0110				
, or	29	Capital stock or trust principal, or current fund	s		0.	29	0
sets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0
As	31	Retained earnings, endowment, accumulated			594,794.	31	693,170
Net Assets or Fund Balances	32	Total net assets or fund balances			594,794.	32	693,170
_	33	Total liabilities and net assets/fund balances			601,310.	33	696,059
					, , , , , , , , , , , , , , , , , , , ,		Form 990 (202

Par	t 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			56.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59	4,7	94.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	69:	3,1	70.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				7.5
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	Y Y		Form	990 (2022)
	• . ()				
	Rilolic				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VALOR SERVICE DOGS INC

Employer identification number

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete the	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	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).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	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). (C						
8	Н	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)	1		
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	. ,			, - .	201 1141	
11	Н	An organization organized						
12		An organization organized a more publicly supported or			**			
			-					Sheck the box on
а		lines 12a through 12d that Type I. A supporting orga		1 1 /				, aivina
а		the supported organization						
		organization. You must o			a majority	or the dire	ctors or trustees or the s	supporting
b		Type II. A supporting org			tion with it	ts sunnort	ed organization(s), by ha	avina
	_	control or management o						
		organization(s). You mus		<i>y</i>	arrio peroc	ono mar ot	ontrol of manage the out	pportou
С		☐ Type III functionally inte	- 1		in connec	tion with.	and functionally integrat	ed with.
		its supported organizatio						,
d		Type III non-functionally		•				ization(s)
		that is not functionally int						
		requirement (see instruct						
е		Check this box if the orga						
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			1 6 1 1 1 1 1 1 1 1 1			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							
								i e

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								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	,	,	,	,	,		
	membership fees received. (Do not							
	include any "unusual grants.")	159,770.	165,150.	211,906.	581,415.	319,013.	1437254.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge		1.1= 1=0				110=0=1	
4	Total. Add lines 1 through 3	159,770.	165,150.	211,906.	581,415.	319,013.	1437254.	
5	The portion of total contributions					.1		
	by each person (other than a					7		
	governmental unit or publicly				AC			
	supported organization) included					<i>Y</i> .		
	on line 1 that exceeds 2% of the					Y		
	amount shown on line 11,						221 017	
_	column (f)			_			331,017.	
	Public support. Subtract line 5 from line 4.				<u> </u>		1106237.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(c) 2020	(4) 2021	(a) 2022	(f) Total	
	Amounts from line 4	(a) 2018 159,770.	(b) 2019 165,150.	211,906.	(d) 2021 581,415.	(e) 2022 319,013.	(f) Total 1437254.	
	Gross income from interest,	133,7701	103,130.	212,3001	301,113.	313,013.	11372311	
0	dividends, payments received on							
	securities loans, rents, royalties,		^ (
	and income from similar sources	14.	17.	26.	46.	54.	157.	
9	Net income from unrelated business		7(-),			0 2 1		
Ŭ	activities, whether or not the		•					
	business is regularly carried on	116.	283.	323.	608.	1,489.	2,819.	
10	Other income. Do not include gain		1			,		
	or loss from the sale of capital							
	assets (Explain in Part VI.)	414.					414.	
11	Total support. Add lines 7 through 10	A A O					1440644.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_	
	organization, check this box and stor							
	ction C. Computation of Publ							
	Public support percentage for 2022 (14	76.79 %	
	Public support percentage from 2021					15	75.33 %	
16a	33 1/3% support test - 2022. If the	-						
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2021. 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	17a 10% -facts-and-circumstances test - 2022. 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 tes	-					10% or	
	more, and if the organization meets the				-			
40	organization meets the facts-and-circ		-					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	, 1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					7	
	furnished by a governmental unit to					Y	
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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		. (
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6		A 5				
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,) '				
	and income from similar sources		/				
k	Unrelated business taxable income	• ()	[
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	7					
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is	ľ					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		······				<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inve			10 1 (0)		1.5	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op nere. The orga	nization qualities a	as a publicly suppo	orted organization	H

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

,		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10h		
du la	10b	n 990	2022

232024 12-09-22

Par	rt IV Supporting Org	ganizations _(continued)			
				Yes	No
11	Has the organization acce	pted a gift or contribution from any of the following persons?			
а	A person who directly or in	ndirectly controls, either alone or together with persons described on lines 11b and			
		body of a supported organization?	11a		
b		on described on line 11a above?	11b		
С	A 35% controlled entity of	a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	tion B. Type I Suppor	rting Organizations			
				Yes	No
1	Did the governing body, m	embers of the governing body, officers acting in their official capacity, or membership of one or			
		ons have the power to regularly appoint or elect at least a majority of the organization's officers,			
		times during the tax year? If "No," describe in Part VI how the supported organization(s) vised, or controlled the organization's activities. If the organization had more than one supported			
		the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	,	nd what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization opera	te for the benefit of any supported organization other than the supported			
	organization(s) that operat	ed, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such	h benefit carried out the purposes of the supported organization(s) that operated,			
		he supporting organization.	2		
<u>Sec</u>	tion C. Type II Suppo	orting Organizations			
				Yes	No
1	Were a majority of the orga	anization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the	organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the sup	porting organization was vested in the same persons that controlled or managed			
	the supported organization		1		
Sec	Stion D. All Type III St	pporting Organizations			
				Yes	No
1		de to each of its supported organizations, by the last day of the fifth month of the			
		a written notice describing the type and amount of support provided during the prior tax			
		n 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•		ocuments in effect on the date of notification, to the extent not previously provided?	1		
2		on's officers, directors, or trustees either (i) appointed or elected by the supported on the governing body of a supported organization? If "No," explain in Part VI how			
		d a close and continuous working relationship with the supported organization(s).	2		
3	-	nip described on line 2, above, did the organization's supported organizations have a			
•	•	anization's investment policies and in directing the use of the organization's			
		es during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations p		3		
Sec	· · · · · · · · · · · · · · · · · · ·	ionally Integrated Supporting Organizations			
1	Check the box next to the	method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization sat	isfied the Activities Test. Complete line 2 below.			
b	The organization is t	he parent of each of its supported organizations. Complete line 3 below.			
С	The organization sur	ported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lin	es 2a and 2b below.		Yes	No
а	Did substantially all of the	organization's activities during the tax year directly further the exempt purposes of			
		n(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ations and explain how these activities directly furthered their exempt purposes,			
		responsive to those supported organizations, and how the organization determined			
		tuted substantially all of its activities.	2a		
b		d on line 2a, above, constitute activities that, but for the organization's involvement,			
	•	ation's supported organization(s) would have been engaged in? If "Yes," explain in			
		organization's position that its supported organization(s) would have engaged in	0:		
•		organization's involvement.	2b		
3	• • • • • • • • • • • • • • • • • • • •	nizations. Answer lines 3a and 3b below.			
а		the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		oported organizations? If "Yes" or "No" provide details in Part VI. ise a substantial degree of direction over the policies, programs, and activities of each	3a		
	DIG THE OF GRAPHE ALION CACIO	ios a sassiantiai degree en ancetien ever the peneles, programs, and activities of cacif			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations			
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 of	comple	te Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d /	? .			
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):		,			
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

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

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	4

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

VALOR SERVICE DOGS INC

Employer identification number

47-5374265

Organization type (check one):					
Filers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule	50 (c)(r), (o), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
deneral Hale					
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
X For an organ	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under				
	9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one				
	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; 90-EZ, line 1. Complete Parts I and II.				
For an organ	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one				
	during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,				
•	ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering				
"N/A" in colu	umn (b) instead of the contributor name and address), II, and III.				
For an organ	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the				
	outions 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, cha	aritable, etc., contributions totaling \$5,000 or more during the year\$				
Caution: An organiza	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must				
•	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				

 $\ \, \textbf{LHA} \ \, \textbf{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

VALOR SERVICE DOGS INC

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		\$\$.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 40,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>20,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$10,000 .	Person X Payroll		

Name of organization Employer identification number

VALOR SERVICE DOGS INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 8,406.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VALOR SERVICE DOGS INC

	SERVICE DOGS INC		17-5374265
rt II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	_

47-5374265 VALOR SERVICE DOGS INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

Employer identification number

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

VALOR SERVICE DOGS INC

Employer identification number 47-5374265

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ds or Accounts. Complete if the				
	organization answered Tes off off 550,1 art 17, iii	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	. ,	.,				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds				
	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space		/				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the forr					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired						
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	he organization during the tax				
	year						
4	Number of states where property subject to conservation ea		-				
5	Does the organization have a written policy regarding the per	,					
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year				
-		dia a serie la la la la companya di sus esta con la configura di successiona di suspensiona di successiona di suc	and the second s				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year				
	Dage cook consequation accompate constant on line 2(d) about	re entirely the requirements of continu 17	70/h)/4)/D)/i)				
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati	ion cocoments in its revenue and evenue					
9							
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's illiancial state	ments that describes the				
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or	Other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	•					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
-	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:		,				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical tre						
_	the following amounts required to be reported under FASB A		· /1				
а	Revenue included on Form 990, Part VIII, line 1		\$				
	Assets included in Form 990, Part X						

232051 09-01-22

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

Schedule D (Form 990) 2022

Sche		ERVICE DOG				374265	
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tı	reasures, o	r Other Similar Ass	ets (continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	make significant use of it	ts	
	collection items (check all that apply):	thibition d Loan or exchange program dy research e Other					
а	Public exhibition	d	Loan or exc	change program	m		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explai	n how they further	the organizatio	n's exempt purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or othe	r similar assets		
	to be sold to raise funds rather than to be m					Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "	Yes" on Form 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other ass	ets not included		
	on Form 990, Part X?				L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial accou	ınt liability?	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII						
Par	t V Endowment Funds. Complete	f the organization an					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses			V /			
d	Grants or scholarships		C	1			
е	Other expenditures for facilities						
	and programs		70				
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administer	ed for the	_	
	organization by:					Ye	es No
	(i) Unrelated organizations	,				3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?	·		3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipn						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, line 10.		
	Description of property	(a) Cost or o basis (investr	',	t or other (other)	(c) Accumulated depreciation	(d) Book v	alue
1a	Land		12	26,448.		126,	448.
	Buildings			9,009.	3,748.		,261.
	Leasehold improvements				-	•	
	Equipment		2	22,847.	12,418.	10,	,429.

Schedule D (Form 990) 2022

402,138.

e Other

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

Schedule D (Form 990) 2022 VALOR SERVIO	CE DOGS INC	47	-5374265 Page
Part VII Investments - Other Securities.			g-
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(b) Book value	(b) Method of Valuation. Cool of one	a or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		1	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	. 0		
Part IX Other Assets.	10		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)	. 5		
(2)			
(3)	7		
(4)			
(5)	7		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) BOA CREDIT CARD			2,889
(3)			-
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 D (Form 990) 2022

(6) (7) (8)

2,889.

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Totalı	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е		nes 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С		nes 4a and 4b		4c
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		expenses and losses per audited financial statements		1
2		nts included on line 1 but not on Form 990, Part IX, line 25:		
а		ted services and use of facilities	2a	4
b		year adjustments	2b	-
С		losses	2c	-
d		(Describe in Part XIII.)	2d	-
е		nes 2a through 2d		2e
3		act line 2e from line 1		3
4		ints included on Form 990, Part IX, line 25, but not on line 1:	Y	
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	-
b		(Describe in Part XIII.)	4b	1.
_				4c
5 Dai		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	/ lines 1h and 2h: Dort V line	1: Part V line 2: Part VI
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		4, Fait A, III le 2, Fait Ai,
111103	Zu and	145, and 1 art Air, lines 2d and 45. Also complete this part to provide any additi	ionai imormation.	
		, , , , , , , , , , , , , , , , , , ,		
		,,,0		
		10 Y		
		<u> </u>		

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

VALOR SERVICE DOGS INC

Employer identification number 47-5374265

FORM 990, PART VI, SECTION A, LINE 2:

CAROL LANSFORD, JUSTIN LANSFORD AND EMELIE DASH HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE BOARD OF DIRECTORS REVIEWS, MAKES ANY NECESSARY CHANGES, AND APPROVES THE FORM 990.

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

ANNUALLY, ALL BOARD MEMBERS AND KEY EMPLOYEES REVIEW AND SIGN THE CONFLICT OF INTEREST COMPLIANCE FORM. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST EXIST, THE MATTER WILL BE REVIEWED BY THE BOARD OF DIRECTORS TO DETERMINE WHETHER A CONFLICT EXISTS OR NOT. IFCONFLICT OF INTEREST DOES EXIST, Α THIS BOARD MEMBER WILL A) REFRAIN FROM INFLUENCING EITHER MANAGEMENT OR BOARD MEMBERS, B) WITHDRAW FROM THE PORTION OF THE MEETING IN WHICH THE MATTER AT ISSUE IS DISCUSSED, AND C) ABSTAIN FROM VOTING AND NOT BE PRESENT FOR THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY AFTER REVIEWING COMPARABILITY DATA. THE BOARD DOCUMENTS THEIR DECISIONS, INCLUDING THE DATA ON WHICH THEY RELIED. JUSTIN LANSFORD AND EMELIE DASH ABSTAIN FROM VOTING ON THE EXECUTIVE DIRECTOR'S COMPENSATION DUE TO HAVING A FAMILY RELATIONSHIP.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
6	15006 MCGRADY BUILDING	08/24/21	SL	39.00	MM	17	269,009.				269,009.	3,174.		574.	3,748.
	* 990 PAGE 10 TOTAL BUILDINGS						269,009.				269,009.	3,174.		574.	3,748.
	MACHINERY & EQUIPMENT										OF				
2	ASUS LAPTOP	01/10/19	200DB	5.00	ну	17	521.				521.	408.		113.	521.
3	METAL SHELVING	09/06/17	SL	12.00		16	428.			5.	423.	140.		35.	175.
4	WASHER AND DRYER	06/15/18	SL	10.00		16	400.			40.	360.	158.		36.	194.
5	AC UNIT FOR GA	01/01/20	SL	7.00		16	814.	~ (77	40.	774.	222.		111.	333.
8	2 DELL LAPTOPS	03/11/21	SL	5.00		16	1,645.				1,645.	274.		329.	603.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,808.			85.	3,723.	1,202.		624.	1,826.
	TRANSPORTATION EQUIPMENT) '								
1	HONDA MINIVAN	10/30/18	SL	7.00		16	19,039.			502.	18,537.	7,944.		2,648.	10,592.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT		_				19,039.			502.	18,537.	7,944.		2,648.	10,592.
	OTHER														
7	15006 MCGRADY LAND	08/24/21	L	39.00	MM		126,448.				126,448.			0.	
	* 990 PAGE 10 TOTAL OTHER						126,448.				126,448.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						418,304.			587.	417,717.	12,320.		3,846.	16,166.

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer VALOR SERVICE DOGS INC 47-5374265 EMELIE DASH Name and title of officer or person subject to tax DIRECTOR OF OPERATIONS Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b** Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here 4a b Balance due (Form 8868, line 3c) Form 8868 check here 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here b Total tax (Form 4720, Part III, line 1) Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize RIVERO, GORDIMER & COMPANY, P.A. 33602 to enter my PIN Enter five numbers, but FRO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

50005333602

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

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

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

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print VALOR SERVICE DOGS INC 47-5374265 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 15006 MCGRADY RD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 33598 WIMAUMA, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) EMELIE DASH The books are in the care of ► 15006 MCGRADY RD WIMAUMA, FL 33598 Telephone No. ▶ 813-634-3232 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box 🔪 💹 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

223841 04-01-22

LHA

Form 8868 (Rev. 1-2022)

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