Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990

and ending

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number
Г	Addres:				
F	Name change			27-1	082210
F	Initial return		Room/suite	E Telephone number	
	Termin- ated	· · · · · · · · · · · · · · · · · · ·	43		473-8223
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	644,751.
	Applica tion	LONG BEACH, NY 11561		H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: BETH ZIMMERMAN		for subordinates	
		218 E PARK AVENUE STE 543, LONG BEACH,	NY 1	H(b) Are all subordinates in	cluded? Yes No
		mpt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	r 527	If "No," attach a	list. (see instructions)
_		PETSFORPATRIOTS.ORG		H(c) Group exemptio	
_		organization: X Corporation Trust Association Other ►	∟ Year o	of formation: 2009 N	State of legal domicile: NY
P		Summary	DOBIT	ZAMIONIA MI	00TON TO MO
Activities & Governance	1 5	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ OF VETERANS BY HELPIN	G THE	M SAVE AN A	T RISK
ern	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	1 1	_
30				3	7
8		Number of independent voting members of the governing body (Part VI, line 1b) \dots			7
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			3 12
ξį		Total number of volunteers (estimate if necessary)			0.
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	l d	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	Current Year
_	8 (Contributions and grants (Part VIII, line 1h)		176,670.	575,824.
nue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,027.	56,541.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		158,643.	632,365.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
9	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		44,250.	80,087.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď	b∃	Total fundraising expenses (Part IX, column (D), line 25) 28,00			105.010
ш	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,776.	126,313.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		132,026.	206,400.
- N		Revenue less expenses. Subtract line 18 from line 12		26,617.	425,965.
ts o			Rei	ginning of Current Year 75,064.	End of Year 495,040.
Net Assets o	20 7	Fotal assets (Part X, line 16)		17,038.	11,046.
let/	21 T	otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		58,026.	483,994.
P	art II	Signature Block		30,0201	103,3311
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	/ knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which			,
Sig	ın	Signature of officer		Date	
He		BETH ZIMMERMAN, DIRECTOR			
		Type or print name and title	ın	late Check	PTIN
Da!		Print/Type preparer's name Preparer's signature		0110011	
Pai	-	NOAH M. RIFKIN Firm's name ► RIFKIN & LUBCHER, LLP	<u> </u>	1/07/14 if self-employed	P01233623 13-3644109
		Firm's name ► RIFKIN & LUBCHER, LLP Firm's address ► 424 MADISON AVENUE, 3RD FLOOR		Firm's EIN	TO-2044T03
USE	, Unity	NEW YORK, NY 10017		Dhone no 21	28888350
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		I Holle Ho.Z.I	X Yes No

Pa	rt 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:
	THE ORGANIZATION'S MISSION IS TO TRANSFORM THE LIVES OF VETERANS BY
	HELPING THEM SAVE AN AT RISK SHELTER DOG OR CAT. THIS WILL END ANIMAL
	HOMELESSNESS IN THE US AND ENRICH THE LIVES OF THE MEN AND WOMEN WHO
	SERVE, AND HAVE SERVED OUR COUNTRY. THE ORGANIZATION ALSO PROVIDES
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.
 4а	(Code:) (Expenses \$163 , 581including grants of \$) (Revenue \$)
·u	ASSIST VETERANS TO PAY FOR COSTS OF BASIC PET NEEDS
	MODIST VEHICLES TO THE TOK CODES OF DESCRIPTION NEEDS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 163,581.

332002 10-29-13

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-21
3	similar amounts as defined in Revenue Procedure 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			
Ŭ	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 temporarily restricted endowments, permanent			
	endowments, or 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, 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,		Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		Х
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		Х
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		Х
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) PETS FOR PATRIOTS
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	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			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	-22	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming					
	(gambling) winnings to prize winners?			1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h				
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509(a) (3)\ supporting\ organizations.$	d the s	upporting					
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
				14a	\sqcup	X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		(00.11		
				Form	990	(2013)		

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

	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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 in 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	THE ORGANIZATION - 877-473-8223 218 E PARK AVENUE, NO. 543, LONG BEACH, NY 11561			
	218 E PARK AVENUE, NO. 543, LONG BEACH, NY 11561			

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

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

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

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

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

Check this box if neither the organization r	(B)	J. 96						(D)	(E)	(F)
Name and Title	Average	(C) Position				1	an-	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week		cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ordirector						the	organizations	compensation
	hours for related	ordi	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	Individual trustee	Institutional trustee		ee/	Highest compensated employee		(44-2/1099-141130)		organization and related
	below	dual t	ntiona	<u>_</u>	Key employee	st co	-ia			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) BETH ZIMMERMAN	2.00									
EXECUTIVE DIRECTOR		Х		Х	Х			60,000.	0.	0.
(2) MARLA DICANDIA	2.00									
DIRECTOR, TREASURER		Х		Х				0.	0.	0.
(3) FRANK CHIERA	2.00							_	_	_
DIRECTOR, SECRETARY		Х		Х				0.	0.	0.
(4) SEAN LASHLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(5) KEITH SPANO	2.00									
DIRECTOR		Х						0.	0.	0.
(6) LETITIA WHITE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) JIM NASH	2.00									
HONORARY DIRECTOR	2 00	Х						0.	0.	0.
(8) KEITH WEAVER	2.00	٠,,							_	_
DIRECTOR	2 00	Х				<u> </u>		0.	0.	0.
(9) JAY FARRAR	2.00	x						0.	0.	0.
OIRECTOR (10) KATHY BROWN	2.00	_				<u> </u>		0.	0.	0.
HONORARY DIRECTOR	2.00	x						0.	0.	0.
HONORARI DIRECTOR		^						0.	0.	0.
		ł								
	+					<u> </u>				
		ł								
-										
		ł								
		ł								
						\vdash				
		1								
	1									
		1								
		1								
	•	_						•		•

(B) Average hours per week	box, unless person is both ar officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estimated amount of other		
hours for related	ndividual trustee or direct	nstitutional trustee)fficer	ey employee	lighest compensated mployee	ormer	organization (W-2/1099-MISC)	•		fro orga and	om the anizatio I relate	on ed
			0	<u>×</u>	1 0							
							60,000.		0.			0.
II, Section A							0.		0.			0.
						no re		0,000 of reportable				0
		e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on			Yes	No
um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from					x
accrue comper	nsat	ion f	rom	any	unr unr	elat		idual for services		5		X
omnensated in	dene	ende	nt c	onti	racto	ore t	that received more than	\$100,000 of com	nens:	ation f	rom	
-	-						n the organization's tax					
address	NC	ONE	3					ervices	C			ı
						\perp						
							d above) who received m					
	Average hours per week (list any hours for related organizations below line) //II, Section A not limited to the such individual sum of reportab 50,000? If "Yes, accrue compensated incompensated in	Average hours per week (list any hours for related organizations below line) //II, Section A not limited to those r, director, or truster such individual sum of reportable con accrue compensate mplete Schedule J for the calendar year of	Average hours per week (list any hours for related organizations below line) //II, Section A //II, Section A	Average hours per week (list any hours for related organizations below line) //II, Section A //II, Section A	Average hours per week (list any hours for related organizations below line) In Section A All, Section A Average hours per week (list any hours for related organizations below line) In Section A All, Section A All Section A	Average hours per week (list any hours for related organizations below line) Inot limited to those listed above) where the such individual sum of reportable compensation from any unmplete Schedule J for such person in the calendar year ending with or week (list any hours for related organizations below line) Inot limited to those listed above) where the position is bottofficer and a director/trus and patential propriation and the position of the position is bottofficer and a director/trus and patential propriation and the position and the pos	Average hours per week (list any hours for related organizations below line) In Section A Average hours per week (list any hours for related organizations below line) In Section A TI, Section A Tr, director, or trustee, key employee, or such individual sum of reportable compensation and ot accrue compensation from any unrelating the calendar year ending with or within the calendar year ending with	(B) Average hours per week (list any hours for related organizations below line) Ine) Average (not check more than one box, unless person is both an officer and a director/trustee) Indiana, population of the compensation from the organization of the organization (W-2/1099-MISC) Average (not check more than one box, unless person is both an officer and a director/trustee) Indiana, population of the organization of the organization of the organization (W-2/1099-MISC) Average (not check more than one box, unless person is both an officer and a director/trustee) Indiana, population of the organization organization organization of the organization of the organization organi	(B) Average hours per week (list any hours for related organizations below line) D Reportable compensation from related organizations below line) D D D D D D D D D	(B) Average hours per week (list any hours for related organizations below line) In Part of the compensation of the compensat	Average hours per week (list any hours for related organizations below line) Position Reportable compensation from related organizations below line) Reportable compensation from related organizations Reportable compensation from related organizations Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organization (W-2/1099-MISC) Reportable	(B) Average hours per week (list any hours for related organizations below line) March M

Part VIII Statement of Reve

Ра	rt VI							
		Check if Schedule O conta	ains a response	or note to any lin		/D)	(0)	
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
nts its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	_	Membership dues						
Ğ,		Fundraising events						
ifts ar A		d Related organizations						
nik Bis		Government grants (contributions)						
Sir		All other contributions, gifts, grant	· ·					
uti	'	similar amounts not included abov	1 1	575,824.				
er Offi				373,024.				
no Du		Noncash contributions included in lines			575,824.			
a C	n	Total. Add lines 1a-1f						
				Business Code				
ice	2 a	a						
er Le	b	·						
n S en	C	·						
Jrar Pev	d	d						
Program Service Revenue	е	·						
Д	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	•					
		other similar amounts)		🕨				
	4	Income from investment of tax	k-exempt bond	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	d Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		d Net gain or (loss)		. <u></u>				
Other Revenue	8 a	 Gross income from fundraising including \$ 						
eve		contributions reported on line						
Ä		Part IV, line 18	•	67,727.				
the	h	Less: direct expenses						
0		Net income or (loss) from fund			55,341.			55,341.
		a Gross income from gaming ac	-					
	_	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less i	•					
		and allowances		1,200.				
	b	Less: cost of goods sold		0.				
		Net income or (loss) from sales			1,200.	1,200.		
		Miscellaneous Revenue		Business Code				
	11 a							
	b	-						
	c							
		d All other revenue						
	е	Total. Add lines 11a-11d			622 25-	4 000		FF 2.11
	12	Total revenue. See instructions.			632,365.	1,200.	0.	55,341.

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	•	5	• • • • • • • • • • • • • • • • • • • •	
_	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundráising
10, 1	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the United States. See Part IV, line 21				
•					
2	Grants and other assistance to individuals in				
•	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60,000.	48,900.	6,433.	4,667.
•	trustees, and key employees	00,000.	40,900.	0,433.	4,007.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,333.	3,900.	433.	
7	Other salaries and wages	4,333.	3,300.	433.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,754.	11,878.	1,575.	2,301.
10	Payroll taxes	13,134.	11,0/0.	Ι, 3/3•	4,301.
11	Fees for services (non-employees):				
a	Management				
b	Legal	6,015.	3,008.	3,007.	
	Accounting	0,013.	3,000.	3,007.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10,450.			10 450
40	column (A) amount, list line 11g expenses on Sch O.)	8,420.	3,176.		10,450. 5,244.
12	Advertising and promotion	2,926.	2,195.	293.	438.
13	Office expenses	2,920.	2,193.	293.	430.
14	Information technology				
15	Royalties				
16	Occupancy	3,111.			3,111.
17	Travel	3,111.			<u> </u>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to effiliates				
21	Payments to affiliates	7,781.	5,729.	1,071.	981.
22	Depreciation, depletion, and amortization	378.	5,125.	378.	701•
23 24	Other expenses. Itemize expenses not covered	370.		370•	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VETERANS' PET FOOD BANK	73,932.	73,932.		
a b	MISCELLANEOUS	8,928.	7,451.	667.	810.
C	COMPUTER AND WEBSITE	4,372.	3,412.	960.	0101
d		-, -, -,	J, 1124		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	206,400.	163,581.	14,817.	28,002.
26	Joint costs. Complete this line only if the organization	,	,	==,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 10-29-13	·			Form 990 (2013)

	Check if Schedule O contains a response or note	e to any line in this	Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			52,533.	1	463,617
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			11,650.	3	13,250
4	Accounts receivable, net			2,563.	4	
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ted employees. C	omplete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualif	efined under				
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect	ion 501(c)(9) volur	ntary			
2	employees' beneficiary organizations (see instr).	Complete Part II	of Sch L		6	
7	Notes and loans receivable, net		[7	
8	Inventories for sale or use				8	
9	D ::				9	
10a	Land, buildings, and equipment: cost or other		Γ			
	basis. Complete Part VI of Schedule D	10a	33,345.			
b	Less: accumulated depreciation	10b	15,172.	8,318.	10c	18,173
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1				13	
14	Intangible assets				14	(
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			75,064.	16	495,040
17	Accounts payable and accrued expenses			17,038.	17	11,046
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to current and former	officers, directors	, trustees,			
22	key employees, highest compensated employee	s, and disqualified	d persons.			
3	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	d third parties			24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines	17-24). Complete	Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			17,038.	26	11,046
	Organizations that follow SFAS 117 (ASC 958)), check here 🕨	X and			
3	complete lines 27 through 29, and lines 33 and	d 34.				
27	Unrestricted net assets		58,026.	27	483,994	
28	Temporarily restricted net assets			28		
29	Permanently restricted net assets				29	
5	Organizations that do not follow SFAS 117 (AS	SC 958), check h	ere ▶Ш			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated inc				32	
33	Total net assets or fund balances		[58,026.	33	483,994
34	Total liabilities and net assets/fund balances			75,064.	34	495,040

495,040. Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		5,9	65. 26.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	48	3,9	94.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		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 in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

			R PATRIOTS I						2'	7-1082	210	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗌			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives: (1) more than 33 1			rom contri	butions, n	nembershi	p fees, ai	nd gross re	ceipts	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			•		·	,			•	
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11 🔲	-	-	perated exclusively for th	-	•			•	y out the	purposes	of one	or
			ations described in secti									
			organization and comple				,	•				
	a Type			ype III - Fu			c	і 🔲 Тур	e III - Nor	n-functiona	lly inte	grated
е 🗀	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons ot	her tha	an
		•	han one or more publicly		•	-	•		-	· -		
f			tten determination from t						. , , ,		. , ,	
			nis box									
g			organization accepted ar									
_			lirectly controls, either al							,	Yes	No
			upported organization?									
	_		n described in (i) above?								1	
			person described in (i) o									
h			about the supported or									•
		· ·			. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
` '	anization	(, =	(described on lines 1-9	in col. (i) lis				organizatio (i) organiz	organization in col. (\) (i) organized in the		port	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					L			L				
Total												
LHA For I	Paperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (Forr	n 990 or 9	90-EZ	2013

332021 09-25-13

Form 990 or 990-EZ.

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support			ı	1	1	
	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						. —
Sec	organization, check this box and stop ction C. Computation of Publi	nere c Support Pe	ercentage				P
	Public support percentage for 2013 (li			column (fl)		14	%
	Public support percentage from 2012					15	
	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies	· ·		,		,	
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	•					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
					•		or 990-E7) 2013

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

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

Se	etion A. Public Support	now, produce comp	noto i dit ii.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")		100.	90,493.	176,670.	643,551.	910,814.
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						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
•	· · · · ·		100.	90,493.	176,670.	643,551.	910,814.
	Total. Add lines 1 through 5		100.	30,433.	170,070.	043,331.	910,014.
78	Amounts included on lines 1, 2, and						0.
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						<u> </u>
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						910,814.
_	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010 100.	(c) 2011 90, 493.	(d) 2012 176,670.	(e) 2013 643,551.	(f) Total 910,814.
	Amounts from line 6		100.	30,433.	170,070.	043,331.	910,014.
IUa	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						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		100.	90,493.	176,670.	643,551.	910,814.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2013 (lin	ne 8, column (f) di	vided by line 13, co	olumn (f))			100.00 %
	Public support percentage from 2012					16	100.00 %
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by line	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	.012 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box o	n line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	fies as a publicly s	supported organiza	ation	► X
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The organ	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	ı did not check a	box on line 14, 19a	ı, or 19b, check th	nis box and see ins	structions	<u></u> ▶□

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

PETS FOR PATRIOTS INC

Employer identification number

27-1082210

Organization type (check one):									
Filers of	lers 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							
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
X	For an organization contributor. Comple	i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.							
Special	Rules								
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year									
Caution	An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

PETS FOR PATRIOTS INC

Employer identification number 27-1082210

Part I	Contributors ((see instructions)	. Use duplicate co	pies of Part I if ac	dditional space is needed.
--------	----------------	--------------------	--------------------	----------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 11,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,960. 	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		\$5,000.	Person X Payroll (Complete Part II for noncash contributions.)
323452 10-2	24-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013

Name of organization

Employer identification number

PETS FOR PATRIOTS INC

27-1082210

(b)	·	
Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	\$10,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· .	\$5,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s10,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	\$5,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 (c) Total contributions \$ 5,000. (b) Name, address, and ZIP + 4 (c) Total contributions \$ 5,000. (c) Total contributions \$ 10,000. (d) Name, address, and ZIP + 4 (e) Total contributions \$ 5,000.

Name of organization **Employer identification number**

PETS FOR PATRIOTS INC

27-1082210

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - \$				
		- Γ Ψ				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		- \$				
(a)						
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		- - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-				
		- - -				
202452 10 0		Schedule R (Form 6	990-F7 or 990-PF\ (2013)			

Name of organization Employer identification number

שמת	EOD		TATO
PETS	FOR	PATRIOTS	TNC

27-1082210

Part III	Exclusively religious, charitable, etc., indiverse complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to sect the following line entry. For o c., contributions of \$1,000 or al space is needed.	tion 501(c)(7), (8) organizations comp or less for the year	o, or (10) organizations that total more than \$1,000 for the pleting Part III, enter
(a) No. from Part I	(b) Purpose of gift	(c) Use of o	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transt		elationship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transi nd ZIP + 4		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of		gift	(d) Description of how gift is held
-	Transferee's name, address, al	(e) Transf	_	elationship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4		elationship of transferor to transferee
-				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-1082210 PETS FOR PATRIOTS INC

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6		IS OF A	CCOL	Ints.Complete if the
	organization anowered 100 to 10111 550, 1 are 17, iiii 5	(a) Donor advised funds	(i) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor adv	ised fund	ds	
	are the organization's property, subject to the organization's ex	_			Yes No
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or c	• •		•	
	• •			•	Yes No
Pai	rt II Conservation Easements. Complete if the organ				
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or edu		nistoricall	v impo	ortant land area
	Protection of natural habitat	Preservation of a ce			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	n of a co	nserv	ation easement on the last
_	day of the tax year.		11 01 4 00	1100111	ation decoment on the lect
	day of the tax your.]		Held at the End of the Tax Year
а	Total number of conservation easements		İ	2a	
	Total acreage restricted by conservation easements			2b	_
	Number of conservation easements on a certified historic struc			2c	_
	Number of conservation easements included in (c) acquired aft				
ŭ	listed in the National Register	*		2d	
3	Number of conservation easements modified, transferred, relea		_		during the tax
_	year ▶	iooa, onimigaionioa, or ionimiaioa by i			. asimig and tax
4	Number of states where property subject to conservation ease	ment is located			
5	Does the organization have a written policy regarding the period	·	- of		
•	violations, and enforcement of the conservation easements it h				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar				
7	Amount of expenses incurred in monitoring, inspecting, and en				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?	•	()()(, , ,	Yes No
9	In Part XIII, describe how the organization reports conservation				and balance sheet, and
	include, if applicable, the text of the footnote to the organization	•		-	•
	conservation easements.				
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or	Other 9	Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement ar	nd bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exhib				
	the text of the footnote to its financial statements that describe	es these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	ent and b	alance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of p	oublic ser	vice, ı	provide the following amounts
	relating to these items:	,		, ,	G
	(i) Revenues included in Form 990, Part VIII, line 1			•	\$
					\$
2	If the organization received or held works of art, historical treas			-	·
	the following amounts required to be reported under SFAS 116		J,		
а	Revenues included in Form 990, Part VIII, line 1			•	\$
	Assets included in Form 990, Part X				
	, ====================================			-	·

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	collections of A		Treasures.	or Other	r Similar A	ssets/continu	
	Using the organization's acquisition, accessi							
Ū	(check all that apply):	on, and other record	is, criccit arry or t	ric following the	at are a sig	imicant use o	i its conceilori	itorris
а	Public exhibition	d	I Loan or o	xchange progr	ame			
b	Scholarly research	e						
		е						
C	Preservation for future generations			41	:		David VIII	
4	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit o							
Dai	to be sold to raise funds rather than to be ma							No_
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete ir the organiza	tion answered	Yes to F	orm 990, Part	iv, line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribut	ions or other as	ssets not in	ncluded		
	on Form 990, Part X?						· 🔲 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to	Form 990, Part	IV, line 10).		
	·	(a) Current year	(b) Prior year	(c) Two yea	rs back (d	d) Three years b	ack (e) Four	years back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1a. columi	n (a)) held as:			•	
а	Board designated or quasi-endowment	•	%	. ,,				
	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posse	•	ation that are held	d and administe	ered for the	e organization		
	by:	ŭ				J	Ţ-	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a	. See Form 990), Part X, lir	ne 10.		
	Description of property	(a) Cost or o basis (investr	',	ost or other sis (other)		cumulated reciation	(d) Book	value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			30,388.		14,003.		,385.
	Other			2,957.		1,169.		788.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10(c).)		>	18	,173.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities. Complete if the organization answered "Yes" to			17-1002210 Page
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives	(b) Book value	(e) memed of valuations each of	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.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-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.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	1	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" to	Form 990 Part IV lir	ne 11e or 11f See Form 990 Part X line	25
. (a) Description of liability	7101111330,1 411114, 111	(b) Book value	20.
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote	e to the organization's financial statemen	ts that reports the
		ck here if the text of the footnote has be	I

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	ue per Return.	.
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	632,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	632,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			632,365.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	nses per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, lir			
1	Total expenses and losses per audited financial statements		1	206,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	2b		
С	***************************************			
d	,	· · · · · · · · · · · · · · · · · · ·		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	206,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	/	4b		0
	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	206,400.
	rt XIII Supplemental Information.	4 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	D 177 1 D 177	" 0 D 134
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X,	line 2; Part XI,
intes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	iny additional information.		

332054 09-25-1

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number** EOD DAMDTOMC TMC 1002210

PETS FOR PATRIOTS INC	27-1002210
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SHELTER DOG OR CAT. THIS WILL END ANIMAL HOMELESSNESS IN	THE US AND
ENRICH THE LIVES OF THE MEN AND WOMEN WHO SERVE, AND HAVE	SERVED OUR
COUNTRY. THE ORGANIZATION ALSO PROVIDES ACCESS TO ADDTION	AL COSTS
REDUCTIONS FOR VETERINARY SERVICES AND PET BASICS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
ACCESS TO ADDTIONAL COSTS REDUCTIONS FOR VETERINARY SERVI	CES AND PET
BASICS.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: BOARD REVIEWS 990 PRIOR TO ITS FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS FINANCIAL STATEME	NT AVAILABLE TO
THE PUBLIC ON IT'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	3.

26

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No. 179 Identifying number

PETS FOR PATRIOT	S INC		FOR	м 9	90 1	PAGE 10		27-1082210
Part I Election To Expense Ce	rtain Property Under S	ection 179 Note: If y	ou have any lis	ted pr	operty,	complete Part	V before	you complete Part I.
1 Maximum amount (see instru	uctions)						1	500,000.
2 Total cost of section 179 pro	perty placed in servi	ice (see instructions	s)				2	
3 Threshold cost of section 17								2,000,000.
4 Reduction in limitation. Subt								
5 Dollar limitation for tax year. Subtract	line 4 from line 1. If zero or I	ess, enter -0 If married f	iling separately, see	e instruct	tions		5	
6 (a) De	scription of property		(b) Cost (busin	ess use	only)	(c) Electe	d cost	
7 Listed property. Enter the an	mount from line 29				7			
8 Total elected cost of section	179 property. Add a	amounts in column	(c), lines 6 and	7			8	
9 Tentative deduction. Enter th	ne smaller of line 5 o	or line 8					9	
10 Carryover of disallowed ded								
11 Business income limitation. I	Enter the smaller of b	ousiness income (no	ot less than ze	ro) or li	ine 5		11	
12 Section 179 expense deduc	tion. Add lines 9 and	10, but do not ente	er more than lir	ne 11			12	
13 Carryover of disallowed ded	uction to 2014. Add	lines 9 and 10, less	line 12	▶	13			
Note: Do not use Part II or Part I	III below for listed pro	operty. Instead, use	Part V.					
Part II Special Depreciati	ion Allowance and (Other Depreciation	n (Do not inclu	de liste	ed prop	oerty.)		
14 Special depreciation allowan	nce for qualified prop	erty (other than list	ed property) pl	aced i	n servi	ce during		
the tax year							14	
15 Property subject to section 1	168(f)(1) election						15	
16 Other depreciation (including							l	592.
Part III MACRS Depreciat	tion (Do not include l	listed property.) (Se	e instructions.)				
			ection A					
17 MACRS deductions for asse	ets placed in service i	in tax years beginni	ing before 201	3		<u></u>	<u></u> 17	
18 If you are electing to group any assets	placed in service during the	e tax year into one or mor	e general asset acc	ounts, cl	neck here	<u> </u>		
Section I	B - Assets Placed in			Using	the Ge	neral Depreci	ation Sys	tem
(a) Classification of property	(b) Mon year pl in ser	laced (business)	for depreciation finvestment use se instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs.		S/L	
		/		27	'.5 yrs.	MM	S/L	
h Residential rental proper	ty	/		27	'.5 yrs.	MM	S/L	
i Name - internal 1	- 4	/		3	9 yrs.	MM	S/L	
i Nonresidential real prope	erty	/				MM	S/L	
Section C	- Assets Placed in S	Service During 20	13 Tax Year U	sing th	ne Alte	rnative Depre	ciation Sy	stem
20a Class life							S/L	
b 12-year				1	2 yrs.		S/L	
c 40-year		/		_	0 yrs.	MM	S/L	
Part IV Summary (See inst	tructions.)	•				•		
21 Listed property. Enter amou	nt from line 28						21	
22 Total. Add amounts from line								
Enter here and on the appro	priate lines of your re	eturn. Partnerships	and S corpora	-			22	592.
23 For assets shown above and								
portion of the basis attributa	ble to section 263A	costs			23			

For	m 4562 (2013)	PET	S FOR P	ATRIOTS	IN	C					27-1	082	210 Page
Pa	amusement.)		•	ertain other vehic			•		•		tertainme	nt, rec	reation, or
	Note: For any through (c) of S	vehicle for wl Section A, all	hich you are us of Section B,	sing the standard and Section C if	d mil app	leage rat licable.	e or dedu	cting lease	e expense,	comp	lete only 2	24a, 24	4b, columns (a)
	Section A	- Depreciation	on and Other	Information (Ca	autic	n: See t	he instruc	tions for li	mits for pa	sseng	er automo	biles.)	
24a	Do you have evidence to s	support the bu	siness/investme	nt use claimed?		Yes	└─ No	24b If "Y	es," is the	evider	nce writte	ո? ∟	Yes No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentaç			Basis for (business	(e) depreciation /investment only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreci deduc	ation	(i) Elected section 179 cost
25	Special depreciation allo			, .			U	,	d	25			
<u></u>	used more than 50% in Property used more tha									25			
20	Property used more tha	11 30% 111 a q		İ									
				6									
				6									
27	Property used 50% or le	ee in a quali		<u> </u>									
	1 Toperty asca 5070 of R		i	6					S/L -				
			9						S/L -				
				6					S/L -				
28	Add amounts in column	(h) lines 25		- 1	line	21 nac	e 1			28			
	Add amounts in column											29	
	riad arribarito irr bolariir	1 (1), 11110 20. 2		ection B - Infor									I
	mplete this section for verour employees, first ans		by a sole prop	rietor, partner, o	r oth	ner "mor	e than 5%	owner," o	•				
30	Total business/investment	miles driven d	uring the	(a) Vehicle		(b) Vehicle	V	(c) 'ehicle	(d) Vehic	le	(e) Vehic	le	(f) Vehicle

	Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	•	(t Veh	•	(d Veh	c) iicle	,	(d) Vehicle		(e) Vehicle		icle
31 32	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?										·		
	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
	- 11/1 4		

Part VI Amortization	,	,		_		<u> </u>
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year
42 Amortization of costs that begins during your	2013 tax yea	ar:				
SOFTWARE	070113 17,638. 36					2,940.
	: :					
43 Amortization of costs that began before your	2013 tax yea	r			43	4,250.
44 Total. Add amounts in column (f). See the ins	44	7,190.				

316252 12-19-13