Form	99	90	Retu	rn of Organizati	on Exempt P	rom Inc	ome ⁻	Тах		OMB N	o. 1545-0047
1 OIIII				•	•					2	020
				(c), 527, or 4947(a)(1) of					lations)		
		he Treasury		t enter social security n		-		-		-	to Public
		le Service		to www.irs.gov/Form99	0 for instructions						pection
		pplicable:	r year, or tax year be	on Genesis Assist	anda Doga T		nd endir		D. Empla	, 20 oyer identifica	
	idress c		Doing business as	Genesis Assist	ance bogs, in	10.			DEmpic	45-525	
	ame cha	-		or P.O. box if mail is not delivered	to street address)		Room/suit	e.	F Teleph	none number	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	tial retu	•	PO Box 310				r to on a out	.0	_ 10.0p.		29-0277
		n/terminated	City or town, state of	r province, country, and ZIP or fo	reign postal code				G Gross		
Ar	nended	return	West Palm	Beach, FL 33402	-				\$		531,101
Ap	plication	n pending	F Name and address	of principal officer:				H(a) Is this a g	group return fe	or subordinates?	Yes X No
								H(b) Are all s	subordinate	s included?	Yes No
I Ta	ax-exem	pt status: X	501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527		lf "No,"	attach a lis	t. See instruction	ons
JW	ebsite:	► www	genesisassist	ancedogsinc.org	1			H(c) Group e	exemption r	number 🕨	
			Corporation Trust	Association Other ►		L Year of formati	on: 201	2 M S	State of lega	al domicile:	FL
Par	T	Summar									
	1		0	nission or most significant		provide a					
Ð		-		people with disa		ough the	trair	ning and	d plac	cement o	of highly
anc		skilled	ssistance dog	s for children an	nd adults.						
Governance	2	Chaoli thia hi		ation discontinued its oper	ations or disposed	of more than	250(of it		to.		
200	2			joverning body (Part VI, li					1 1		0
~				bers of the governing body							8
Activities &				ed in calendar year 2020 (5		0
tivit	6		of volunteers (estimat		· · · · · · · · · · · · · · · ·						5
Ac				rom Part VIII, column (C),					/ -		0
				ome from Form 990-T, Pa							0
								Prior Year		Curr	rent Year
	8	Contributions	and grants (Part VIII,	line 1h)					,222		231,778
e	9			, line 2g)					-		0
Revenue	10			nn (A), lines 3, 4, and 7d)				22	2,208		23,040
Rey	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)						0
	12	Total revenue	- add lines 8 through	11 (must equal Part VIII, o	column (A), line 12)			129	,430		254,818
	13	Grants and s	milar amounts paid (P	art IX, column (A), lines 1	-3)		•		287		0
	14			art IX, column (A), line 4)			• 📖				0
6				oyee benefits (Part IX, col	,		•				0
Expenses			-	IX, column (A), line 11e)			•	8	3,406		7,345
cper				, column (D), line 25) ►		7,430					
ш	17), lines 11a-11d, 11f-24e)					5,296		73,946
	18			nust equal Part IX, column					,989		81,291
	19	Revenue les	expenses. Subtract	ine 18 from line 12	•••••	• • • • • •			441		173,527
s or nces	20	Total accesta	Dort V line 16)				-	ning of Curre			of Year
sset Bala	20 21							962	2,451		1,236,105
Net Assets or Fund Balances	22			ract line 21 from line 20				962	2,451		1,236,105
Par		Signatu					•	502	,,131		1,230,105
Under	penaltie	es of perjury, I dec	are that I have examined this	s return, including accompanying			of my know	ledge and bel	lief, it is		
true, c	orrect, a	and complete. Dec	aration of preparer (other tha	an officer) is based on all informat	ion of which preparer has	any knowledge.					
		Jeff	ey Eagle						0	1-21-20	21
Sign)	Signatur	of officer						Dat	e	
Here	•		ey Eagle, Pres	sident							
		,	rint name and title			1			1		
_		Print/Type pre	parer's name	Preparer's signature		Date		Check	if	PTIN	
Paid		Dan All	-		lezt	01-19-2	021	self-em	ployed	P0083	7589
Prep				l J Allegretti Cl			Fi	rm's EIN 🕨			
Use	Only	Firm's address		PGA Blvd Suite 60			PI	hone no.			
				Beach Gardens FL					561-2	223-3682	
May t	he IRS	6 discuss this	etum with the prepare	er shown above? (see inst	ructions)					· · · · [] `	Yes X No

Form	990 (2020) Genesis Assistance Dogs, Inc.	45-5259950	Page 2
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:		
	To provide ability and independence to transform the lives of people with d		hrough
	the training and placement of highly skilled assistance dogs for children a	and adults.	
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ?	Yes 🛽	<u>K</u> NO
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes <u>p</u>	
	If "Yes," describe these changes on Schedule O.	une al las s	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.	ouners,	
	The total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 59,481 including grants of \$) (Revenue	e \$)
чи	Trained and placed highly skilled assistance dogs to provide daily assistan		/ r
	independence to individuals with physical disabilities.	ice und greute.	-
	independence to individuals with physical disubilities.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	è \$)
70		φ)
	V		
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 59,481		
		_	000 (2020)

	n 990 (2020) Genesis Assistance Dogs, Inc. 45-525	9950	F	Page 3
Pa	Int IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A		X	
2		. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II \ldots	. 4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	. 5		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5		х
0	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			~
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			-
Ũ	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a		х
k	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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		х
c	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
e	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				
	Schedule D, Parts XI and XII	. 12a		х
b	ů v v v v v v v v v v v v v v v v v v v			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. <u>14a</u>		х
b				
	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			
40	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	10		
17	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 11e2 if "Xes," complete Schedule G, Part I, See instructions	47		v
19	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	. 17		x
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. 10		x
13	If "Yes," complete Schedule G, Part III	. 19		v
20 a			-	X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?			~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		x
		• • • •	1	- 22

	990 (2020) Genesis Assistance Dogs, Inc. 45-5259	950	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		No.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	. 23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	. 24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 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 disgualified 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 or any of these persons? If "Yes," complete Schedule L, Part II.	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		х
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		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		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			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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			
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	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			
		<u></u>	Yes	
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	res	No
1a b		1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	5		
С		. 1c		
	reportable gaming (gambling) winnings to prize winners?	<u>. 10</u>		L

		-525995	0	P	Page 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a					
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	0			
b			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	· · · ·	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	· · · · _	3b		
4a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · · · _	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	· · · · _	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · ·	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	••••	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	••••	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-		
•	sponsoring organization have excess business holdings at any time during the year?	••••	8		x
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· · · ·	9b		x
10	Section 501(c)(7) organizations. Enter:				
a L	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:				
a ⊾	Gross income from members or shareholders 11a				
b					
120	against amounts due or received from them.)		12a		
12a b		· · · ·	120		
ь 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		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
b					
D.	the organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a			14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	-	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	••••	· - • •		
10	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	••••	13		л
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.	••••			Λ

Form **990** (2020)

	n 990 (2020) Genesis Assistance Dogs, Inc. 45-52599		F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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		х
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	ction 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	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	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		х
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		x
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		х
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	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X 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,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jeffrey Eagle (561)329–0277, PO Box 3101, West Palm Beach, FL 33402			

Form 990 (202	0) Genesis Assistance Dogs, Inc.	45-5259950	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	compensated Employe	es, and
	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 organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with ax year.	n or within the	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C)					
(A)	(B)			Positio			(D)	(E)	(F)
Name and title	Average				than one is both an		Reportable	Reportable	Estimated amount
	hours				or/trustee)		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or	Ins	OĦ	Hig em	РЧ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	direc	tituti	Officer	ploy ploy	ormer			related organizations
	organizations	Individual trustee or director	Institutional trustee		Highest compe employee Key employee				
	below	uster	trust		ee the				
	dotted line)	U U	ee		Highest compensated employee Kev employee				
					a				
(1) Jeff Pertnoy	2.00								
Director		x					0	0	0
(2) Beverly Broberg	2.00								
Director		x					0	0	0
(3) Keith Hedrick	2.00								
Director		x					0	0	0
(4) Charlie Eagle	2.00								
Director		х					0	0	0
(5) Julie Collins	2.00								
Vice President		х	2	x			0	0	0
(6) Jeffrey Eagle	20.00								
President		х	2	x	_		0	0	0
(7) Annette Sebesto	2.00								
Secretary		х		x			0	0	0
(8) Pamela J Janson	<u>2.0</u> 0								
Treasurer		х	2	x			0	0	0
<u>(9)</u>									
(40)									
<u>(10)</u>									
(44)				_					
<u>(11)</u>									
(12)									
(12)									
<u>(13)</u>									
(14)				+					
<u>Ч</u>									
	1							1	E and (0000)

	90 (2020) Genesis Assistance	e Dogs,	Inc.							45	5-525995	0	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar	nd Hig	ghes	st Cor	npe	ensated Employe	es (contin	ued)			
	(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					compensation from the organization		(E) Reportable compensation from related organizations	ble ation ted tions	(F) Estimated an of othe compensa from the		
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-M	AISC)	organiz related o		
(15)														
(4.0)														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)				5										
1b	Subtotal					•••		►						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		• • •	•••	••••	· ·	· · · · · ·		0		0			0
2	Total number of individuals (including but not limit	ted to those l	listed a	bove	e) who	o rec	eived	mc	ore than \$100,000	of	I			
	reportable compensation from the organization)	/es	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>		-			-						3		v
4	For any individual listed on line 1a, is the sum of re-										••••	5		x
	organization and related organizations greater th								e J for such					
5	individual								tion or individual		••••	4		x
	for services rendered to the organization? If "Yes	•		-			-					5		х
	on B. Independent Contractors	to d in don on	dontoo	ntro	otoro	hot r		. d .	mara than \$100.00	0. of				
1	Complete this table for your five highest compensation from the organization. Report comp										ax year.			
	(A)				-				(B)			(C)		
	Name and business addres	SS							Description of service	es	Co	mpensati	ion	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from	-				ed ab	ove) v	who	0					

Form 9	90 (20	20) Genesis Assistance	Dogs, Inc.			45-52599	50 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or	note to any line in th	nis Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512–514
	_ 1a	1 0		_			
s s	b		-	-			
unt	С	..	-	_			
s, G Amo	d	j		_			
Gift lar J	e		9	-			
Contributions, Gifts, Grants and Other Similar Amounts	f						
utio Ter (and similar amounts not included above 1	231,778	-			
Gti	g		- 				
and	L .		g \$				
	n	Total. Add lines 1a-1f	Business Code	231,778			
	2a						
8	b						
ervi ne	c						
ven	d						
grai Re	e		-				
Program Service Revenue	f	All other program service revenue					
_	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		22,947			22,947
	4	Income from investment of tax-exempt bond pro	oceeds►				
	5	Royalties	<u></u>			-	
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other	-			
		sales of assets					
	h	other than inventory 7a 276,37 Less: cost or other basis	0	-			
0	a	and sales expenses 7b 276,28					
an u			3	-			
eve			· · · · · · · · · ·	93			93
Other Revenue		Gross income from fundraising					55
Gthe		events (not including \$					
U		of contributions reported on line					
			Ba				
	b		3b	-			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities, See Part IV, line 19)a	_			
	b	Less: direct expenses	9b				
	C	Net income or (loss) from gaming activities	<u></u> ►				
	10a	Gross sales of inventory, less					
			0a	-			
		J	0b				
	C	Net income or (loss) from sales of inventory .					
	44-		Business Code				
ous	11a						
lan enu	b			+			
Miscellanous Revenue	c d						
Ϊ		Total. Add lines 11a-11d					
		Total revenue. See instructions		254,818	0	0	23,040
	-				•	v	,,

20) Genesis Assistance Dogs, Inc. Statement of Functional Expenses

L	TITA Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all o	-	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
c		2,150		2,150	
d				2,250	
e	Professional fundraising services. See Part IV, line 17 .	7,345			7,345
f	Investment management fees	2,735		2,735	7,545
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,155		2,755	
9	(A) amount, list line 11g expenses on Schedule O.)	6,010		6,010	
12	Advertising and promotion	157		72	85
12		157		12	65
	Office expenses	1 004		1 004	
14	Information technology	1,084		1,084	
15	Royalties				
16					
17	Travel	*			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,967	897	1,070	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Dog training	29,257	29,257		
b	Veterinary costs	12,144	12,144		
С	Dog food	6,834	6,834		
d	Assistance dogs	6,300	6,300		
е	All other expenses	5,308	4,049	1,259	
25	Total functional expenses. Add lines 1 through 24e	81,291	59,481	14,380	7,430
26	Joint costs. Complete this line only if the	-	-	-	-

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 if Schedule O contains a response or note to any line in this Part X			Г
			<u></u>	<u>••••</u> ••• L
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	35,587	1	107,718
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
			6	
7			7	
8			8	
9		921	9	1,089
10a				
b			10c	
		925,943		1,127,298
			-	
		962 451	-	1,236,105
		5027151		1,250,103
			-	
-			-	
			-	
			21	
~~				
			22	
22				
			24	
25				
			25	
26		0		
20		0	20	
27		962 451	27	1,236,105
		502,451		1,230,105
20			20	
20			20	
	-	000 451		1 000 100
				1,236,105 1,236,105
	4 5 6 7 8 9 10a	 Accounts receivable, net	4 Accounts receivables from any current of former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Lad, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Account payable and accrued expenses 18 Grants payable. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Lanse and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any ot these persons 23 Secured mortgages and notes pa	4 Accounts receivable, net 4 5 Loars and other receivables from any current of former officer, director, trustee, key employe, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958(c)(3)(E) 6 7 Inventories for sale or use 7 8 Prepaid expenses and deferred charges 9.21 9 Prepaid expenses and deferred charges 9.21 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 11 Investments - publicly traded securities 9.25, 9.43 12 Investments - publicly traded securities 14 13 Intangible assets 14

EEA

Form 990 (2020)

_		5-525	9950	P	age 12
P	Part XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	••••			
1		1			,818
2		2			,291
3		3			,527
4		4			,451
5		6		97,	,392
7		7		2	,735
8		8		4	, , , , , ,
9		9			0
10					
	32, column (B))	10	1	,236	.105
P	Part XII Financial Statements and Reporting			//	
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	I Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	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				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	• • •	<u>3a</u>	_	X
	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA	A		For	m 990 (2020)

SCHEDULE A
(Form 990 or 990-E2

				1	OMB No. 1545	5 0047		
SCHEDULE A (Form 990 or 990-EZ)			Public Charity Status and Public Support	F				
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexem	pt charitable trust	202	U		
-			► Attach to Form 990 or Form 990-EZ.	·	Open to P	ublic		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest informat	ion.	Inspecti			
		organization		Employer identificat				
Ger	nesi	s Assistan	ce Dogs, Inc.	45-525995	50			
	art I		for Public Charity Status. (All organizations must complete this part.) S	ee instructior	IS.			
The	orga	nization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)					
1		A church, con	vention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a	cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical rese	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	(iii). Enter the				
		hospital's nam	e, city, and state:					
5		An organizatio	n operated for the benefit of a college or university owned or operated by a governmental ur	it described in				
		section 170(b)(1)(A)(iv). (Complete Part II.)					
6		A federal, stat	e, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	х	An organizatio	n that normally receives a substantial part of its support from a governmental unit or from the	general public				
		described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)					
8		A community t	rust described in section 170(b)(1)(A)(vi). (Complete Part II.)					
9		An agricultura	research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college					
		or university o	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or				
		university:						
10		An organizatio	n that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	p fees, and gross	6			
		receipts from a	activities related to its exempt functions - subject to certain exceptions; and (2) no more than	33 1/3% of its				
		support from g	ross investment income and unrelated business taxable income (less section 511 tax) from h	ousinesses				
	_	acquired by th	e organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)					
11	Ц	•	on organized and operated exclusively to test for public safety. See section 509(a)(4).					
12		•	n organized and operated exclusively for the benefit of, to perform the functions of, or to carr					
			e publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se					
		_	in lines 12a through 12d that describes the type of supporting organization and complete lin		•			
	а		supporting organization operated, supervised, or controlled by its supported organization(s		ing			
			rted organization(s) the power to regularly appoint or elect a majority of the directors or trust	ees of the				
			organization. You must complete Part IV, Sections A and B.					
	b		supporting organization supervised or controlled in connection with its supported organiza					
			management of the supporting organization vested in the same persons that control or mana	ge the supported				
		_ ~	on(s). You must complete Part IV, Sections A and C.					
	С		inctionally integrated. A supporting organization operated in connection with, and functio		vith,			
		_	ted organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.		<i>(</i>)			
	d		on-functionally integrated. A supporting organization operated in connection with its support	-				
			functionally integrated. The organization generally must satisfy a distribution requirement and	an attentiveness				
			nt (see instructions). You must complete Part IV, Sections A and D, and Part V.	u T				
	е		box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III				
			y integrated, or Type III non-functionally integrated supporting organization.]		
	f	Enter the num	ber of supported organizations	· • • • • • • • •	• • • •			

g	Provide the following info	ormation ab	out the supported or	rganization(s).

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

Sche		ssistance D				45-5259950	
Pa	ITT II Support Schedule for Organization						
	(Complete only if you checked th						y under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complete	e Part III.)	
_	ction A. Public Support		1	1	1		
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	726,273	87,876	64,411	107,222	231,778	1,217,560
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	726,273	87,876	64,411	107,222	231,778	1,217,560
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)						193,140
_	Public support. Subtract line 5 from line 4						1,024,420
_	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	726,273	87,876	64,411	107,222	231,778	1,217,560
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from				-		
-	similar sources		7,342	14,543	21,211	22,947	66,043
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						1,283,603
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the or						
<u> </u>	organization, check this box and stop here	\cdots	<u></u>	•••••			· · · · ► 🗋
	ction C. Computation of Public Suppo Public support percentage for 2020 (line 6, c			column (f))		14	79.81 %
	Public support percentage from 2019 Sched					15	79.81 %
	33 1/3% support test - 2020. If the organization					-	
104	box and stop here. The organization qualifie						
ŀ	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	-	• • • •	-			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts				-		I
	organization			-	-		_
ł	0 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						
	in Part VI how the organization meets the fa-						
	organization			-	-		_
18	Private foundation. If the organization did r						
	instructions	<u></u> .	<u>.</u> .	<u></u> .	<u></u> .	<u></u> .	>

Sche	dule A (Form 990 or 990-EZ) 2020 Genesis A	ssistance I	ogs, Inc.			45-52599	50 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2)		
	(Complete only if you checked t	he box on line	e 10 of Part I	or if the orga	nization failed	l to qualify ur	der Part II.
	If the organization fails to qualify						
Sec	ction A. Public Support	·			1	/	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1		() _0.0	(,	(0) 2010	(4) 2010	(0) =0=0	(1) 1 0101
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						()
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						<u> </u>
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 orga				-		
	organization, check this box and stop here						> 🗌
	ction C. Computation of Public Support						
15	Public support percentage for 2020 (line 8, c	olumn (f), divid	ded by line 13,	column (f)) .		15	%
16	Public support percentage from 2019 Sched	ule A, Part III,	line 15			16	%
	ction D. Computation of Investment In						
17	Investment income percentage for 2020 (line			ne 13, column	(f))	17	%
	Investment income percentage from 2019 Se					18	%
	33 1/3% support tests - 2020. If the organiz					-	
	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2019. If the organiz	-	-	-			
~	line 18 is not more than 33 1/3%, check this						
20							
			· · ·, · •				· 🗀

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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 gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

Schedule A (Form 990 or 990-EZ) 2020

10a

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Genesis Assistance Dogs, Inc.

	Jle A (Form 990 or 990-EZ) 2020 Genesis Assistance Dogs, Inc. 45-5259950		P	age 5
a	t IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

2

Chedule A (Form 990 or 990-EZ) 2020 Genesis Assistance Dogs, Inc.		45-525	9950 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1 🗌 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Sectior	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-	ated Type III supporting	organization
(see instructions).	- 9.		
EA		Schedu	le A (Form 990 or 990-EZ) 202
			(

	le A (Form 990 or 990-EZ) 2020 Genesis Assistance Dogs,				9950 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiz	zations (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
5	Section E - Distribution Allocations (see instructions) (i) (i) Excess Distributions Pre-2020			ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
EEA				Sched	ule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	n 990 or 990-EZ) 2020 Page 8
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.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

45-5259950

Genesis Assistance Dogs, Inc.

01. Officer, directors, etc. family relationship (Part VI, line 2)

Jeffrey Eagle, Board President, and Charlie Eagle, Director, have a family relationship.

02. Form 990 governing body review (Part VI, line 11)

A draft of the information return is provided to the President and Treasurer for

distribution and review prior to filing.

03. Conflict of interest policy compliance (Part VI, line 12c)

The organization's Conflict of Interest policy requires each director, principal officer,

and member of a committee with Board delegated powers to sign an annual statement that

affirms compliance with the policy.

04. Governing documents, etc, available to public (Part VI, line 19)

All governing documents, policies, and financial statements are maintained on file by the

organization and available to the general public for inspection upon request.

IRS e-file Signature AuthorizationForm8879-EOfor an Exempt Organization					
	For calendar year 2020, or fiscal year beginning, and ending				
	► Do not send to the IRS. Keep for your records.	2020			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest informatio	n.			
Name of exempt organization or pe		Taxpayer identification number			
Genesis Assistance Name and title of officer or person s		45-5259950			
Jeffrey Eagle, Pro	esident				
	eturn and Return Information (Whole Dollars Only)				
Check the box for the return check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on the 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here 6a Form 990-T check here 7a Form 4720 check here 7a Form 4720 check here 7a Form 4720 check here 7a form 4720 check here 1 consent to allow my interm to receive from the IRS (a)	a for which you are using this Form 8879-EO and enter the applicable amount, if a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, e applicable line below. Do not complete more than one line in Part I. ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . ere b Total revenue, if any (Form 1120-POL, line 9)	filed with this form was if you entered -0- on the 			
software for payment of the a payment, I must contact th (settlement) date. I also aut confidential information nec	ic funds withdrawal (direct debit) entry to the financial institution account indicate federal taxes owed on this return, and the financial institution to debit the entry to ne U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business da horize the financial institutions involved in the processing of the electronic paym essary to answer inquiries and resolve issues related to the payment. I have sele as my signature for the electronic return and, if applicable, the consent to electronic	o this account. To revoke tys prior to the payment ent of taxes to receive ected a personal			
PIN: check one box only					
on the tax year 202 state agency(ies) r PIN on the retum's	to enter my PIN 02830 ERO firm name to enter my PIN 02830 Enter five number do not enter all z 0 electronically filed return. If I have indicated within this return that a copy of the egulating charities as part of the IRS Fed/State program, I also authorize the afor disclosure consent screen.	eros e retum is being filed with a prementioned ERO to enter my			
electronically filed	return. If I have indicated within this return that a copy of the return is being filed as part of the IRS Fed/State program, I will enter my PIN on the return's disclose	with a state agency(ies)			
Signature of officer or person subject	ct to tax	ate ► 01-21-2021			
Part III Certificat	ion and Authentication				
-	ur six-digit electronic filing identification your five-digit self-selected PIN.	609140 24680 Do not enter all zeros			
•	eric entry is my PIN, which is my signature on the 2020 electronically filed retum turn in accordance with the requirements of Pub. 4163 , Modernized e-File (Me siness Returns.				
ERO's signature	D	ate 01-19-2021			
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested				
For Paperwork Reduction	Act Notice, see instructions.	Form 8879-EO (2020)			

990		21	020
Name(s) as shown on return	Overflow Statement		020 ge 1
	gs, Inc.		259950
	, , , , , , , , , , , , , , , , , , ,		
	Program Services		
Description		Amou	unt
Accessories and groomi	ng		3,974
Licenses and fees		_	75
	Total	: \$	4,049
Management & General			
Description		Amou	unt
	1	AIIIO(898
Postage		<u>·</u> T	190
Licenses and fees			136
Bank fees			35
	Total	: \$	1,259