

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:	C Name of organization PATRIOT HUNTS INC	D Employer identification number 27-1576476
<input type="checkbox"/> Address change	Doing business as	E Telephone number (910) 237-5951
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return	808 CAPE FEAR AVENUE	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 220,623
<input type="checkbox"/> Amended return	F Name and address of principal officer: KENNETH BARNARD	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	808 CAPE FEAR AVENUE Fayetteville NC 28303	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions	
J Website: ► www.patriothunts.org	H(c) Group exemption number ►	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 2010	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE OUTDOOR EXPERIENCES FOR WOUNDED WARRIOR		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
Expenses	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	200,675	220,623
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
Net Assets or Fund Balances	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,675	220,623
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		0
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	172,373	229,973
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	172,373	229,973
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	28,302	(9,350)
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	202,391	193,040
	22 Net assets or fund balances. Subtract line 21 from line 20	202,391	193,040

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here**KENNETH BARNARD**

Signature of officer

Date

KENNETH BARNARD, President

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name M. GLENN MURPHY	Preparer's signature 	Date 08-17-2021	Check <input type="checkbox"/> if self-employed	PTIN P00027181
	Firm's name ► Glenn Murphy & Company			Firm's EIN ►	
	Firm's address ► 1256 Fort Bragg Road Fayetteville NC 28305			Phone no.	910-485-6121

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

For Paperwork Reduction Act Notice, see the separate instructions.