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PUBLIC DISCLOSURE COPY

			E	EXTENDED TO MAY 15,	2019)				
	n	ሰበ	Return of C	Organization Exempt	t Fron	n Ir	ncome Tax		OMB No. 1545-0047	
For	n Y	90		, or 4947(a)(1) of the Internal Rever				ons)	2017	
Depa	rtment o	of the Treasury	Do not enter	social security numbers on this fo	rm as it m	hay be	e made public.	ŀ	Open to Public	
Interr	nal Reve	nue Service		v.irs.gov/Form990 for instructions					Inspection	
AF	or the	e 2017 calenc	lar year, or tax year beginn	ing JUL 1, 2017 a	nd ending	<u>JU</u>	JN 30, 2018	3		
Bo	heck if pplicabl	C Name o	f organization				D Employer identif	icatio	on number	
	⊐Addre		A A A T A B A MAR DA							
	_ chang "]Name	p KSDS	ASSISTANCE DO	GS, INC.			10 1	00	0879	
	Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
·	-ireturn termir ated		661,797.							
	Amen	ded ນາກຕະນ		ntry, and ZIP or foreign postal code		- F	G Gross receipts \$ H(a) Is this a group (returr		
	Applic dition	^{a-} F Name a		er:LILA KEESECKER			for subordinate			
	pendi	^{ng} 120 W	. 7TH, WASHING	TON, KS 66968			H(b) Are all subordinates	include	od? 🗌 Yes 🔲 No	
			X 501(c)(3) 501(c) () 🗲 (insert no.) 🛄 4947(a)([1) or	527	lf "No," attach a	a list.	(see instructions)	
			KSDS.ORG	····			H(c) Group exemption			
			X Corporation Trust	Association Other	L Y	Year o	f formation: 1990	M Sta	te of legal domicile; KS	
P.S		Summary		700		TO	NAMOR DOGG		NC. IS TO	
Se	1	Briefly describ	be the organization's mission	n or most significant activities: KSD Y TRAINED GUIDE, S		<u>יםי</u>	AND FACTLE			
nan			1							
Activities & Governance			ting members of the governi	on discontinued its operations or dis	-				6	
8				of the governing body (Part VI, line 1					6	
<u>ده</u>				alendar year 2017 (Part V, line 2a)			······		16	
vitie				cessary)					70	
leti				rt VIII, column (C), line 12					0.	
4				om Form 990-T, line 34					0.	
							Prior Year		Current Year	
ę)			312,318.		533,905.	
Revenue		-	ice revenue (Part VIII, line 2g				5,910.		24,506.	
Re			come (Part VIII, column (A), I			16,449. 46,861.	-	20,194. 80,565.		
				5, 6d, 8c, 9c, 10c, and 11e)			381,538	1	659,170.	
				ust equal Part VIII, column (A), line 12 column (A), lines 1-3)			0.		0.00	
			to or for members (Part IX, c			\vdash	0.		0.	
ş				penefits (Part IX, column (A), lines 5-1			371,272.		447,582.	
nses	16a	Professional f	undraising fees (Part IX, colu	umn (A), line 11e)	,		0.		0.	
Exper	b	Total fundrais	ing expenses (Part IX, colum	nn (D), line 25) 🕨108 ,	836.	10000000 1000000 10010000		37.55 35.577		
ш				11a-11d, 11f-24e)		L	327,239.		347,586.	
				ual Part IX, column (A), line 25)		ļ	698,511.		795,168.	
50	19	Revenue less	expenses. Subtract line 18 f	from line 12		D	-316,973.		-135,998.	
Net Assets or Fund Balances	00	Total and -1- "	Dert V line 10			neâ	inning of Current Year 3,005,564.		End of Year 2,888,690.	
Bal		•					58,056.		72,430.	
Vet /			· · · · ·	21 from line 20		<u> </u>	2,947,508.		2,816,260.	
Pa		Signature						1		
may maps	annual state of state	-		als return, including accompanying sched	ules and sta	ateme	nts, and to the best of n	ny kno	wledge and belief, it is	
true,	correc	rt, and complete	. Declaration of preparer (other t	than officer) is based on all information of	f which prep	barer h	ias any knowledge.			
		N La	la Keesec	ber			<u></u>	- 1	9	
Sig	ı	, °	e of officer				Date			
Her	e		KEESECKER, TR	EASURER						
		Print/Type pre		Preparer's signature		Da	ite Check		PTIN	
Paid				APRIL G. SWART	'Z		if self-emplo	ved	P01266112	
	arer	Firm's name		OCIATES, CPAS, LLC		-	Firm's EIN		0-0038643	
•	Only		120 NORTH JU							
_				S 66502-6092			Phone no. 7 8	<u> </u>	537-2202	
May	the II			own above? (see instructions)					X Yes No	
7320)1 11-2 a			Act Notice, see the separate instru-					Form 990 (2017)	
	S	EE SCHE	DULE O FOR ORG	ANIZATION MISSION	STATE	MEL	AL CONTINUA	7.1, 1 (UN	

Ра	1 990 (2017) KSDS ASSISTANCE DOGS, INC.	48-1080879	Page
	rt III Statement of Program Service Accomplishments		T
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III		🖸
1	Briefly describe the organization's mission: KSDS ASSISTANCE DOGS, INC. IS TO PROVIDE PROFESSIONALI	Y TRAINED GUIT)E
	SERVICE, AND FACILITY DOGS FOR PEOPLE IN NEED OF A CAN		
	ENHANCE THEIR INDEPENDENCE, TO FULLY FUNCTION IN SOCIE		-
	ENRICH THEIR PROFESSIONAL CAREER RESPONSIBILITIES WITH	I THE ONGOING	
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	XN
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	as massured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.	errore, the total expenses, a	
4a		evenue \$ 13,9	910
	TO TRAIN AND PLACE:		
	GUIDE DOGS TO ASSIST INDIVIDUALS WHO ARE BLIND OR VISU		•
	SERVICE DOGS TO ASSIST INDIVIDUALS WITH PHYSICAL DISAF		
	FACILITATE DOGS TO ASSIST PROFESSIONALS IN THE FIELDS EDUCATION, COUNSELING AND REHABILITATION.	OF MEDICINE,	
	EDUCATION, COUNSELING AND REHADIBITATION.		
	0.0.0.01.1		
4b		evenue \$ 11,5	
	TO MAINTAIN A QUALITY BREEDING PROGRAM TO PRODUCE PUPP PLACEMENT AS ASSISTANCE DOGS.	PIES FOR FUTURE	2
	FLACEMENT AS ASSISTANCE DOGS:		
40	(code:)/Evenence \$ 151, 282, including grants of \$) (6		517.
4c			
4c	TO TRAIN AND SUPPORT VOLUNTEER PUPPY RAISERS TO PROVID	DE SOCIALIZATIO	ON
4c	(Code:)(Expenses \$151,282. including grants of \$) (Re TO TRAIN AND SUPPORT VOLUNTEER PUPPY RAISERS TO PROVID AND BASIC OBEDIENCE TRAINING TO PUPPIES PREPARING TO E DOGS. TO PROVIDE PUBLIC EDUCATION AND AWARENESS ABOUT	DE SOCIALIZATIO BECOME ASSISTAN	ON
4c	TO TRAIN AND SUPPORT VOLUNTEER PUPPY RAISERS TO PROVID AND BASIC OBEDIENCE TRAINING TO PUPPIES PREPARING TO E DOGS. TO PROVIDE PUBLIC EDUCATION AND AWARENESS ABOUT INCLUDING LAWS, REGULATIONS, RIGHTS, AND ETIQUETTE THE	DE SOCIALIZATIO BECOME ASSISTAN T THE DISABLED ROUGH TOURS OF	ON NCE OUI
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Form	990	(2017)

Part IV Checklist of Required Schedules

KSDS ASSISTANCE DOGS, INC.

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	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," complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent			
	endowments, or 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	23	
D	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)(iii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		I X

Form **990** (2017)

732003 11-28-17

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Form	990	(2017)

KSDS ASSISTANCE DOGS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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 "Yes,"			x
27	complete Schedule L, Part II	26		
21	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

732004 11-28-17

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Form	990 (2017) KSDS ASSISTANCE DOGS, INC. 48-1080	879	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			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 reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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
	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		X
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 contract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├───
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a k	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
D				
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
ſ	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	,		990	(2017)

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5 15240308 755562 22908 2017.05040 KSDS ASSISTANCE DOGS, INC. 22908_1

Form 990	(2017)
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KSDS ASSISTANCE DOGS, INC.

X

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

							X			
Sec	tion A. Governing Body and Management						-			
			Т			Yes	N			
1a	Enter the number of voting members of the governing body at the end of the tax year	12	a	6	2					
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1k	b		5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip wi	ith a	ny other						
	officer, director, trustee, or key employee?				2					
3	Did the organization delegate control over management duties customarily performed by or under t									
	of officers, directors, or trustees, or key employees to a management company or other person?				3					
4	Did the organization make any significant changes to its governing documents since the prior Form				4					
5	Did the organization become aware during the year of a significant diversion of the organization's as				5					
6	Did the organization have members or stockholders?									
7a										
	more members of the governing body?	•••			7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						T			
~	persons other than the governing body?			•	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				1.0		t			
	The governing body?	-		-	8a	x				
a b	Each committee with authority to act on behalf of the governing body?				8b	X	\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						\vdash			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9					
	tion B. Policies (This Section B requests information about policies not required by the Internal I				9		1.			
		10/01	luc	0000.)		Yes	1			
02	Did the organization have local chapters, branches, or affiliates?				10a	163				
					10a		ŀ			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of and have about the accession of the ac				104					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay be	etore	e filing the form?	11a		Ľ			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10	x				
					12a	X	┝			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b		┝			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					- .				
	in Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?				13	X	\vdash			
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 approv			lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision									
	The organization's CEO, Executive Director, or top management official				15a	X				
b	Other officers or key employees of the organization				15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen	t wit	:h a						
	taxable entity during the year?				16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate it	s pa	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	aniza	tion	s						
	exempt status with respect to such arrangements?				16b					
sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Se	ectio	n 501(c)(3)s only)	availab	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explai	n in S	Sche	edule O)						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflic	t of	interest policy, an	d finan	icial				
	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 b	ooks	and	records:						
-	CEO - 785 - 325 - 2256									
	120 W. 7TH STREET, WASHINGTON, KS 66968									
32004	5 11-28-17				Form	1 990	(20			
	6						,			
40	308 755562 22908 2017.05040 KSDS ASSISTANC	EI	DO	GS, INC.	229	908				
-			-		-		_			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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.

Т

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

(A)	(B)	(C)						(D)	(E)	(F)				
Name and Title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	amount of				
	week	<u> </u>	cer an	id a d I	Irecto	or/trus	stee)	from	from related	other				
	(list any	ector						the	organizations	compensation				
	hours for	or di	e.			ated		organization	(W-2/1099-MISC)	from the				
	related	istee	truste		e	pensi		(W-2/1099-MISC)		organization				
	organizations	lal tru	onal		ploye	com				and related				
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations				
(1) BRENT BORING	4.00	<u> </u>	=	ò	l ₹	포뇽	R.							
PRESIDENT		x		x				0.	Ο.	0.				
(2) DR. PHILIP BENTZ	4.00													
VICE PRESIDENT		x		x				0.	0.	0.				
(3) RANDY TESKE	6.00													
SECRETARY		X		X				0.	Ο.	0.				
(4) LILA J. KEESECKER	4.00													
TREASURER		X		X				0.	0.	0.				
(5) JUSTIN DRAGASTIN	2.00													
DIRECTOR		X						0.	0.	0.				
(6) DEBORAH BAER PIERCE (JOHNSON)	2.00													
DIRECTOR		Х						0.	0.	0.				
(7) GLENDA KELLER	24.00													
СЕО				Х				52,328.	0.	140.				
		1												
	1						-							
		1												
	•	•	•		•		•	•		E 000 (001 7)				

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Form **990** (2017)

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	990 (2017) KSDS ASS									48-10)80	879	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation compensati			(F) Estimate n amount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga and	pensa om the anizat d relat inizatie	e ion ed
	Sub-total Total from continuation sheets to Part VI								52,328.		0.		1	40. 0.
	Total (add lines 1b and 1c)								52,328.		0.		1	40.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	סר or	eceived more than \$100),000 of reportabl	e			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl		the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co										ipens	ation f	rom	
	the organization. Report compensation for t (A) Name and business					vitri	or w		n the organization's tax (B) Description of s		C	(C comper		n
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organized states and the organized states a	•	ot lii	mite	d to		se li:)	stec	d above) who received n	nore than				
												Form	990 (2017)

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					NCE DOGS,	INC.		48-1080	879 Page 9
Pa	rt \	/							
			Check if Schedule O cont	ains a response	or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
(0.10)							révenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
lo Gr			Membership dues		4,348.				
fts, r Ai			Fundraising events		4,340.				
, Gi nila			Related organizations						
Sir			Government grants (contribut All other contributions, gifts, gran						
her		•	similar amounts not included abov		529,557.				
1 G		a	Noncash contributions included in lines		41,515.				
anco		-	Total. Add lines 1a-1f			533,905.			
					Business Code				
e	2	а		EVENUE	621990	16,683.			
ervi Je		b	SPONSORSHIP		621990	6,823.	6,823.		
n S en L		С	PROGRAM SERVICE	S	621990	1,000.	1,000.		
Program Service Revenue		d							
roć		e							
-			All other program service reve			24,506.			
	3	g	Total. Add lines 2a-2f Investment income (including			24,500.			
	Ŭ		other similar amounts)			20,194.			20,194.
	4		Income from investment of tax						
	5		Royalties	•					
				(i) Real	(ii) Personal				
	6	а	Gross rents	10,723					
			Less: rental expenses	2,110.	,				
			Rental income or (loss)	8,613.	·	0 610	0 612		
	_			(1) 0		8,613.	8,613.		
	1	а	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		h	Less: cost or other basis						
		~	and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)		►				
Other Revenue	8		Gross income from fundraising including \$4, 3	g events (not					
eve			contributions reported on line						
ъ			Part IV, line 18	a					
Gţ			Less: direct expenses		0.				
•			Net income or (loss) from func	-	····· ►	70,759.			70,759.
	9	а	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses		·				
			Net income or (loss) from gam						
	10		Gross sales of inventory, less	-					
		-	and allowances		1,710.				
		b	Less: cost of goods sold						
			Net income or (loss) from sale			1,193.			1,193.
[Miscellaneous Revenu	e	Business Code				
	11	а							
		b			ļ				
		C							
		d	All other revenue						
	12	e	Total. Add lines 11a-11d Total revenue. See instructions.			659,170.	33,119.	0.	92,146.
73200		-28				,	,,		Form 990 (2017
		-0				9			

Part IX Statement of Functional Expenses

KSDS ASSISTANCE DOGS, INC.

Dor	Check if Schedule O contains a respons not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				· · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
5	trustees, and key employees	52,328.	52,328.		
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	314,706.	193,036.	26,341.	95,329
8	Pension plan accruals and contributions (include		- ,		- ,
	section 401(k) and 403(b) employer contributions)	45,466.	35,840.	1,372.	8,254
9	Other employee benefits		-	-	
0	Payroll taxes	35,082.	28,956.	873.	5,253
1	Fees for services (non-employees):				
а	Management				
	Legal	100.	100.		
	Accounting	13,151.	13,151.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	600.	600.		
2	Advertising and promotion	25,342.	25,342.		
3	Office expenses	53,616.	53,616.		
4	Information technology				
5	Royalties				
6	Occupancy	41,237.	41,237.		
7	Travel	9,201.	9,201.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.027	0 0 2 7		
9	Conferences, conventions, and meetings	2,037.	2,037.		
20					
21	Payments to affiliates	75 0/7	75 0/7		
2	Depreciation, depletion, and amortization	75,847. 41,663.	75,847. 41,663.		
3	Insurance	41,003.	41,003.		
24	Other expenses. Itemize expenses not covered 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.)				
2	BREEDING PROGRAM AND VE	38,374.	38,374.		
a h	DOG TRAINING AND STUDEN	12,784.	12,784.		
2	REPAIRS & MAINTENANCE	12,548.	12,548.		
d		,•_••	,		
	All other expenses	21,086.	21,086.		
25	Total functional expenses. Add lines 1 through 24e	795,168.	657,746.	28,586.	108,836
26	Joint costs. Complete this line only if the organization				,
~	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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15240308 755562 22908

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Form 990 (2017)

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2

Assets

Liabilities

KSDS ASSISTANCE DOGS, INC.

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' heneficiary organizations (see instr). Complete Part II of Sch I

(A)

Beginning of year

50,902.

1,180,567.

1

2

3

4

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments 3 Pledges and grants receivable, net

4 Accounts receivable, net

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(B)

End of year

47,684.

1,042,407.

	employees beneficiary organizations (see instr). Complete Part if of Sch L		0	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	3,217.	8	2,975.
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,390,462.			
b	Less: accumulated depreciation 10b 857,478.	1,570,762. 170,982.	10c	1,532,984. 234,715.
11	Investments - publicly traded securities	170,982.	11	234,715.
12	Investments - other securities. See Part IV, line 11	29,134.	12	27,925.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,005,564.	16	2,888,690.
17	Accounts payable and accrued expenses	58,056.	17	72,430.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	58,056.	26	72,430.
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
	complete lines 27 through 29, and lines 33 and 34.	0 000 400		0 500 404
27	Unrestricted net assets	2,930,429.		2,799,181.
28	Temporarily restricted net assets	7,079.	28	7,079.
29	Permanently restricted net assets	10,000.	29	10,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	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 equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,947,508.	33	2,816,260.
34	Total liabilities and net assets/fund balances	3,005,564.	34	2,888,690.
				Earm 990 (2017)

Form **990** (2017)

Net Assets or Fund Balances

Form	n 990 (2017) KSDS ASSISTANCE DOGS, INC.	48-108	0879	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	795		
3	Revenue less expenses. Subtract line 2 from line 1	3	-135		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,947		
5	Net unrealized gains (losses) on investments	5			71.
6	Donated services and use of facilities	6	5	3,4	21.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0 01		~ ~
	column (B))	10	2,816	5,2	60.
Ра	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
L			2b	x	
b	Were the organization's financial statements audited by an independent accountant?		. 20		
	consolidated basis, or both:	<i>e</i> Dasis,			
	Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
Ū	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		. 20		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
54	Act and OMB Circular A-133?	-	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990 (2017)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

	OMB No. 1545-0047
	2017
	Open to Public Inspection
r	identification number

Name of the organization	
--------------------------	--

Employer	ide	ntifi	catio	n nu	mbe
1	0	10	000	0 7 0	

			ASSISTANC						8-1080879
Pa	art I	Reason for Public (Charity Status (A	All organizations mus	complete th	nis part.) S	ee instructions	۶.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 1	2, check only	/ one box.)			
1		A church, convention of ch	urches, or associatio	on of churches descri	bed in secti	on 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz					•	(iiii). Enter	the hospital's name.
•		city, and state:		· · J -·· · - · · - · · · · · · · · · ·				(,	···- ·· [- · · · · · · · · · · · · · ·
5		An organization operated for	or the benefit of a co	llege or university ow	ned or opera	ated by a d	overnmentalı	init descrit	ped in
•		section 170(b)(1)(A)(iv). (C		linge of all foreing of					
6		A federal, state, or local gov	•	nental unit described	in section 1	70(6)(1)(4)	(v)		
7	X	An organization that norma						ho gonoral	nublic described in
'		section 170(b)(1)(A)(vi). (Co	-	initial part of its suppt	nt nonn a go	vennnenta		le general	public described in
8		A community trust describe		(1)(A)(vi) (Complete I	Port II)				
9	\square	An agricultural research org				od in coniu	unction with a	land grant	collogo
9									
		or university or a non-land-g	grant college of agric		is). Enter the	e name, cit	y, and state of	the colleg	eor
10		university:	II					lain face a	
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) from Dusine	esses acqu	lired by the or	ganization	atter June 30, 1975.
		See section 509(a)(2). (Con	•	i velo de destaten evolutio	anfati Can	a a ati a m Ef	DO(-)(A)		
11	H	An organization organized a		•	-			we out the	nurnance of one or
12		An organization organized a		•	-			-	
		more publicly supported or							THECK THE DOX IN
		lines 12a through 12d that							·
a		Type I. A supporting orga							
		the supported organization			ct a majority	of the dire	ctors or truste	es of the s	upporting
		organization. You must o							
b		Type II. A supporting org							
		control or management o			e same pers	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	•						
c		☐ Type III functionally inte						ly integrate	ed with,
		its supported organization							
c		Type III non-functionally						-	
		that is not functionally int						1 an attent	iveness
		requirement (see instruct							
e		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or	• ·						
		er the number of supported of	•						
<u>ç</u>		vide the following informatior i) Name of supported	about the supporte	ed organization(s). (iii) Type of organizatio	n (iv) Is the ora	anization listed	(v) Amount of	monotony	(vi) Amount of other
	(organization		(described on lines 1-1	in your govern	ning document?	support (see in	-	support (see instructions)
				above (see instructions)) Yes	No			
_									
Tot									
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 99	0 or 990-F7	. 732021 10.	06-17 Scher	Jule A (For	m 990 or 990-F7) 2017

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Schedule A (Form 990 or 990-EZ) 2017 KSDS ASSISTANCE DOGS, INC. Part II Support Schedule for Organizations Described in Sections 1

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	551,871.	319,468.	304,218.	312,318.	533,905.	2021780.
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	551,871.	319,468.	304,218.	312,318.	533,905.	2021780.
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)						<u>44,182.</u> 1977598.
	Public support. Subtract line 5 from line 4.						1977598.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a)2013 551,871.	(b) 2014 319,468.	(c) 2015 304,218.	(d) 2016 312,318.	(e) 2017 533,905.	(f) Total 2021780.
	Amounts from line 4	551,0/1.	519,400.	304,210.	512,510.	555,905.	2021/00.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26,118.	22 011	20 074	22 7/0	30,917.	122 560
-	and income from similar sources	20,110.	22,811.	20,974.	22,749.	30,917.	123,569.
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	5,265.	9,346.	641.	3,100.	16,683.	35,035.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5,205.	5,540.	041.	5,100.	10,005.	2180384.
	Gross receipts from related activities,	ata (aca instructi	222)			12	98,883.
	First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d fourth or fifth to	x voar as a soctio		50,005.
13	organization, check this box and stor				an year as a sectio	11 30 1(0)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (f))		14	90.70 %
	Public support percentage from 2016					15	87.43 %
	33 1/3% support test - 2017. If the c					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 KSDS ASSISTANCE DOGS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	3					
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 						
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is f		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) c	organization,
check this box and stop here Section C. Computation of Put						▶∟_
			column (f)		15	
15 Public support percentage for 2017		-				0
16 Public support percentage from 201 Section D. Computation of Inve					16	(
•						
17 Investment income percentage for 2					17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2017. If th	-					
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2016. If th	-					
line 18 is not more than 33 1/3%, ch			-		-	
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t			
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			15		aa	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

22908 1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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	Supporting Organizations (continued)		Vez	NI -
44	Las the examination eccentral a gift or contribution from only of the following percent		Yes	No
11	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vee	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	-		
0	supervised, or controlled the supporting organization.	2		
Sec	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			
<u></u>	the supported organization(s).	1		
Sec	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			
	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>	mad's		
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI-
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	6		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		C 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9: 17	90 or 99	Ю-EZ)	2017
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Schedule A (Form 990 or 990 EZ) 2017 KSDS ASSISTANCE DOGS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supportina ord	ganization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
C	From 2014			
d	From 2015			
	From 2016			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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chedule A Part VI	Form 990 or 990-EZ) 2								48-108		Page
	Supplemental Int Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	s 1, 2, 3b, 3c, 4 D, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3; Part IV, Sectior	9b, 9c, 1 ⁻ 1 E, lines	1a, 11b, ar 1c, 2a, 2b	nd 11c; Part IV , 3a, and 3b; F	/, Section Part V, line	B, lines 1 a e 1; Part V,	and 2; Part I Section B, I	V, Section ne 1e; Par	C, t V,
	(See instructions.)										
028 10-06-1	7							Schedule	A (Form 99	0 or 990-E	Z) :
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13118	177782 2290	~	2017.0	5040	K SINS			10045	I NIC'	/////>	<

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

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

	KSDS	ASSISTANCE DOGS, INC.	48-1080879					
Organization type (che		· · · ·						
Filers of:	Sec	tion:						
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						
		ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.					
General Rule								
-		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor'						
Special Rules								
sections 509(a any one contri								

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

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

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

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) (2017)

Employer identification number

. .

KSDS .	ASSISTANCE DOGS, INC.	48	8-1080879
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,614.	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		\$16,000.	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
3		\$25,000.	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
4		\$54,000.	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
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)
2.2		

15240308 755562 22908

No.

Employer identification number

48-1080879

KSDS ASSISTANCE DOGS, INC.

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
		\$	
(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
23453 11-01-17		\$	990, 990-EZ, or 990-PF

Name of orga	nization		Employer identification number				
KSDS A	SSISTANCE DOGS, INC.		48-1080879				
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religiour	Columns (a) through (e) and the follo s. charitable, etc., contributions of \$1,000 o	DWING line entry. For organizations				
	Use duplicate copies of Part III if addition						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulpose of girt						
.							
·	· · · · · · · · · · · · · · · · · · ·						
-							
		(e) Transfer of gif	 ft				
		., -					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
.							
-							
-							
(a) No.		I					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.							
.							
-		(a) Turu at a stati					
		(e) Transfer of gif	n				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	, , ,						
.							
(a) No.		I					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7I P + 4	Relationship of transferor to transferee				
.							
(a) No.		I					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
·							
		(e) Transfer of gif	ft				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							
-							
23454 11-01-1	7		Schedule B (Form 990, 990-EZ, or 990-PF) (20				
723454 11-01-1	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee Schedule B (Form 990, 990-EZ, or 99				

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15240308 755562 22908

(Form 990)

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

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



Employer identification number 48-1080879

Department of the Treasury Internal Revenue Service Name of the organization

KSDS ASSISTANCE DOGS, INC.

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor		
	increase in the second state in second 5 40		
Par		nanization answered "Yes" on Form 990 Part IV	
1	Purpose(s) of conservation easements held by the organizat	-	,
•	Preservation of land for public use (e.g., recreation or		important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
•			
2	Complete lines 2a through 2d if the organization held a qual	fried conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic st		2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	nization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	asements during the year
	\$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Par	rt III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			N .
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
			N A
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017
	1 10-09-17		
		25	

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Sche		SISTANCE DO				48-10			ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other Simi	lar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a significant	use of its	collectior	n items	;
	(check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit o								
Do	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	te if the organizatio	n answered "Yo	es" on Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		iary for contribution	s or other asse	ats not included	4			
Ĩ	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 F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo	rm 990, Part IV					
		(a) Current year	(b) Prior year	(c) Two years t		years back	(e) Four	years b	ack
1a	Beginning of year balance	11,080.	10,000.	9,	835.				
b	Contributions					10,000.			
с	Net investment earnings, gains, and losses		1,080.			-165.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	11,080.	11 000	0	0.2.5	0 025			
-	End of year balance	,	11,080.	-	835.	9,835.			
2	Provide the estimated percentage of the cur	rent year end balance		i)) held as:					
a b	Board designated or quasi-endowment ►.	%	_%						
b	Temporarily restricted endowment	%							
C	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	d for the organ	ization			
ou	by:				a for the organ	Zation	Г	Yes	No
	(i) unrelated organizations								X
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the						·		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, line 10.				
	Description of property	(a) Cost or ot			(c) Accumulat		(d) Book	value	
		basis (investm	,	. ,	depreciatior	ו			
	Land			7,712.				7,71	
	Buildings		2,00	2,411.	640,0	48.	1,362	2,36	.3.
	Leasehold improvements				100 4				<u> </u>
	Equipment			1,065.	189,4			L,62	
	Other			9,274.	27,9	94.		L,28	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)		. 🕨 🗌	1,532	4,98	94.

Schedule D (Form 990) 2017

732052 10-09-17

Schedule D (Form 990) 2017 KSDS ASSIST	ANCE DOGS,	INC.	48-	1080879	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-o	f-year market v	value
(1) Financial derivatives					
(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"	on Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-o	f-year market v	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"	on Form 990, Part IV,	line 11d. See Form 990, F	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11e or 11f. See Form	990. Part X. line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4) (E)					
(5)					
(6)					
(7)					
(8)					

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

732053 10-09-17

(9)

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 KSDS ASSISTANCE DOGS, INC	•		48-1	L080879 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	666,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-3,671.		
b	Donated services and use of facilities	. 2b	8,421.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	4,750.
3	Subtract line 2e from line 1			3	661,797.
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	. 4 a			
b	Other (Describe in Part XIII.)	4b	-2,627.		
С	Add lines 4a and 4b			4c	-2,627.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	659,170.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per	Retu	rn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		Retu	
Pa 1		a.		Retu 1	rn. 797,795.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b 2c			
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	2,627.		797,795.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	2,627.		797,795. 2,627.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	2,627.	1	797,795.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	2,627.	1 2e	797,795. 2,627.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 	2,627.	1 2e	797,795. 2,627.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d	2,627.	1 2e	797,795. 2,627. 795,168.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 2d 4a 4b	2,627.	1 2e 3 4c	797,795. 2,627. 795,168. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 2d 4a 4b	2,627.	1 2e 3	797,795. 2,627. 795,168.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

INCOME TAXES HAS BEEN REFLECTED IN THE ORGANIZATION'S FINANCIAL

STATEMENTS.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. FOR EACH OF THE YEARS

ENDED JUNE 30, 2018 AND 2017, THE ORGANIZATION DID NOT RECOGNIZE ANY

INTEREST OR PENALTIES ASSOCIATED WITH TAX MATTERS.

732054 10-09-17

Schedule D (Form 990) 2017 KSDS AS Part XIII Supplemental Information (cont	SSISTANCE DOGS	S, INC.	48-108	80879 Page 5
THE ORGANIZATION'S FEDERAL		ZATION RETURN	S (FORM 990)	FOR JUNE
2018 AND 2017 ARE SUBJECT 7				
YEARS AFTER THEY ARE FILED.				
	NO TRAING F	MINORITED IIA	VE COMMENCED	INCOME
TAX EXAMINATIONS.				
PART XI, LINE 4B - OTHER AI	JUSTMENTS :			
				-2,627.
				2,027.
PART XII, LINE 2D - OTHER A	ADJUSTMENTS:			
COGS				2,627.
732055 10-09-17			Schedule	D (Form 990) 2017
240308 755562 22908		29 SDS ASSISTANCE	E DOGS, INC.	22908_1

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti y		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, I	Part IV, line 17, 18, c			2017
Department of the Treasury Internal Revenue Service	o	rganization entered more than \$1 ► Attach to Form 990 ► Go to www.irs.gov/Form990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		SISTANCE DOGS, INC					Employer id	entification number
	ing Activities	Complete if the organization answe		'es" o	n Form 990, Part IV,			
1 Indicate whether the	-	sed funds through any of the followir	-					
a Mail solicitati	ons email solicitations			-	overnment grants nment grants			
c Phone solicit		g 🗔 Special	fundra	aising	events			
d In-person sol 2 a Did the organization		or oral agreement with any individual	(inclue	ding o	fficers, directors, trus	stees,	or	
• • •		art VII) or entity in connection with p			-		Ye	
b If "Yes," list the 10 compensated at lea	-	viduals or entities (fundraisers) pursu organization.	iant to	agree	ements under which	the fu	ndraiser is to	be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor	ustody	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser	to (or retained by)
			contrib	utions?	inonin dodivity		ed in col. (i)	organization
			Yes	No				
		un in un ninkound au linn and kan an link						
or licensing.	ch the organizatio	n is registered or licensed to solicit	contric	outions	s or has been notified	a it is i	exempt from	registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sched	ule G (Form	990 or 990-EZ) 2017

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				AG VANTIS		(add col. (a) through
			PHANTOM BALL		4	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	72,714.	1,440.	953.	75,107
	2	Less: Contributions	1,955.	1,440.	953.	4,348
	3	Gross income (line 1 minus line 2)	70,759.			70,759
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
		Entertainment				
	9	Other direct expenses			L	
		Direct expense summary. Add lines 4 through				70,759
	tl	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	ne 3, column (d) answered "Yes" on Form	1990 Part IV line 19 or i	reported more than	10,155
		\$15,000 on Form 990-EZ, line 6a.				
		, _,				
\mathbf{T}				(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
	2 3	Cash prizes			(c) Other gaming	
	2 3 4	Cash prizes			(c) Other gaming	(d) Total gaming (adc col. (a) through col. (c
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	bingo/progressive bingo	Yes%	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No S in column (d)	bingo/progressive bingo	Yes%NoN	
	2 3 4 5 7 8	Cash prizes	Yes% Do from line 1, column (d)	bingo/progressive bingo	Yes%NoN	
	2 3 4 5 6 7 8	Cash prizes	Yes % No from line 1, column (d) ucts gaming activities: _	bingo/progressive bingo	Yes% No	col. (a) through col. (c
) a	2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c
ab	2 3 4 5 6 7 8 Ent Is ti	Cash prizes	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (c
ab	2 3 4 5 6 7 8 Ent Is til Is til If "I	Cash prizes	Yes% No S in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (c

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

11	edule G (Form 990 or 990-EZ) 2017 KSDS A	SSISIMUSI DO			-1080879	Page
	Does the organization conduct gaming activities					ĭ
	Is the organization a grantor, beneficiary or trus				_	
	to administer charitable gaming?			•	🗌 Yes 🛛	
13	Indicate the percentage of gaming activity cond					
	The organization's facility				13a	
	An outside facility					
	Enter the name and address of the person who					
		,	3			
	Name 🕨					
	Address 🕨					
15a	Does the organization have a contract with a thi	rd party from whom the	organization receives or	ming revenue?	Yes	
			<u></u>			
h	If "Yes," enter the amount of gaming revenue re	ceived by the organization	on 🕨 \$	and the amount		
2	of gaming revenue retained by the third party					
~	If "Yes," enter name and address of the third party					
U	in 103, onto hame and address of the till pa					
	Name 🕨					
	Address ►					
16	Gaming manager information:					
0	Gaming manager information.					
	Namo					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer Employe	e 🗌 Inde	pendent contractor			
	Mandatory distributions:					
а	Is the organization required under state law to n					
	retain the state gaming license?				└── Yes │	
b	Enter the amount of distributions required unde					
	organization's own exempt activities during the					
	t IV Supplemental Information. Provide th	ne explanations required	by Part I, line 2b, colum	ns (iii) and (v); and Part II	II. lines 9, 9b, 10b	
Pa					.,,,), 15
Pa	15c, 16, and 17b, as applicable. Also p	provide any additional inf	ormation. See instructio	ns.		D, 15
Pa		provide any additional inf	ormation. See instructio	ns.	.,	0, 15
Pa		provide any additional inf	ormation. See instructio	ns.	.,	0, 15
Pa		rovide any additional inf	ormation. See instructio	ns.		D, 15
Pa		rovide any additional inf	ormation. See instructio	ns.), 15
Pa		rovide any additional inf	ormation. See instructio	ns.), 15
		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
Pa		rovide any additional inf	ormation. See instructio	ns.		
		rovide any additional inf	ormation. See instructio	ns.		
		rovide any additional inf	ormation. See instructio	ns.		
		rovide any additional inf	ormation. See instructio	ns.		
		rovide any additional inf			orm 990 or 990-E	
3208	15c, 16, and 17b, as applicable. Also p		32		orm 990 or 990-E	

Schedule G	G (Form 990 or 990-EZ)	KSDS	ASSISTANCE	DOGS,	INC.
Part IV	Supplemental I	nformation (continued)		

	Schedule G (Form 990 or 990-EZ
2084 04-01-17	
	33
40308 755562 22908	2017.05040 KSDS ASSISTANCE DOGS, INC. 22908_1

SCHEDULE M (Form 990)	Complete if the org		ash Contr	ibutions	29 or 30.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 Go to www.irs.gov/ 	-	r the latest inforn	nation.		Open To Public Inspection
Name of the organization	KSDS ASSISTA	NCE DO	GS, INC.			er identification num $48 - 1080879$
Part I Types of	Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determining contribution amounts
1 Art - Works of art						
2 Art - Historical trea	sures					

Art - Fractional interests 3 Books and publications 4 Х 12,619.FAIR MARKET VALUE 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other... Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Х 1,671.FAIR MARKET VALUE 5 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 27,000.FAIR MARKET VALUE (WHEELCHAIR X 1 25 Other 🕨 Х 3 225.CASH VALUE GIFT CARDS 26 Other () 27 Other ►) 28 Other ► 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	t it		
	exempt purposes for the entire holding period?			Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (For	m 990) 2017

732141 09-07-17

Employer identification number 48-1080879

lΒ	No.	1545-0047

15

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

732142 09-07-17					Schedule	M (Form 990) 2017
240308 755562 22908	2017.05040	35 KSDS	ASSISTANCE	DOGS,		

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.



48-1080879

KSDS ASSISTANCE DOGS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE IN NEED OF A CANINE PARTNER TO ENHANCE THEIR INDEPENDENCE, TO

FULLY FUNCTION IN SOCIETY AND/OR TO ENRICH THEIR PROFESSIONAL CAREER

RESPONSIBILITIES WITH THE ONGOING SUPPORT OF OUR TRAINERS TO ENSURE

PROFICIENT WORKING PARTNERSHIPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT OF OUR TRAINERS TO ENSURE PROFICIENT WORKING PARTNERSHIPS.

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

THE CEO AND THE INTERNAL ACCOUNTANT REVIEW THE 990 BEFORE PRESENTATION TO THE BOARD OF DIRECTORS. THE 990 IS REVIEWED BY THE BOARD AFTER SUBMISSION TO THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS IN PLACE AND MUST BE SIGNED BY ALL BOARD MEMBERS ANNUALLY.

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

COMPENSATION IS DETERMINED AND VOTED ON BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST IN PERSON OR IN WRITING. IT IS NOT

PUBLISHED ON THEIR WEBSITE.

	FORM	990,	PART	VI,	SECTION	C,	LINE	19:						
	LHA For	Paperwo	ork Redu	ction Ac	t Notice, see the	e Inst	ructions fo	or Form	990 or 9	90-EZ.	Schedule C) (Form 990	or 990-EZ) (2	2017)
	732211 09-0	07-17												
									36					
15	24030	8 755	562 2	22908		20	17.050	040 1	KSDS	ASSISTANCE	DOGS,	INC.	22908_	_1

Schedul	le O (Form 990 or	990-E	Z) (2017)				Page 2
Name of	f the organization	Employer identification number 48-1080879					
THE (CONFLICT	OF	INTEREST	POLICY AND	FINANCIAL	STATEMENTS	ARE AVAILABLE TO
THE I	PUBLIC U	PON	REQUEST.	THE REPOR	TS ARE NOT	PUBLISHED C	N THE WEBSITE.

FORM 990, PART XI, LINE 2C

THE BOARD OF DIRECTORS HAS OVERSITE OF THE AUDIT AND ALSO DOES THE

SELECTING OF WHO WILL BE THE AUDITOR. THE BOARD REVIEWS THE AUDIT AND

APPROVES OR DISAPPROVES THE AUDIT WHEN PRESENTED TO THEM.

FORM 990, PART I, LINE 6 NUMBER OF VOLUNTEERS KSDS HAD APPROXIMATELY 70 VOLUNTEERS DURING 2018, WHICH INCLUDED BOARD MEMBERS, PUPPY RAISERS, ASSISTANCE WITH THE NEWSLETTER AND GROUP AND INDIVIDUAL VOLUNTEERS.

KSDS, INC HAS VOLUNTEER PUPPY RAISERS. FAMILIES AND INDIVIDUALS WAITING TO RECEIVE A PUPPY TO RAISE OFTEN PARTICIPATE IN FUNDRAISERS AND OTHER KSDS, INC. ACTIVITIES, THUS CONTINUING THEIR VOLUNTEER COMMITMENT TO KSDS, INC.

KSDS HAS VOLUNTEERS ASSISTING WITH THE MAILING OF THE NEWSLETTER. THESE LADIES WORK APPROXIMATELY 15 DAYS A YEAR. ONE VOLUNTEER WORKS SIX HOURS A WEEK.

 THERE ARE MANY GROUPS, SCHOOL CLASSES, AND ORGANIZATIONS THAT

 PARTICIPATE IN FUNDRAISERS AND FRIEND MAKING ACTIVITIES THAT IT WOULD

 BE IMPOSSIBLE TO TRACK TO THE EXACT NUMBER. GROUP, INDIVIDUAL AND AFTER

 SCHOOL VOLUNTEERS VARY. WE HAVE HIGH SCHOOL, MIDDLE SCHOOL, AND

 ELEMENTARY SCHOOL STUDENTS WHO VOLUNTEER WITH PUPPY SOCIALIZATION AND

 732212 09-07-17
 37

 Schedule O (Form 990 or 990-EZ) (2017)

 37

 15240308 755562 22908
 2017.05040 KSDS ASSISTANCE DOGS, INC. 22908_1

اame of the organization KSDS ASSTST7	ANCE DOGS, INC.		Employer identification num 48-1080879
VORKING ON THE KSDS GROUNI			
TASKS SUCH AS PAINTING, FO	LDING PROGRAMS FO	R GRADUATION,	CLEANING, ETC.
32212 09-07-17		Sche	edule O (Form 990 or 990-EZ) (2

Form 4562	
Department of the Treasury Internal Revenue Service (9	9)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

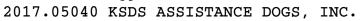
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

20

OMB No. 1545-0172

KS	DS ASSISTANCE DOGS,	INC.		FOR	M 990 P.	AGE 10		48-1080879
Pa	Irt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you ha	ve any lis [.]	ted property, o	complete Part	V before ye	
1	Maximum amount (see instructions)						1	510,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 propert							2,030,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-					
	Dollar limitation for tax year. Subtract line 4 from lin							
6	(a) Description of p	roperty	(d)	Cost (busine	ss use only)	(c) Elected of	cost	
7	Listed property. Enter the amount fror	n line 29			7			
	Total elected cost of section 179 prop						8	
	Tentative deduction. Enter the smalle							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the							
	Section 179 expense deduction. Add							
	Carryover of disallowed deduction to 2							
	e: Don't use Part II or Part III below for	r listed property. Ir	nstead, use Part V					
Pa	ITT II Special Depreciation Allow	ance and Other D	epreciation (Don	i't include	listed proper	ty.)		
14	Special depreciation allowance for qua	alified property (ot	her than listed pro	perty) pla	aced in service	e during		
	the tax year						14	
15	Property subject to section 168(f)(1) e	15						
	Other depreciation (including ACRS)	16	75,847.					
Pa	MACRS Depreciation (Don'	t include listed pro		-				
			Sectior					
17	MACRS deductions for assets placed	in service in tax ye	ears beginning be	fore 2017		·····	17	
18	If you are electing to group any assets placed in se							
	Section B - Asset	(b) Month and	(c) Basis for depre			eral Deprecia	ation Syste	m
	(a) Classification of property	year placed in service	(business/investm only - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property	_						
d	10-year property	_						
e	15-year property	_						
f	20-year property	_						
g	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L S/L	
	Section C - Assets	/ Placed in Service	During 2017 Tax	(Year Lis	ing the Altern			tem
20a					ing the Attern		S/L	
<u>20a</u> b		-			12 yrs.		S/L S/L	
 c		/			40 yrs.	MM	S/L	
	ITT IV Summary (See instructions.)	1 /	1				J, L	
	Listed property. Enter amount from lin	e 28					21	
	Total. Add amounts from line 12, lines							
	Enter here and on the appropriate line	-				r	22	75,847.
	For assets shown above and placed ir							
	portion of the basis attributable to sec	-	·····		23			
7162	51 01-25-18 LHA For Paperwork Red	uction Act Notice	, see separate in	struction	s.			Form 4562 (2017)



Pa	m 4562 (2017)		ASSIS											879	
	recreation, or a	ty (Include auton	nobiles, ce	rtain oth	ner vehic	les, cer	tain airc	raft, ce	rtain com	puters, a	and prop	perty use	ed for en	tertainm	en
		vehicle for which	vou are us	sina the	standar	d milead	ae rate c	or dedu	ctina leas	e expen	se. com	plete on	lv 24a. 2	24b. colu	ımı
	(a) through (c) o	of Section A, all of	of Section	B, and S	Section (C if app	licable.		-						
		Depreciation a			-	ution: S	See the i	_)	
24a	Do you have evidence to s			nt use cla	aimed?	<u> </u>	es	_ No	24b If "Y	1		nce writt	ten?	_ Yes ∟	
	(a) Type of property	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	eciation	(f)		g)		(h)	Ele	(i)
	l ype of property (list vehicles first)	placed in	investment	l of	Cost or her basis		siness/inve	estment	Recovery period		thod/ ention		eciation uction	sectio	
		service us	se percentag	ie ot			use only	<i>(</i>)	ponou	00110				CC	ost
	Special depreciation allo		-		-			-	-						
	used more than 50% in	a qualified busin	ness use								25				
26	Property used more that	n 50% in a quali ¹	fied busine	ess use:											
			%	6											
		: :	%	6											
		: :	%	6											
27 [Property used 50% or le	ess in a qualified	business (use:						_		_		_	
			%	6						S/L -					
			%	6						S/L -				1	
			%	6						S/L -				1	
28 /	Add amounts in column	(h), lines 25 thrc	bugh 27. Er	nter her	e and on	line 21.	, page 1			•	28			1	
	Add amounts in column											•	29		Ξ
		(//			3 - Infor										
Corr	plete this section for ve	hicles used by a	sole propi	rietor n	artner o	r other '	"more th	an 5%	owner " (or related	d nersor	lfvou	nrovideo	1 vehicle	\$
	our employees, first ans														5
.0 yc	sur employees, mat ans	wer the question			see ii you				completi	ng tino a			vernoret	5.	
				(a)	(b)		(c)	6	d)	6	e)	(1	
<u>م</u>	Total business/investment	miles driven during	n the	-	nicle	-	hicle		ehicle		nicle		nicle	Veh	
	year (don't include commu		· .	101		V01				V 01		V 01		Von	
	Total commuting miles of														_
	Total other personal (no														
		•.													
	driven														_
	Total miles driven during	• •													
	Add lines 30 through 32								1					×	
	Was the vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	⊢
	during off-duty hours?								_						⊢
	Was the vehicle used p														
	than 5% owner or relate								_						⊢
36	Is another vehicle availa	ble for personal													Ĺ
	use?														
		Section C - Qu	uestions fo	or Empl	oyers W	ho Pro	vide Vel	hicles f	or Use b	y Their B	Employe	es			
۹ns	wer these questions to a	determine if you	meet an e>	kceptior	to com	pleting \$	Section	B for ve	ehicles us	ed by er	nployee	s who a i	ren't mo	ore than \$	5%
own	ers or related persons.														
37	Do you maintain a writte	en policy stateme	ent that pro	ohibits a	II persor	nal use d	of vehicl	es, incl	uding cor	nmuting	, by you	r		Yes	
(employees?														
	Do you maintain a writte														Τ
38 I	employees? See the ins	structions for veh	icles used	by corp	orate of	ficers, d	directors	, or 1%	or more	owners					
		ehicles by emplo													T
e	Do you treat all use of ve														t
39 I															
; 39 i 10 i	Do you provide more tha		IUIIIIaliuiii												t
6 39 1 10 1 t	Do you provide more that the use of the vehicles,	and retain the in		d autom	opile dei	nonstra								·	÷
6 39 40 t 41	Do you provide more that the use of the vehicles, a Do you meet the require	and retain the in ements concernir	ng qualified												
6 39 [40 [1 41 [41	Do you provide more that the use of the vehicles, Do you meet the require Note: I f your answer to	and retain the in ements concernir	ng qualified												_
6 39 [40 [1 41 [41	Do you provide more that the use of the vehicles, in Do you meet the require Note: If your answer to a Irt VI Amortization	and retain the in ements concernir 37, 38, 39, 40, o	ng qualified	s," don'		te Sect			overed vel		(e)			(f)	_
6 39 [10 [1 11 [1	Do you provide more that the use of the vehicles, Do you meet the require Note: I f your answer to	and retain the in ements concernir 37, 38, 39, 40, o	ng qualified r 41 is "Yes Date a	s," don" (b)		te Sect	ion B for		overed vel	nicles.	(e) Amortiza	tion	Ar	(f) mortization or this year	_
89 1 40 1 41 1 1 Pa	Do you provide more that the use of the vehicles, in Do you meet the require Note: If your answer to s art VI Amortization (a) Description of	and retain the in ements concernir 37, 38, 39, 40, or f costs	ng qualified r 41 is "Yes Date a	s," don" (b) umortization begins	t comple	te Sect	ion B for		overed vel	nicles.		tion	Ar fc	(f) mortization or this year	
39 40 41 41 Pa	Do you provide more that the use of the vehicles, in Do you meet the require Note: If your answer to a Irt VI Amortization	and retain the in ements concernir 37, 38, 39, 40, or f costs	ng qualified r 41 is "Yes Date a	s," don" (b) umortization begins	t comple	te Sect	ion B for		overed vel	nicles.	Amortiza	tion	Ar fc	nortization	
39 40 41 41 Pa	Do you provide more that the use of the vehicles, in Do you meet the require Note: If your answer to s art VI Amortization (a) Description of	and retain the in ements concernir 37, 38, 39, 40, or f costs	ng qualified r 41 is "Yes Date a	s," don" (b) umortization begins	t comple	te Sect	ion B for		overed vel	nicles.	Amortiza	tion	Ar fc	nortization	
39 40 11 11 Pa 42 /	Do you provide more tha the use of the vehicles, i Do you meet the require Note: If your answer to a int VI Amortization (a) Description of Amortization of costs th	and retain the in ements concernir 37, 38, 39, 40, o f costs nat begins during	ng qualified r 41 is "Yes Date a your 2017	s," don' (b) mortization begins ' tax yea : :	t comple	te Sect	ole	r the co	(d) Code section		Amortiza period or per	tion centage	Ar fc	nortization	
(39 40 1 41 H1 H2 / H2 /	Do you provide more tha the use of the vehicles, i Do you meet the require Note: If your answer to a Int VI Amortization (a) Description of Amortization of costs th Amortization of costs th	and retain the in ements concernin 37, 38, 39, 40, o f costs nat begins during nat began before	ng qualified r 41 is "Yes Date a your 2017 your 2017	(b) mortization begins ' tax yea : : : : tax yea	t comple	te Sect		r the co	(d) Code section		Amortiza period or per	tion centage 43	Ar fc	nortization	
39 40 1 41 Pa 42 / 42 / 43 / 44 -	Do you provide more tha the use of the vehicles, i Do you meet the require Note: If your answer to a int VI Amortization (a) Description of Amortization of costs th	and retain the in ements concernin 37, 38, 39, 40, o f costs nat begins during nat began before	ng qualified r 41 is "Yes Date a your 2017 your 2017	(b) mortization begins ' tax yea : : : : tax yea	t comple	te Sect		r the co	(d) Code section		Amortiza period or per	tion centage	fc	nortization	