WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

OCCUPAWS GUIDE DOG ASSOCIATION 5659 ENCHANTED VALLEY RD CROSS PLAINS, WI 53528-9723

990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 **2018**

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2018 calendar year, or tax year beginning and ending	g									
В	Check if applicable	C Name of organization		D Employer identifie	cation number							
	Addres	OCCUPAWS GUIDE DOG ASSOCIATION										
	Name change	Doing business as		20-5	172386							
Initia retur Fina retur		Number and street (or P.0. box if mail is not delivered to street address) 5659 ENCHANTED VALLEY RD	suite	E Telephone number 608-772-3787								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	681,311.							
	Ameno return	CROSS PLAINS, WI 53528-9723		H(a) Is this a group re	eturn							
	Applic	F Name and address of principal officer:MARK SCHULTZE	Ī	for subordinates	? Yes X No							
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No							
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. (see instructions)							
		e: WWW.OCCUPAWS.ORG		H(c) Group exemption								
			Year o	of formation: 2005 N	1 State of legal domicile: WI							
Р	art I	Summary	7 (7)		GO GT 3 MT O31							
9	1	Briefly describe the organization's mission or most significant activities: OCCUPAWS	5 G	UIDE DOG AS	SOCIATION							
Jan	HAS 34 PUPPIES IN TRAINING, 6 BREEDING FEMALES AND HAS PLACED FI											
Governance	2	Check this box if the organization discontinued its operations or disposed of			ssets. 11							
Ĝ	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			11							
ە دە	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0							
itie	6	Total number of violunteers (estimate if necessary)			125							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
⋖	b	Net unrelated business taxable income from Form 990-T, line 38			0.							
Revenue		·		Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		148,058.	632,623.							
	9	Program service revenue (Part VIII, line 2g)		18,800.	19,800.							
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		521.	5,275.							
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,677.	23,254.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		194,056.	680,952.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ	0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
EXD	b	Total fundraising expenses (Part IX, column (D), line 25) 11,039.		194,719.	234,551.							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		194,719.	234,551.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-663.	446,401.							
or or		rievende less expenses. Subtract line 10 nom line 12	Bed	ginning of Current Year	End of Year							
Net Assets or	20	Total assets (Part X, line 16)	150	193,815.	619,335.							
ASS	21	Total liabilities (Part X, line 26)		3,511.	254.							
	22	Net assets or fund balances. Subtract line 21 from line 20		190,304.	619,081.							
P	art II	Signature Block										
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and si	tateme	ents, and to the best of my	y knowledge and belief, it is							
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	has any knowledge.								
		Signature of officer		Doto								
Sig		, and the second		Date								
He	re	MARK SCHULTZE, TREASURER Type or print name and title										
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN							
Pai	id	MIKE HABLEWITZ, CPA		if self-employe	P01259157							
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031							
	e Only	Firm's address 2921 LANDMARK PL STE 300										
		MADISON, WI 53713-4236		Phone no. 60	8-274-4020							
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No							

Form	n 990 (2018) OCCUPAWS GUIDE DOG ASSOCIATION 20-5172386 Pa	age 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	OUR MISSION IS TO PLACE FULLY TRAINED GUIDE DOGS OF EXCELLENT HEALTH	
	AND TEMPERAMENT WITH WISCONSIN AND CONTIGUOUS STATE ADULT RESIDENTS	
	WHO HAVE VISUAL IMPAIRMENTS AT NO CHARGE.	
	MIO INIVI VIDONE IMPRIMENTO IN NO CHINCEL.	
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 X	٦
		∟ No
	If "Yes," describe these new services on Schedule O.	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	J No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 213,739 • including grants of \$ 0 •) (Revenue \$ 19,80	0.)
	OCCUPAWS GUIDE DOG ASSOCIATION ACQUIRES, RAISES, TRAINS, AND PLACES	
	GUIDE DOGS WITH VISUALLY IMPAIRED ADULTS IN WISCONSIN AND CONTIGUOUS	
	STATE. IN 2018, WE PLACED SEVEN ADULT GUIDE DOGS AND PROVIDED REVIEW	
	TRAINING TO 35 TEAMS THAT RECEIVED DOGS IN PREVIOUS YEARS. WE ALSO	
	SPOKE TO HUNDREDS OF PEOPLE AT SERVICE GROUPS, SCOUT MEETINGS,	
	BUSINESSES, 4-H GROUPS, HUMANE SOCIETIES, THE WISCONSIN COUNCIL FOR T	HE
	BLIND, AND OTHER ORGANIZATIONS ABOUT VISUAL IMPAIRMENTS AND GUIDE DOG	
		<u> </u>
	WE HAVE AN ONGOING PROGRAM AT THE OXFORD FEDERAL CORRECTIONAL	
	INSTITUTION (A LOW SECURITY MEN'S PRISON) WHERE WE HAVE INMATES RAISE	
	AND TRAIN PUPPIES, MUCH LIKE REGULAR PUPPY RAISERS. WE CONDUCT WEEKL	<u>Y</u>
	CLASSES FOR THE 10 INMATES CURRENTLY RAISING PUPPIES FOR US. THE	
	PROGRAM IS CALLED "PAWSFORWARD."	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 213,739.	
	Form 990	(2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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,	٦		
	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? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, counnel for Schedule Part I and all 24 Did the organization answer "Vest to Part VII. Section A, lina 3, 4, or 5 about compensation of the organization's current and former officers, directors, vulters, key employees, and highest compensation of the organization shows 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 X, If "No." go to line 25a. 24b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 24d Did the organization invest and the appeal of the exempt bonds beyond a temporary period exception? 24d Did the organization invest and the expensive process of the exemption of the organization governed between the expensive process benefit transaction with a disquisited person in a prior year, and that the transaction has not been reported on any of the organizations prior 6 proms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 25b Did the organization approach on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, sincetion, trustees, key employees, highest compensated employees, or disqualified personal "If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees (if year) and the proper proper if year is a proper proper of year of th				Yes	No
Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization current and former officers, directors, tustees, key employees, and highest compensation employees? If "Yes," complete Schedule I, Part IV 19%, "or to Ine 25a 23 X X 24a Did the organization have a tax-esempt 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 IA, If You," or to line 25a 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 44d Did the organization amount on behalf of issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 45d Did the organization and as an non behalf of issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 45d Section 501(5)(3), 501(6)(4), and 501(6)(20) 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 Section 501(6)(3), 501(6)(4), and 501(6)(20) organizations on the regarding at any time during the year? 45d Did 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 organizations proved any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, and any of the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thread, a grant selection committee members of the substantial contributor or employee thread a grant section committee members or to assist contributor or employee thread any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable ling thresholds, conditions,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
And former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I ast day of the year, that was issued after Decamber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", to 16 in 25a and 15 in 2		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Was to regarization 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 fines 24b through 24d and complete Schedule K. If "No." go to fine 25a. b Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization are than a fact of the property of the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? b Is the organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 50(CR)8, 051(CR)4, and 501(CR)40 and 501(CR)20 and that the transaction has not been reported on any of the organization spinor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b Ly Did the organization report any amount on Part X, line 5, 6, or 22 for recelvables from or payables to any current or former officer, director, trustee, bey employees, or disqualified persons? If "Yes," complete Schedule L, Part II and the substandial contribution or member, or employee thereof, a grant selection committee member, or to a difficer, director, trustee, key employee, substandial contribution or provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV and A annual provides against an expense of the part II and the substandial contribution or an expense of the part II and the substandial contribution or an expense of the part II and the part II and the part II and the part II and the part II	23				
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," ranswer lines 24b through 24d and complete Schedule II. "No.," po to limit 22a." b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization are sensitive to the organization of the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the sensitive transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms of flores, directors, fusiteds, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II 25d Did the organization provide a grant or other assistance to an officer, director, frustee, key employees, the properties of any of these persons? If "Yes," complete Schedule I., Part IV 25d In the organization approve a grant or other assistance to an officer, director, frustee, key employees, and the part of the part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule II., Part IV 25d In the organization and party to a business transaction with one of the following parties (see Schedule II., Part IV 25d A family member of a current or former officer, director, trustee, or key employee? If "Yes," comp					3,7
as to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to to the 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(C(S), 00.01(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 I, Part I 25b Is the organization aware that the regaged in an excess benefit transaction has not been reported on any of the organization spior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part I 5b Did the organization are port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, levely employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II " 27 Did the organization are provided agrant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV " 28 Was the organization are part of the assistance to an officer, director, trustee, exity employee? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 28b X 27 An ontity of which a current or former officer, director		Schedule J	23		X
Schedule K. If "No." go to line Zise b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the part of	24a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year" 255 Section 501(2(3), 501(2(4)), and 501(2(5)) arganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year" // "Yes," complete Schedule L, Part I 258 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 is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b 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," complete Schedule L, Part II 25b X 2 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 2 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 2 28 Was the organization of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 28 A charmity of which a current for former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 29 Did the organization receive contributions of "If "Yes," complete Schedule L, Part IV 3 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part II 3 30 Did the organization organization engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 1 31 Did the organization organization engage in any transaction with a controlled en	·		240		
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 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware 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 E2? If "Yes," complete Schedule L, Part II 25b		- · · · · · · · · · · · · · · · · · · ·			
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 I, Part I I I I I I I I I I I I I I I I I I I			25a		Х
Schedule L, Part I 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," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-asian contributions? If "Yes," complete Schedule M, Part IV 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 Did the organization iseli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.28 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 2 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relat	b				
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 competes Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule III III III III III III III III III I		Schedule L, Part I	25b		Х
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
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toambinot windings to onze winners?	С	(gambling) winnings to prize winners?	1c		

Form 990 (2018) OCCUPAWS GUIDE DOG ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	•		3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X					
р	If "Yes," enter the name of the foreign country:									
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	5a		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
-	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		6a							
	were not tax deductible?	-	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as 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 c		7e 7f		X					
f	3 , 3 , 1 , 1 ,									
g										
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
9	sponsoring organization have excess business holdings at any time during the year?									
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
h	Note. See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b							
-	excess parachute payment(s) during the year?		15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
			Form	200	/0010					

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

	Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b							
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х			
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77			
а	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).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401					
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed WI Section 6104 requires an experientian to make its Forms 1002 (1004 or 1004 A if applicable), 900, and 900 T (Section 501(a)/3)	0 0/51: 1	01/2!!	, blc			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avalla	anie			
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)						
10		l fina:	oial				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	mian	uai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
20	MARK SCHULTZE - 608-772-3787						
	5659 ENCHANTED VALLEY RD, CROSS PLAINS, WI 53528-9723						

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

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

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

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

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

Check this box if neither the organization		orga T	anıza			mpe	ıısat			(E)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both a officer and a director/trustee			is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	<u>ا</u>						the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 *********************************	organization
	organizations	trust	al tru		yee	mpe		,		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) BARBARA SCHULTZE	40.00									
PRESIDENT		X		Х				0.	0.	0.
(2) KRISTEN SCHOVILLE	25.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) KATHY DUCAT	15.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MARK SCHULTZE	35.00									
TREASURER		Х		Х				0.	0.	0.
(5) DIANE HERMAN-BROWN	5.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN FETTERS	5.00									
DIRECTOR		Х						0.	0.	0.
(7) MARLETTE LARSEN	5.00									
DIRECTOR		Х						0.	0.	0.
(8) JIM SCHOVILLE	5.00									
DIRECTOR		Х						0.	0.	0.
(9) COURTNEY SWEET	5.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL TURINSKE	5.00									
DIRECTOR		Х						0.	0.	0.
(11) MAUREEN MULROY	5.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		<u> </u>			_	ــــــ				
		4								

Section A. Officers, Directors, Trus	T	ploy	ees			ghe	st C	 					
(A)	(B)		(C) Position					(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estimated		
	week					is bot or/trus		compensation from	compensation from related			nount c other	DΪ
	(list any	tor						the	organization			pensat	ion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)	•	Ť	org	anizatio	on
	organizations	al trus	Institutional trustee		key employee	Highest compensated employee						d relate	
	below line)	dividu	stitutio	Officer	y emp	ghest ploye	Former				orga	ınizatio	ns
		트	Ë	₽	- S	三二	요						
1b Sub-total							>	0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but r	iot limited to tr	iose	liste	ed ai	DOV	e) wr	no r	eceived more than \$100	,000 of reportab	ile			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or										3			37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch ,	pers	son .					5		Х
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npens	ation f	rom	
the organization. Report compensation for													
(A) Name and business	address	NΙ	ONE	7				(B) Description of s	ervices	C	(C comper	;) nsation	1
, and and submeet	- 4441000	140	7141					Description of a			- Ciripoi	- Ioution	•
							\dashv						
2 Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi						0					Farm (200 (0	046

Page **9**

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		Chicar ii Concadio C Cont	anio a respense	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(S (S				6.5		revenue	revenue	512-514
it it		Federated campaigns		65.				
ا ي		Membership dues		4 500				
A,	С	Fundraising events		4,500.				
直	d	Related organizations	1d					
Si.	е	Government grants (contributi	ions) 1e					
ξË	f	All other contributions, gifts, grant	ts, and					
14 <u>p</u>		similar amounts not included above	/e 1f	628,058.				
일	g	Noncash contributions included in lines	1a-1f: \$	12,470.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			632,623.			
				Business Code	-			
o l	9 a	ADOPTION FEES		812910	19,800.	19,800.		
, ķ	2 b							
Ser								
E S	C							
gra Re	d							
Program Service Revenue	e							
_		All other program service reve			10 000			
_		Total. Add lines 2a-2f			19,800.			
	3	Investment income (including			F 07F			F 275
		other similar amounts)			5,275.			5,275.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising						
nue		including \$ 4,5	00 • of					
Other Reven		contributions reported on line						
ě		Part IV, line 18		16.992.				
he.	h	Less: direct expenses		359.				
₽		Net income or (loss) from fund			16,633.			16,633.
				>	10,000.			10,000.
	э а	Gross income from gaming ac		6,621.				
		Part IV, line 19						
		Less: direct expenses			6 621			6 621
		Net income or (loss) from gam	· ·	······	6,621.			6,621.
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			600 0 = 6	40.000		
	12	Total revenue. See instructions		>	680,952.	19,800.	0.	28,529.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		ĕxpenses	general expenses	expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
 				
,				
``````````````````````````````				
· · · · · · · · · · · · · · · · · · ·				
	2 700		2 700	
	3,700.		3,700.	
	00 500	08 580		
				705
			1 253	3,732
				507
	3,003.	4,052.	300.	
	36 048	28 493	3 611	3,944
	30,040.	20,475.	3,011.	<u> </u>
	2 563.	600.	75.	1,888
	2,303	000.	7.5.	
	293.	287	6.	
				186
	1,0001	<b>-</b> /=00•	100.	100
above. (List miscellaneous expenses in line 24e. If line				
24e amount exceeds 10% of line 25, column (A)				
	28.991.	28.991.		
	,	,		
All other expenses	3.999.	3.486.	436.	77
· —				11,039
		,	2,1,00	
reported in column (B) joint costs from a combined				
r σροιτού πι σοιατιπί (D) μοπιτ συστο ποπι α συπισπίσα		I		
educational campaign and fundraising solicitation.	I	l		
	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. Iff line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PUPPIES DOG FOOD EXPENSE  Total functional expenses. Add lines 1 through 24e  All other expenses Total functional expenses. Add lines 1 through 24e	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation included above, to disqualified persons (as defined under section 4958(p(11)) and persons described in section 4958(p(11)) and persons described in section 4958(p(11)) and persons described in section 4958(p(13)) and persons described in se	Grants and other assistance to domestic individuals. See Part IV, line 22 (arrants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 (arrants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 (arrants and other section 40 (see yemployees (compensation of current officers, directors, trustees, and key employees (compensation not included above, to disqualified persons (as defined under section 4958)(f(1)) and persons described in section 4958(f(1)) and 4969(f(1)) and persons described in section 4958(f(1)) and 4969(f(1)) and persons described in section 4958(f(1)) and persons

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			146,627.	1	226,065.
	2	Savings and temporary cash investments			17,910.	2	17,945.
	3	Pledges and grants receivable, net		0.	3	50,000.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	14958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr).	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
ď	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		1,473.	9	1,399.	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	8,797.			
	b	Less: accumulated depreciation		293.	0.	10c	8,504.
	11	Investments - publicly traded securities			27,805.	11	315,422.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		1	193,815.	16	619,335.
	17	Accounts payable and accrued expenses		3,511.	17	254.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,511.	26	254.
		Organizations that follow SFAS 117 (ASC 958	3), check	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 an	nd 34.				
auc	27	Unrestricted net assets			181,171.	27	569,081.
3al	28	Temporarily restricted net assets			9,133.	28	50,000.
힏	29			<u></u>		29	
Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶☐☐			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		<b>—</b>		32	
Z	33	Total net assets or fund balances			190,304.	33	619,081.
	34	Total liabilities and net assets/fund balances			193,815.	34	619,335.

	990 (2018) OCCUPAWS GUIDE DOG ASSOCIATION	20-5172	<u> 2386</u>	Pa	ge <b>12</b>
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			52.
2	Total expenses (must equal Part IX, column (A), line 25)	2			51.
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			04.
5	Net unrealized gains (losses) on investments	5	-1	7,6	24.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	61	9,0	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 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 **2018** 

Open to Public Inspection

Name of the organization Employer identification number OCCUPAWS GUIDE DOG ASSOCIATION 20-5172386 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	154,724.	144,616.	117,492.	148,058.	632,623.	1197513.					
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	154 504	111 616	115 100	140 050	620 602	4400540					
4	Total. Add lines 1 through 3	154,724.	144,616.	117,492.	148,058.	632,623.	1197513.					
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,						400 410					
	column (f)						423,413.					
6	Public support. Subtract line 5 from line 4.						774,100.					
	etion B. Total Support	( ) 004.4	#12045	/ ) 0040	( 1) 0047	( ) 0040	(0 T )					
	ndar year (or fiscal year beginning in)	(a) 2014 154,724.	(b) 2015 144,616.	(c) 2016 117, 492.	(d) 2017 148,058.	(e) 2018 632,623.	(f) Total 1197513.					
	Amounts from line 4	134,724.	144,010.	111,494.	140,030.	032,023.	119/313.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	36.	435.	1,083.	521.	5,275.	7,350.					
•	and income from similar sources	30.	433.	1,005.	721.	3,213.	7,330.					
9	Net income from unrelated business											
	activities, whether or not the											
10	business is regularly carried on  Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						1204863.					
12	Gross receipts from related activities,	etc (see instructi	ons)			12	185,065.					
13	First five years. If the Form 990 is for			d fourth or fifth t								
	organization, check this box and <b>stor</b>						<b>▶</b> □					
Sec	ction C. Computation of Publ											
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11, c	column (f))		14	64.25 %					
15	Public support percentage from 2017					15	88.17 %					
16a	33 1/3% support test - 2018. If the					nore, check this bo	x and					
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>►</b> X					
b	33 1/3% support test - 2017. If the						nis box					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□					
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□					
b	10% -facts-and-circumstances tes	t - <b>2017.</b> If the org	anization did not c	heck 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	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐					
18	Private foundation. If the organization	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2018

#### 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.)

Section A. Public Support	ow, picase com	picte r art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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) ► 🔼	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504( )(0)	<u> </u>
<b>14 First five years.</b> If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public						<u></u>
•			l (f))		15	0/
15 Public support percentage for 2018 (lin					<del>                                      </del>	%
16 Public support percentage from 2017 Section D. Computation of Invest					16	%
-					17	0/
17 Investment income percentage for 201					<del>                                      </del>	90
18 Investment income percentage from 20					18   20 1 /20/   and line :	%
19a 33 1/3% support tests - 2018. If the o						
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2017.</b> If the o	· ·			·	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>▶</b>

### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
			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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		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 <b>Part VI</b> 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	or type it eappertung engantumente		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	and 217 and 1960 and outper and of gamma and and		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
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. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	3)	
2	Activities Test. Answer (a) and (b) below.	., 401,0,,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	1. J ,			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	ly integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4		nts paid to acquire exempt-use assets	•		
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2018 from Section C, line 6			
10		B amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrik	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
-	and 4				
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		as from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

OCCUPAWS GUIDE DOG ASSOCIATION 20-5172386 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 (entering "N/A" in column (b) instead of the contributor name and address), 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) (2018)

Name of organization Employer identification number OCCUPAWS GUIDE DOG ASSOCIATION 20-5172386

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
1		\$ 29,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
2		\$ 15,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
3		\$ 384,662. Person X Payroll Noncash (Complete Part II for noncash contributions.)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
4		\$ 13,767. Person X Noncash (Complete Part II for noncash contributions.)	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		\$   \$   Person	s.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on				
		Person Payroll Noncash (Complete Part II for	c.)				

Name of organization Employer identification number

#### OCCUPAWS GUIDE DOG ASSOCIATION

20-5172386

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
D004F2 11 00		\$	000 FZ 000 PF\ (0040)

**Employer identification number** 

Name of organization

20-5172386 OCCUPAWS GUIDE DOG ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OCCUPAWS GUIDE DOG ASSOCIATION

**Employer identification number** 20-5172386

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise		lar Funds or Acc	COUNTS Complete if the
ı aı			iai i anas oi Aoo	Complete II the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised fun	ide (b) E	Funds and other accounts
	<del>-</del>	(a) Donor advised full	(6)1	unds 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 funds	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant fu	unds can be used only	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any otl	ner purpose conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on	Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e		ion of a historically im	portant land area
	Protection of natural habitat	. —	ion of a certified histor	
	Preservation of open space			ne strastars
2	Complete lines 2a through 2d if the organization held a qualit	find concernation contribution	in the form of a cons	onyation accoment on the last
_		ned conservation contribution	i iii tile loilli oi a conse	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic str			c
d	Number of conservation easements included in (c) acquired	·		
	listed in the National Register		2	d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or termi	nated by the organiza	tion during the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements in	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	<b>&gt;</b>	,	· ·	,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforci	ng conservation easer	ments during the year
-	<b>▶</b> \$		g concontanten cacci	g are year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservati			
9			•	
	include, if applicable, the text of the footnote to the organizar	tion's imancial statements tha	at describes the organi	ization's accounting for
Dai	t III Organizations Maintaining Collections o	f Art Historical Trace	iros or Othor Sin	milar Assats
Fai			ires, or Other Sin	illiai Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		n in furtherance of put	olic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furthe	erance of public servic	e, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>)</b>	<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets	s for financial gain, pro	vide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these	e items:	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		<b>\$</b>
	Assets included in Form 990, Part X			<b>\$</b>

832051 10-29-18

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

	t III Organizations Maintaining C	ollections of A	t, His	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts(continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	t are a si	gnificant ι	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets not	included		_	
	on Form 990, Part X?							$\square$	Yes	O 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 Fo								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided on	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	t IV, line 1	0.			
	·	(a) Current year	(b) P	rior year	(c) Two year	rs back (	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance			•						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:	I			l	
а	Board designated or quasi-endowment	,	%	J, (	"					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment	<u> </u>								
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for th	ne organiz	ation		
	by:	ŭ					J		Γ _Y	es No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered		). Part I\	/. line 11a. S	See Form 990	). Part X.	line 10.			
	Description of property	(a) Cost or o			or other		cumulate	d T	(d) Book	value
		basis (investn			(other)		reciation		(-,	
	Land	<del>- '</del>	•		•					
	Buildings									
	Leasehold improvements									
d	Equipment				8,797.		29	93.	8	,504.
	Other				-					-
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			ightharpoonup	8	,504.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 OCCUPAWS GU	JIDE DOG ASSO	CIATION	20	-5172386	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes (a) Description of security or category (including name of security)				l of voor morlest v	<u> </u>
	(b) Book value	(c) Method of V	/aluation: Cost or end	i-or-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.		44 0 5 000	D 137 II 10		
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		, Part X, line 13. /aluation: Cost or end	l of year market y	value
	(b) BOOK Value	(c) Method of (	/aluation. Cost of end	1-01-year market v	/alue
(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.					
	" on Form 000 Dort IV line	11d Coo Form 000	Dort V line 15		
Complete if the organization answered "Yes	Description	e Tru. See Form 990,	, Fart A, line 15.	(b) Book va	عاله
•	Description			(b) Dook va	liue
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9) Table (Columns (b) must accuse Form 2000, Port V, col. (R) li	20.1F.\				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	ie 15.)				
Complete if the organization answered "Yes	" on Form 000 Dort IV line	110 or 11f Coo For	m 000 Dort V line 05		
(1) 5	on Form 990, Part IV, line	(b) Book value	The 990, Part A, line 25		
· · · · · · · · · · · · · · · · · · ·		(b) DOOR VAIUE			
(1) Federal income taxes			-		
(2)			-		
(3)					
<u>(4)</u> (5)					
1. 11					

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

Schedule D (Form 990) 2018

(6) (7) (8)

	edule D (Form 990) 2018 OCCUPAWS GUIDE DOG ASS				L72386 _{Page} <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,				655 050
1	Total revenue, gains, and other support per audited financial statements			1	675,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		45 604		
а	<b>5</b> , , ,		-17,624.		
b	Donated services and use of facilities	2b	12,272.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-5,352.
3	Subtract line 2e from line 1			3	681,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b			-359.		
С				4c	-359.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	680,952.
Pa	rt XII Reconciliation of Expenses per Audited Financial			Returr	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	247,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-
а		2a	12,272.		
b		·····	,		
c					
d			359.		
				2e	12,631.
3				3	234,551.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	231,331
		45			
a					
b	,	•		4-	0.
	Add lines 4a and 4b			4c	234,551.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	9 18.)		5	234,331.
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			1; Part X,	line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional infor	mation.		
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
			_		
DII	RECT EXPENSES REPORTED ON FORM 990, PA	ART VIII, I	INE 8B		-359.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DII	RECT EXPENSES REPORTED ON FORM 990, PA	ART VIII, I	INE 8B		359.

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

OCCUPAWS GUIDE DOG ASSOCIATION

Employer identification number

	S GUIDE DOG ASSOCI				20-51/2	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitar f Solicitar g Special  or oral agreement with any individual	tion of tion of fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru	stees, or	<b></b>
key employees listed in Form 990, P <b>b</b> If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	. <b>&gt;</b>	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

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-EZ, 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 NONE (add col. (a) through PUPTOBERFEST col. (c)) (event type) (total number) (event type) Revenue 9,179. 1 Gross receipts 9,179. 4,500 4,500. 2 Less: Contributions 4,679 4,679. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages 200. 200. 8 Entertainment 159. 159. 9 Other direct expenses 359 10 Direct expense summary. Add lines 4 through 9 in column (d) 4,320 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 OCCUPAWS GUIDE DOG ASSOCIATION 20-	5172386	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— 100	
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 100 0,	05, 105,

Schedule G (Form 990 or 990 EZ) OCCUPANS GUIDE DOG ASSOCIATION	20-51/2386 Page
Part IV   Supplemental Information (continued)	
·	

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

OCCUPAWS GUIDE DOG ASSOCIATION

**Employer identification number** 20-5172386

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

NINE GUIDE DOGS AND NINE CHILDREN'S VISUAL COMPANION DOGS SINCE ITS INCEPTION.

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

MARK SCHULTZE AND BARBARA SCHULTZE HAVE A FAMILY RELATIONSHIP. KRISTEN SCHOVILLE AND JIM SCHOVILLE ALSO HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ASSOCIATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE ASSOCIATION'S TREASURER BEFORE THE RETURN IS FILED WITH THE IRS.

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

THE ASSOCIATION'S CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS AND IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, EMPLOYEES. ALL MATERIAL FACTS MUST BE DISCLOSED TO THE MEMBERS OF THE GOVERNING BODY. THE MEMBERS OF THE GOVERNING BODY WILL THEN DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS. ANY PERSON WITH A POTENTIAL CONFLICT OF INTEREST CANNOT BE PRESENT WHILE THE GOVERNING BODY MAKES A DETERMINATION. NO TRANSACTIONS OR ARRANGEMENTS WILL BE ENTERED INTO WHERE A CONFLICT OF INTEREST EXISTS.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  OCCUPAWS GUIDE DOG ASSOCIATION	Employer identification number 20-5172386
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	QUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERINARY SERVICES:	
PROGRAM SERVICE EXPENSES	47,909.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,909.
GUIDE DOG TRAINING SERVICES:	
PROGRAM SERVICE EXPENSES	50,680.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50,680.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	98,589.