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

> OCCUPAWS GUIDE DOG ASSOCIATION PO BOX 45857 MADISON, WI 53744-5857

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 11884-800 Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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



Inspection

ΑF	or th	e 2023 calendar year, or tax year beginning and	ending					
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number			
	Addre	OCCUPAWS GUIDE DOG ASSOCIATION						
	Name chang			20-517238	36			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	PO BOX 45857		608-772-3				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	400,842.			
	Amen	MADISON, WI 55744-5857		H(a) Is this a group re				
	Applio tion pendi	F Name and address of principal officer: MARK SCHOLIZE		for subordinates				
		SAME AS C ABUVE		H(b) Are all subordinates in				
		empt status: $X 501(c)(3) 501(c) ()$ (insert no.) 4947(a)(1)	or 527	1 ,	list. See instructions			
	Vebsi			H(c) Group exemption				
	orm o	f organization: Corporation Trust X Association Other Summary	L Year	of formation: 2006 N	State of legal domicile: WI			
10			יותפתטס					
e	1	Briefly describe the organization's mission or most significant activities: SEE	SCIEDO					
Jan	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets			
Activities & Governance	3			I I	8			
	4	Number of independent voting members of the governing body (Part VI, line 1b)						
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		8				
	6	Total number of volunteers (estimate if necessary)		125				
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		256,647.	289,893.			
	9	Program service revenue (Part VIII, line 2g)		53,975.	40,750.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,498.	25,659.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,585.	33,139.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		372,705.	389,441.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝes		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 4,52	27	0.	0.			
Expenses		•••••••••••••••••••••••••••••••••••••••		356,951.	363,998.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,951.	363,998.			
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,754.	25,443.			
or				ginning of Current Year	End of Year			
ets c	1	Total assets (Part X, line 16)		566,023.	626,253.			
Assets Balanc	21	Total liabilities (Part X, line 26)		4,623.	0.			
Net		Net assets or fund balances. Subtract line 21 from line 20		561,400.	626,253.			
Pa	art II	Signature Block		• 1	•			

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

Sign	Signature of officer		Date								
-	MARK SCHULTZE, TREASURER										
Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	MIKE HABLEWITZ, CPA	MIKE HABLEWITZ, CPA	03/22/24 self-employed P01259	157							
Preparer Firm's name WEGNER CPAS LLP Firm's EIN 39-09											
Use Only	Firm's address 2921 LANDMARK PL	STE 300									
	MADISON, WI 53713-4236 Phone no. (608) 274-4020										
May the IRS discuss this return with the preparer shown above? See instructions											
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

Form	990 (2023) OCCUPAWS GUIDE DOG ASSOCIATION	20-51	72386	Page 2
Par	t III Statement of Program Service Accomplishments			U
	Check if Schedule O contains a response or note to any line in this Part III			
	Briefly describe the organization's mission:			
	OUR MISSION IS TO PLACE FULLY TRAINED GUIDE DOGS OF			
	AND TEMPERAMENT WITH WISCONSIN AND CONTIGUOUS STATE RESIDENTS WHO HAVE VISUAL IMPAIRMENTS AT NO CHARGE.	ADUL'I' AND	CHILD	
	RESIDENTS WHO HAVE VISUAL IMPAIRMENTS AT NO CHARGE.			
2	Did the organization undertake any significant program services during the year which were not listed of	on the		
-	prior Form 990 or 990-EZ?		Yes	XNo
	If "Yes," describe these new services on Schedule O.			
	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	Yes	XNo
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured b	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others, the total	expenses, and	l
	revenue, if any, for each program service reported.		40 5	
		(Revenue \$	40,7	50.)
	OCCUPAWS GUIDE DOG ASSOCIATION ACQUIRES, RAISES, TR			<u> </u>
	GUIDE DOGS WITH VISUALLY IMPAIRED ADULTS AND CHILDR CONTIGUOUS STATES. IN 2023, WE PLACED SEVEN ADULT (<u>D</u>
	PROVIDED REVIEW TRAINING TO 48 TEAMS THAT RECEIVED			
	YEARS. WE HAVE AN ONGOING PROGRAM AT THE NEW LISBO			ΔΤ.
	INSTITUTION (A MEDIUM SECURITY MEN'S PRISON) WHERE			<u>лц</u>
	RAISE AND TRAIN PUPPIES, MUCH LIKE REGULAR PUPPY RA		CONDUCT	
	WEEKLY CLASSES FOR THE 20 INMATES CURRENTLY RAISING			
	THE PROGRAM IS CALLED "PAWSFORWARD."			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 348, 277.			
			Form 99	0 (2023)
332002	12-21-23			
	2			

Form 990 (DOG	ASSOCIATION
Part IV	Ch	ecklist of Required Sche	edules		

			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? See instructions	2	Х	
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			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in 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.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
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		<u>X</u>
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		<u>X</u>
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. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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			х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	A (2023)
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332003 12-21-23

Form	990	(2023)
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 Form 990 (2023)
 OCCUPAWS GUIDE DOG ASSOCIATION
 20-5172386
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (Å), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 23 Did the organization answer 'Yes'' to Part IVI, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J and of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 24 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? 25a 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namily member of any of these persons? II 'Yes,' complete Schedule L, Part II 26 26 Did the organization aparty to a business transaction with one disoutalia contributor? If 'Yes,' co	No X
 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding at any time during the year to defease any tax-exempt bonds? 24c 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization may mount on Part X, line 5 or 22, for receivables from or payables to any current or fourder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 28 Accurrent or founder, substantial contributor or employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II 28 Accurrent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II 29 Did the organization neptive than seaton with one of the following	
 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>. 242 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K, If 'No,' go to line 25a</i>. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 90-E2? <i>If 'Yes,' complete Schedule L, Part I</i> 25b Schedule L, Part I 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or annily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part I</i> 27 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? <i>If</i> 'Yes,'' complete Schedule L, Part I 27 28	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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," answer lines 24b through 24d and complete 24a b Did the organization haves any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization meintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a 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 organization spior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I 25b 26 Did the organization approved a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a 27 Did the organization a party to a business tr	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If *Yes,* answer lines 24b through 24d and complete Schedule K. If *No,* go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I 25a 25b Is the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part II 26 27 Did the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III 26 28 Was the organization are party to a business transaction with one of the following parties? (See the Schedule L, Part III 27 29 Did the organization are party to a business transaction with one of the following parties? (See the Schedule L,	
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any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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-E2? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a	x x x x
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	x
	X
Part V, line 1	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a	<u> </u>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	v
If "Yes," complete Schedule R, Part V, line 2	<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI 37	x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 1	- 23
· · · · · · · · · · · · · · · · · · ·	
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
Y	:
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	s No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	
(gambling) winnings to prize winners? 1c 332004 12-21-23 Form 9	

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Form	990 (2023) OCCUPAWS GUIDE DOG ASSOCIATION	20-5172	386	Pa	age 5
Par	t 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 return	าร?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
			9b		
	Section 501(c)(7) organizations. Enter:		0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
D.	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
h	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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a		
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
15			15		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Δ
47	If "Yes," complete Form 4720, Schedule O.	invition.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		Г	990	(2023)
332005	12-21-23		Form	330	(2023)

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Form 990 (2023)

OCCUPAWS GUIDE DOG ASSOCIATION

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
1a E	nter the number of voting members of the governing body at the end of the tax year	1a	8		
	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	inter the number of voting members included on line 1a, above, who are independent	1b	8		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	fficer, director, trustee, or key employee?		2	Х	
	Did the organization delegate control over management duties customarily performed by or under the				
			3		x
	Did the organization make any significant changes to its governing documents since the prior Form 99				X
	Did the organization become aware during the year of a significant diversion of the organization's asse				X
	Did the organization become aware during the year of a organization of the organization of				X
	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	nore members of the governing body?		7a		x
	and any governance decisions of the organization reserved to (or subject to approval by) members, sto				- 23
			76		x
	ersons other than the governing body?		. 7b		Λ
	id the organization contemporaneously document the meetings held or written actions undertaken during the year			v	
	he governing body?			X	v
	ach committee with authority to act on behalf of the governing body?		<u>8b</u>		X
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				77
	rganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)		_	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		. 10a		X
	"Yes," did the organization have written policies and procedures governing the activities of such cha				
11a ⊦	las the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a D	Did the organization have a written conflict of interest policy? If "No," go to line 13		12 a	-	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			Х	
сD) id the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
o	n Schedule O how this was done		. 12c	Х	
	Did the organization have a written whistleblower policy?			Х	
	Did the organization have a written document retention and destruction policy?			Х	
	Did the process for determining compensation of the following persons include a review and approval				
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	he organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b		Х
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	axable entity during the year?		16a		Х
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				_
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate				
	exempt status with respect to such arrangements?				
	on C. Disclosure				
	ist the states with which a copy of this Form 990 is required to be filed				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	A 990 T (soction 501(c)		availat	
				avalla	JIC
	or public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain of the content of the conte				
10 -		,	and fire -		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nict of interest policy,	and finar	ciai	
	tatements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's book $MRK SCHULTZE - 608-695-4710$	s and records			
	659 ENCHANTED VALLEY ROAD, CROSS PLAINS, WI 53528				
32006 1	· · · · ·		For	n 990	(202)
	6				
2032	2 788028 10600.1AU01 2023.03010 OCCUPAWS	GUIDE DOG A	SSOC	c 10	60

Part VII	Co	mpensation of Office	cers, Directors,	, Trustees,	Key Employees,	Highest (Compensated
	Em	ployees, and Indep	endent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	hours per week	hours per box, unless person is both an officer and a director/trustee)			n an	compensation from	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BARBARA SCHULTZE	40.00									
PRESIDENT		X		X				0.	0.	0.
(2) KRISTEN SCHOVILLE	25.00								0	
VICE PRESIDENT		Х		X				0.	0.	0.
(3) KASSEL GILL SECRETARY	25.00	x		x				0.	0.	0.
(4) MARK SCHULTZE	35.00									
TREASURER	33.00	x		x				0.	0.	0.
(5) JIM SCHOVILLE	5.00									
DIRECTOR		x						0.	0.	0.
(6) LINDSEY MARTIN	5.00									
DIRECTOR		х						0.	0.	0.
(7) PAUL TURINSKE	5.00									
DIRECTOR		Х						0.	0.	0.
(8) KATHY DUCAT	5.00									
DIRECTOR		Х						0.	0.	0.
	_									
		-								
		-								
		1								
222007 12 21 22										Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

	990 (2023) OCCUPAWS									20-51	723	86	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box,	not ch , unles	s per	nore f	than c s both	an	(D) Reportable compensation	(E) Reportable compensatior from related	1	am	(F) imate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		comp fro orga and	other bensat om the anizati relate nizatio	e on ed
											+			
c d	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A			·····	· · · · · · · · · · · · · · · · · · ·			0.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	listeo	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual								·····		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes, accrue compen	" co satio	mple on fre	ete S om a	Sche any	e <i>dule</i> unre	<i>J fe</i> late	or such individual ed organization or indivic	lual for services		4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ch p	perso	on .					5		X
1	Complete this table for your five highest cor the organization. Report compensation for t										ensati	on fro	m	
	(A) (B) Name and business address NONE Description of services									Co	(C ompen		1	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	hos: 0		ted	above) who received mo	ore than			00.4	

332008 12-21-23

Forn	n 990	D (2			GUID	E DOG ASS	SOCIATION		20-5172	386 Page 9
Pa	rt V	/111								
			Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
20	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	-				1b					
ې و ق			Fundraising events		1c	6,809.				
äifts ar A			Related organizations		1d					
s, s		е	Government grants (contril	butions)	1e					
tion S		f	All other contributions, gifts, g	grants, and						
.ibu			similar amounts not included a		1f	283,084.				
ontro		-	Noncash contributions included in lin		1g \$		200 002			
<u>0</u>		h	Total. Add lines 1a-1f		<u></u>	Business Code	289,893.			
	_	_	ADOPTION FEES			812910	40,750.	40,750.		
Program Service Revenue	2	a b				012910	40,750.			
Ser		c								
an an		d								
Bag		е								
Pr		f	All other program service re	evenue						
		g	Total. Add lines 2a-2f				40,750.			
	3		Investment income (includi	ing divider	nds, intere	est, and	12 604			12 604
	_					13,624.			13,624.	
	4		Income from investment of							
	5		Royalties) Real	(ii) Personal				
	6	а	Gross rents	6a	rica					
		b		6b						
		с		6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 12	<u>,035.</u>					
		b	Less: cost or other basis		0					
evenue				7b	0.					
					,035.		12,035.			12,035.
Other R			Net gain or (loss) Gross income from fundraising				12,033.			12,035.
Ę	0	a	including \$ 6							
U			contributions reported on I							
			Part IV, line 18	,		35,482.				
		b	Less: direct expenses							
			Net income or (loss) from fi				24,198.			24,198.
	9	а	Gross income from gaming	-		0 0 0 0 0				
			Part IV, line 19							
			Less: direct expenses				8,941.			8,941.
			Net income or (loss) from g Gross sales of inventory, le			Ι	0,941.			0,941.
		a	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from s		····· —					
ſ						Business Code				
sou:	11	а								
lané		b								
Miscellaneous Revenue		с								
Mis			All other revenue							
	12	e	Total. Add lines 11a-11d Total revenue. See instruction				389,441.	40,750.	0.	58,798.
33200	19 12-2	21-								Form 990 (2023)

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OCCUPAWS GUIDE DOG ASSOCIATION Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,000.		7,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	163,817.	163,753.	32.	32.
12	Advertising and promotion	3,125.	2,500.		625.
13	Office expenses	9,721.	7,543.	1,236.	942.
14	Information technology	9,092.	7,274.	909.	909.
15	Royalties				
16	Occupancy				
17	Travel	57,449.	54,745.	1,352.	1,352.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76.	60.	8.	8.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	957.	957.		
23	Insurance	3,061.	2,449.	306.	306.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	DOG EQUIPMENT	40,846.	40,846.		
b	PUPPIES	34,005.	34,005.		
с	DOG FOOD EXPENSE	31,334.	31,334.		
d					
е	All other expenses	3,515.	2,811.	351.	353.
25	Total functional expenses. Add lines 1 through 24e	363,998.	348,277.	11,194.	4,527.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11020322 788028 10600.1AU01

20-5172386 Page 11

		Check if Schedule O contains a response or no	te to any lii	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			112,863.	1	108,237.
	2	Savings and temporary cash investments			5.	2	5.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
		controlled entity or family member of any of the	se persons	,		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for second state second			3,832.	9	4,576.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,578.			
	ь	Less: accumulated depreciation	10b	9,578. 5,082.	5,453.	10c	4,496.
	11	Investments - publicly traded securities			<u>5,453.</u> 366,173.	11	4,496. 401,066.
	12	Investments - other securities. See Part IV, line			77,697.	12	107,873.
	13	Investments - program-related. See Part IV, line		/	13		
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			566,023.	16	626,253.
	17	Accounts payable and accrued expenses			4,623.	17	0.
	18	Grants payable	/	18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
pili		controlled entity or family member of any of the		22			
Lia	23	Secured mortgages and notes payable to unrel	Γ		23		
	24	Unsecured notes and loans payable to unrelate		·····		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26			Г	4,623.	26	0.
	20	Organizations that follow FASB ASC 958, cho		X		20	
es		and complete lines 27, 28, 32, and 33.					
ũ	27				534,900.	27	626,253.
3ala	28	Net assets with donor restrictions	26,500.	28	0.		
ē		Organizations that do not follow FASB ASC 9			,		
л Г		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e		und		30	
Ass	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		·····	561,400.	32	626,253.
Ż	33	Total liabilities and net assets/fund balances			566,023.	33	626,253.

Form 990 (2023)

Form 990 (2023) C
Part X Balance Sheet

Form	1990 (2023) OCCUPAWS GUIDE DOG ASSOCIATION	20-517	72386	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	389		
2	Total expenses (must equal Part IX, column (A), line 25)	2	363		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>43.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			00.
5	Net unrealized gains (losses) on investments	5	39),4:	10.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	626	5,2	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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,			1
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
				000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of th	e organization
------------	----------------

Nam	e of t	he organization						Employer	identification number		
				DOG ASSOCIA					0-5172386		
Pa	τI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	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).)									
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	•	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in		
-		section 170(b)(1)(A)(vi). (C									
8		A community trust describe			-						
9		An agricultural research org				-		-	-		
		or university or a non-land-g	frant college of agrici	uiture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10		university: An organization that norma		than 00 1/00/ of its own	art from a	ontribution	o momborob	in face and	d areas reasints from		
10		activities related to its exem									
		income and unrelated busir		•	. ,				•		
		See section 509(a)(2). (Cor				soos acqui					
11		An organization organized a	. ,	vely to test for public sat	fetv See	section 50)9(a)(4).				
12		An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	•	•	•		-	•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga						-	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	omplete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization		-							
d		Type III non-functionally						-			
		that is not functionally int			•		-	an attentiv	reness		
_		requirement (see instructi	,	•							
е		Check this box if the orga					турет, туре	ii, Type iii			
f	Ente	functionally integrated, or the number of supported c	·								
		vide the following information	•	d organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota	1										
i Uld											

Schedule A (Form 990) 2023 Part II Support Sch

OCCUPAWS GUIDE DOG ASSOCIATION

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.)

Se	ction A. Public Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	182,156.	193,116.	242,474.	256,647.	289,893.	1164286.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	182,156.	193,116.	242,474.	256,647.	289,893.	1164286.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						250,219.
	Public support. Subtract line 5 from line 4.						914,067.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	182,156.	193,116.	242,474.	256,647.	289,893.	1164286.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	8,042.	5,840.	2,082.	8,238.	13,624.	37,826.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1202112.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	335,577.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section /	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi	••	-				
	Public support percentage for 2023 (I		•			14	76.04 %
	Public support percentage from 2022					15	63.48 %
16a	33 1/3% support test - 2023. If the o						V
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
178	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-	To and line 1E is t	
k	0 10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization			a, 100, 17a, 01 170	, ONCON UND DUX A		(Form 990) 2023
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Schedule A	(Form	990) 202;
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OCCUPAWS GUIDE DOG ASSOCIATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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-						
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						
Ū	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 disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	his box and see ins		
33202	23 12-21-23		15			Sched	ule A (Form 990) 2023

OCCUPAWS GUIDE DOG ASSOCIATION

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Yes No

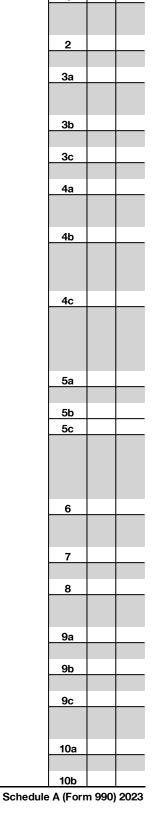
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023 OCCUPAWS GUIDE DOG ASSOCIATION

No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	_{detail in} Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

of trustees of each of the organization's supported organization(s)? If "No," describe in Fait VI now control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Sec	ection D. All Type III Supporting Organizations							
			Yes	Γ				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax							
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L				
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		L				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l				
	significant voice in the organization's investment policies and in directing the use of the organization's			l				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's							

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea	r (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.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instr	uction <u>s).</u>
---	--	---	---	-------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

3a

Yes No

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Schedule A (Fo	rm 990) 2023
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			unctionally Integrat				lione
Schedule A	(Earm 000)	2023	OCCUPAWS	GUITDE	DOG	ASSOCIATION	

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	(B) Current Year
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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		E DOG ASSOCIATI		20-5172386 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	· · ·	1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	s (3
_4	Amounts paid to acquire exempt-use assets		4	1
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			3
_7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2023 from Section C, line 6)
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	OCCUPAWS	GUIDE DOG	ASSOCIATIO	V	20-5172386 Page 8
Part VI	Supplemental Info	r mation. Provide 1, 2, 3b, 3c, 4b, 4c, 4 , lines 2 and 3; Part	the explanations re 5a, 6, 9a, 9b, 9c, 11 IV, Section E, lines ⁻	quired by Part II, line 1 a, 11b, and 11c; Part 1c, 2a, 2b, 3a, and 3b;	0; Part II, line 17a or 1 IV, Section B, lines 1 a Part V, line 1; Part V,	7b; Part III, line 12; nd 2; Part IV, Section C, Section B, line 1e; Part V,
	· · · · · · · · · · · · · · · · · · ·					
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

	OCCUPAWS	GUIDE	DOG	ASSOCIATION	
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20-5172386

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X 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), 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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Schedule B (Form 990) (2023)

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) Total contributions	(d) Type of contribution
1		\$ <u>17,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$38,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

20-5172386

Schedule B (Form 990) (2023) Name of organization

OCCUPAWS GUIDE DOG ASSOCIATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 8,470. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 6,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

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(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
		\$	

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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2023)

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Employer identification number

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OCCUPAWS GUIDE DOG ASSOCIATION

Name of organization

Part II

Schedule	B (Form 990) (2023)			Page 4	
Name of o	organization			Employer identification number	
OCCUP	AWS GUIDE DOG ASSOCIATIO	NC		20-5172386	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations describe through (e) and the following I charitable, etc., contributions of \$1,0	ine entry. For organiza	, (8), or (10) that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held	
		(e) Transfer			
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
323454 12-26	6-23			Schedule B (Form 990) (2023)	

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SCHEDU	LE D
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90)

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization OCCUPAWS GUIDE DOG	ASSOCIATION	Emp	loyer identification number 20-5172386
Par		d Funds or Other Similar Funds	or Accoun	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fund	ds and other accounts
	Tatal much as at and afterna			
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	-		
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		•	
Par	impermissible private benefit?			Yes No
			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	、 · · · ·		
	Preservation of land for public use (for example, recrea	· _	-	mportant land area
	Protection of natural habitat	Preservation o	f a certified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form		
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		I	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c	
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization of	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements in			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easer	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easement	s during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that desci	ribes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Traceuros, or O	thor Similar	Accoto
Fai				A33613.
	Complete if the organization answered "Yes" on Form			
18	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for put		•	UDIIC
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of pub	iic service,
	provide the following amounts relating to these items.			N
	(i) Revenue included on Form 990, Part VIII, line 1			
~				S
2	If the organization received or held works of art, historical tre		a gain, provide	
	the following amounts required to be reported under FASB A	-		
a	Revenue included on Form 990, Part VIII, line 1			<u> </u>
b	Assets included in Form 990, Part X			þ

LHA For Paperwork Reduction Act Notice, see the Instructions for	Form 990.
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Schedule D (Form 990) 2023

Sche		IS GUIDE DOO						20-51			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, or	Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, checl	k any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	ı 🛄		change progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how th	ney further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical trea	sures, or othe	r similar	assets		_		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organization	n answered "Y	es" on l	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:					A		
									Amoun	t .	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								Yes		No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII						• • • • • • • • • • • • • • • • • • • •	L			
Par											
	Completer	(a) Current year		Prior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance			,			()		. ,	,	
b	Contributions										
č	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (a)) held as:	•					
а	Board designated or quasi-endowment		%	<i>c,</i> (<i></i>						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administere	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990), Part IV	1							
	Description of property	(a) Cost or o basis (investr			t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment				9,578.		5,0	82.		4,4	96.
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	<u>X. line 1</u>	0c, column	<u>(B))</u>	<u></u>				4,4	
								Schodulo		- 0001	0000

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990 Part IV line :	11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A) MONEY MARKET FUNDS	107,873.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(H) Total (Col. (b) must aqual Form 000, Part V, line 12, col. (P))	107,873.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	107,075.		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line [.]	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line [.]	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	<i>(B</i>))		
 Liability for uncertain tax positions. In Part XIII, provide 			hat reports the
organization's liability for uncertain tax positions under			

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Schedule D (Form 990) 2023	OCCUPAWS	GUIDE	DOG	ASSOCIATION	
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Sche	dule D (Form 990) 2023 OCCUPAWS GUIDE DOG ASSOCI	ATION		20-	5172386	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With				0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	449,	551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	39,410.			
b	Donated services and use of facilities		9,299.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	48,	709.
3	Subtract line 2e from line 1			3	400,	842.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-11,401.			
с	Add lines 4a and 4b			4c	-11,	401.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	389,	441.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements			1	384,	698.
1 2	· · · · · · · · · · · · · · · · · · ·			1	384,	698.
	Total expenses and losses per audited financial statements		9,299.	1	384,	698.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	384,	698.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	384,	698.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	384,	698.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	9,299.	1 2e	9,	299.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	9,299.			299.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	9,299.	2e	9,	299.
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	9,299.	2e	9,	299.
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	9,299.	2e	9,	299.
2 b c d 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	9,299.	2e	<u> </u>	<u>299.</u> 399.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	9,299.	2e 3	<u> </u>	<u>299.</u> 399.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990 PART VIII, LINE 8B	-11,284.
DIRECT EXPENSES REPORTED ON FORM 990 PART VIII, LINE 9B	-117.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-11,401.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EXPENSES REPORTED ON FORM 990 PART VIII, LINE 8B	-11,284.
DIRECT EXPENSES REPORTED ON FORM 990 PART VIII, LINE 9B	-117.
	<u> </u>
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-11,401.

30

Part XIII S	Supplemental Information (cor	ntinued)		
			S	Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2023
Department of the Treasury	U	Attach to Form 990 o						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information	ı.		Inspection
Name of the organization			, m т /	787				entification number
Part I Fundrais		<u>S GUIDE DOG ASSOCIA</u> Complete if the organization answe			Earm 000 Part IV li	no 1'	20 - 5172	
	complete this part			65 01	Form 990, Fart IV, II		7. Form 990-E2	
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization 	tions email solicitations tations licitations on have a written o		tion of tion of fundra (includ	non-g gover iising ling of	overnment grants nment grants events ficers, directors, trust	tees,	or	s 🗌 No
	highest paid indiv	viduals or entities (fundraisers) pursua			•	ie fur	ndraiser is to be	9
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	IT IS 6	exempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

OCCUPAWS GUIDE DOG ASSOCIATION

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

			(a) Event #1 PUPTOBERFEST	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
revenue	1	Gross receipts	9,851.			9,851
	2	Less: Contributions	6,809.			6,809
	3	Gross income (line 1 minus line 2)	3,042.			3,042
	4	Cash prizes				
	5	Noncash prizes				
Del Del	6	Rent/facility costs				
DILECT EXPENSES	7	Food and beverages				
Ξ	8	Entertainment	200.			200
		Other direct expenses				40
		Direct expense summary. Add lines 4 throug				240
	11	Net income summary. Subtract line 10 from				2,802
	rt I	II Gaming. Complete if the organizatior \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
Б						
	1	Gross revenue				
		Gross revenue				
	2					
	2 3	Cash prizes				
	2 3 4	Cash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes %	% □Yes%	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % □ No	No	No	
	2 3 4 5 7	Cash prizes		No	No	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No	No	
	2 3 4 5 7 8	Cash prizes	Yes% No 9h 5 in column (d) 7 from line 1, column (d)	No	No	
а	2 3 4 5 7 8 Ent	Cash prizes	gh 5 in column (d)	No No	No	Yes N
	2 3 4 5 7 8 Ent	Cash prizes	gh 5 in column (d)	No No	No	Yes N
a b	2 3 4 5 6 7 8 Ent Is t Is t Is t We	Cash prizes	The second seco	No No	□ No	
a b a	2 3 4 5 6 7 8 Ent Is t Is t Is t We	Cash prizes	The second seco	No No	□ No	

Sch	edule G (Form 990) 2023	OCCUPAWS	GUIDE D	OG ASSOCIAT	ION	20-5	17238	6 Page 3
11	Does the organization conduct g	aming activities with	n nonmembers'	?			Yes	No
12	Is the organization a grantor, ben	eficiary or trustee o	f a trust, or a m	ember of a partnershi	p or other entity formed			
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gamin							
	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of the	ne person who prepa	ares the organi	zation's gaming/speci	al events books and recor	ds:		
	Name							
	Address							
1 5a	Does the organization have a cor	ntract with a third pa	arty from whom	the organization rece	eives gaming revenue?		Yes	🗌 No
h	If "Yes," enter the amount of gan		d by the organ	ization \$	and the an	aount		
N.	of gaming revenue retained by th		eu by the organ			IOUIII		
~	If "Yes," enter name and address							
Ŭ		of the third party.						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
		□ <u>-</u> .						
	Director/officer	Employee		Independent contrac	tor			
47								
17	Mandatory distributions: Is the organization required unde	r atata law ta maka	abaritable dist	ibutions from the com	ing proceeds to			
d	retain the state gaming license?			-			Yes	🗌 No
h	Enter the amount of distributions				nt organizations or sport			
	organization's own exempt activi	•			ipt organizations or spent			
Pa				ns required by Part I. I	ine 2b, columns (iii) and (v)	: and Part	III. lines 9	. 9b. 10b.
	15b, 15c, 16, and 17b, as						,	, , , ,
			, , , , , , , , , , , , , , , , , , ,					
						Cala - I		- 000) 0000
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				3-1				

Part IV	Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		
			Schedule G (Form 990)
332084 04-01-	-23	35	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OCCUPAWS GUIDE DOG ASSOCIATION

mployer identification nu 20-5172386

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

OCCUPAWS GUIDE DOG ASSOCIATION HAS 44 PUPPIES IN TRAINING, 5 BREEDING

FEMALES AND HAS PLACED 81 GUIDE DOGS AND 9 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 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

EMPLOYEES. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST,

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.

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 O	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERINARY SERVICES:	
PROGRAM SERVICE EXPENSES	63,779.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,779.
GUIDE DOG TRAINING SERVICES:	
DDOCDAM CEDUTCE EVDENCEC	00 720
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	٥
TOTAL EXPENSES	00 720
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	254.
MANAGEMENT AND GENERAL EXPENSES	32.
FUNDRAISING EXPENSES	32.
TOTAL EXPENSES	318.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	163,817.

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