Form 990

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

Open to Public

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.

, 2017, and ending For the 2017 calendar year, or tax year beginning D Employer identification number Check if applicable: 26-3156085 CUSTOM CANINE SERVICE DOG ACADEMY INC X Address change E Telephone number 2310 MUSTANG WAY Name change MADISON, WI 53718 608-444-9555 Initial return Final return/terminated G Gross receipts \$ 779,757. Amended return H(a) is this a group return for subordinates Yes F Name and address of principal officer: NICOLE MEADOWCROFT Application pending H(b) Are all subordinates included?

If 'No,' attach a list, (see instructions) SAME AS C ABOVE 527 4947(a)(1) or ) ◄ (insert no.) X 501(c)(3) 501(c) ( Tax-exempt status H(c) Group exemption number ▶ WWW.CUSTOMCANINES.ORG Website: ► M State of legal domicile: WI L Year of formation: 2007 X Corporation | Trust Form of organization: Part | Summary Briefly describe the organization's mission or most significant activities: NOT FOR PROFIT ORGANIZATION WHO EMBRACE THE ENDEAVOR OF CREATING/SUPPORTING LASTING PARTNERSHIPS BETWEEN HIGHLY SKILLED SERVICE DOGS AND THE COMMUNITY OF MANKIND WITH DIVERSE IMPAIRMENTS AND DISABILITIES, THUS GREATLY ENHANCING THEIR QUALITY OF LIFE Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a).... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a)..... 0 5 Total number of volunteers (estimate if necessary). 75 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12...... **b** Net unrelated business taxable income from Form 990-T, line 34 ..... **Current Year Prior Year** 641,819. 46,656 137,193<u>.</u> Program service revenue (Part VIII, line 2g)..... 121,180. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 25. 123. 622. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 4,136 11 779,757. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 171,997 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,695. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 108,271 273,695. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 108,271 506,062. Revenue less expenses. Subtract line 18 from line 12..... 63,726. End of Year Beginning of Current Year 630,326. 88,805 Total assets (Part X, line 16)..... 39,059. 3,600. Total liabilities (Part X, line 26)..... 21 591,267 Net assets or fund balances. Subtract line 21 from line 20..... 85,205 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. Sign PRESIDENT NICOLE MEADOWCROFT Here Type or print name and title PTIN Check Print/Type preparer's name P00071085 self-employed KEVIN C VICK Paid ASSOCIATES ► JMWD, SC VICK Firm's name Preparer Firm's EIN > 20-3280922 6033 MONONA DRIVE SUITE 101 Use Only Firm's address Phone no. 608-223-9715 MADISON, WI 53716 X No May the IRS discuss this return with the preparer shown above? (see instructions).....

nrm	990 (2017)	CUSTOM CANINE	SERVICE DOG	ACADEMY	INC	26-31560	85 Page 2
art	III Cta	ement of Program	Service Accor	nolishmen	ts		₽
	Chec	k if Schedule O contain	is a response or ne	ote to any line	e in this Part III	.,,	X
1	Dulastic door	ribe the organization's r	mission:				
	MOD DOD	DDARTT ODANIT	итом <b>жио</b> в	MBRACE T	HE ENDEAVOR OF	CREATING/SUPPORTING	G LASTING
		CATANON COMPUTATION TO	TOUTS CETT	TIVETS OF	CT DOCS AND THE	(()MMUNITY OF MANG	TIMD ANTIH
	LAKINER	OUTED DRIVING V	TITERATION	TES. THU	S GREATLY ENHAN	CING THEIR QUALITY	OF LIFE
2	Did the oras	nization undertake any si	onificant program se	ervices during	the year which were not li	sted on the prior	
2.	Earm COR o	r 990-EZ?	g				Yes X No
	مأسا ممالات	sariba thana naw sarvice	es on Schedule ().				, <del></del> 1
_	II Tes, ue	onitation seems conduc	ting or make sign	ificant change	es in how it conducts, ar	ny program services?	Yes X No
			s Schadula ()				
	if Yes, de	Scribe filese changes of	m canica accomp	lishments for	each of its three largest	program services, as meas and allocations to others, th	ared by expenses.
4					ort the amount of grants	program services, as meas and allocations to others, th	e total expenses,
	and revenu	ie, if any, for each prog	ram service report	ed.			
							122 162 \
<u> </u>	(Code:	) (Expenses \$	205,12	<ol><li>including</li></ol>	grants of \$	) (Revenue \$	133,162.
~ 4	TO DAT	SE FINDS FOR TH	E TRAINING/	AWARENESS	S AND PLACEMENT	OF DOGS BY RUNNIN	G VARTOOF
	TOTAT	IN THE COMMUNI	TY				
	EAENT2	T-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
					h 6	) (Revenue \$	40,250.)
4	<b>b</b> (Code:	) (Expenses	\$	includin	g grants of \$	OF DOCS BY STIRMT	
	TO RA	SE FUNDS FOR T	HE TRAINING/	AWARENES	S_AND_PLACEMENT	OF DOGS BY SUBMI	
	APPLI	ATIONS FOR GOV	ERNMENT GRAN	<u> </u>			
			A	includi	ng grants of \$	) (Revenue \$	22,500.)
4	4 c (Code:	) (Expenses	\$	Includi	CC AND DIACEMEN	T OF DOGS BY TRAIN	ING OWNERS
	TO RA	ISE FUNDS FOR	THE TRAINING	AMAKENE	22 WND LITECTURE	T 01 D000 = = = = = =	
	WITH	DISABILITIES W	CTH_THEIR_PE	RSONAL_U	<u>065 </u>		
			iba in Schadula O	)	SEE SCHEDULE O		
		rogram services (Descr	nibutani O.	g grants of		) (Revenue \$	33,100.)
	(Expen	ses \$		205,123			
	4e Total p	rogram service expense	s 🟲	205,125	# # # # # # # # # # # # # # # # # # #		Form <b>990</b> (201

26-3156085

Page 3

3 Did the organization egaps in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II.  5 Section 501(Cyl) organizations. Did the organization engage in tobbying activities, or have a section 501(cyl) election in effect during the lax year? If Yes, complete Schedule C, Part III.  5 Is the organization as section 501(Cyl), 501(Cyl), 501 Cyl), 50, 501 Cyl), 50 or 501 Cyll organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes, complete Schedule C, Part III.  5 Is the organization maintain any donor advised funds or any similar funds or accounts? If Yes, complete Schedule C, Part III.  5 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III.  5 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III.  5 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III.  5 Did the organization maintain collections of works of Yes, complete Schedule D, Part IV.  6 Did the organization report an amount in Part X, line 21, for escrove or custodial account lability, serve as a custodial for amounts not their it head in through a related organization. hold assets in temporary restricted endowments.  7 Debt the organization feed or through a related organization, the complete Schedule D, Part V.  8 Did the organization asserts to any of the following questions is Yes, then complete Schedule D, Part V.  9 Did the organization asserts on through a related organization served in Part X, line 107 ff Yes, complete Schedule D, Part V.		ara Oriconist of roduings		Yes	No
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 Did the organization ergoge in direct or indirect political carriaging activities on behalf of or in opposition to candidales of public office? If Yes, Complete Schedule C, Part II.  5 Is the organization as eaction 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership duess, assessments, or similar amounts as defined in Revenue Procedule 93-19? If Yes, complete Schedule C, Part III.  5 Is the organization amenitan any conor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, Complete Schedule C, Part III.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule C, Part III.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule C, Part III.  5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule C, Part III.  5 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in Set of Part X, or provise credit counsating, ceth management credit repair, or debt mepulation for amounts in Part X, in particular credit repair, or debt mepulation for amounts or other securities. Part X, in an III.  6 Did the organization report an amount for investments—cline securities in Part X, in a I2 hat its 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part X.  6 Did the organization report an amount for o	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		<del></del>
3 Did the organization accesses 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."  4 Section 5910(3) organizations, Did the organization engage in libblying activities, or have a section 501(h) election in effect during the lax year? If "Yes, complete Schedule C, Part III."  5 Is the organization as section 501(k)(4), 501(k)(5), 601(k)(5), 6010(k)(5), 601(k)(6), 601(	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
4 Section 501(XX) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the lax year? If "Yes," complete Schedule C, Fard II.  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sessessments, or similar amounts as defined in Neuroune Procedure 98-19? If "Yes," complete Schedule C, Fard III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  8 Did the organization receive any amount in Part X, line 21, for escreen or custodial account liability, serve as a custodian for amounts not listed in Part X, provides codific custodiary, set management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  9 Did the organization affective or through a related organization, flood assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  10 Did the organization affective or through a related organization flood assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 Did Developed to Part X, line 16 If If Yes, complete Schedule D, Part V.  12 Did the organization report an amount for investments – other securities in Part X, line 10 If If Yes, complete Schedule D, Part V.  13 Did the organization report an amount for other lassets in Part X, line 13 It at 15 5 or more of its total ass	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		Х
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  8	7	environment, historic land areas, or historic structures: 17 700, complete	7		X
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, VII	-	for amounts not listed in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and in Part X, or provide credit coarisoning, cost management and coarisoning cost management and coarisoning cost management and coarisoning cost management and coarisoning coarisoning coarison coaris	9		<u>X</u>
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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.  e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.  12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.  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.  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  14a 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.  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.  16 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 II (see instructions).  17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.			11	b	X
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13 Is the organization asswered No to line Yzd, denoted the United States, complete Schedule E	1:	Sobodula () Paus XI aut All. All. All. All. All. All. All. All	12	2a	X
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<ul> <li>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services city at X, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)</li> <li>Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.</li> </ul>	1	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	. 1	6	<u> </u>
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and the state of t		18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	- 1	8	X
		19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	J		X

Form 990 (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC

Part IV Checklist of Required Schedules (continued)

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Page 4

(alia	Checklist of Required Schedules (Continued)		Yes	No
202	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
		20b		
21 21	then the poor of greater or other assistance to any domestic organization or	21		Х
22	the state of graphs or other assistance to or for domestic individuals on Part IX,	22		Х
:3	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>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
. u	Did the exception maintain an escrew account other than a refunding escrew at any time during the year to defease	24c		
	any tax-exempt bonds?  I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
C	Did the organization act as an on benalt of issuer for bonds obtaining at any time damage in an excess benefit			
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		Х
27	- the second or other accistance to an officer director, trustee, key employee, substantial	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	28:		\x
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Factiv			1
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	b	X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28	<del></del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If ites, complete occurrence was a contribution of the organization receive more than \$25,000 in non-cash contributions?	-	+	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	<del></del> -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Tes, complete beneater,	31	-	A
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	32	<u> </u>	X
_	3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	i i	3	X
3	4 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1 5a	X
3	r - Did the organization have a controlled entity within the meaning of section 512(b)(13):	<u> </u>		1
	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	. 3	5b	-
3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	. 3	6	X
3	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	í	7	<u> </u>
15	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	. 3	8	X
	Note. All Form 990 filers are required to complete occasion of	F	orm 9	<b>90</b> (201

rm	1990 (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC	26-3156085	Pag	e 5
ar	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Official Control of the Control of t		res N	lo
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming		
C	(gambling) winnings to prize winners?	1c	X	30 St
2 =	Transmittal of Wage and Tax State-			
	mosts that for the calendar year elimin with or within the year covered by the care	0		
Ł	b if at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? 2b		
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		X
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
ŀ	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	30		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial a	vovera i l		X
	financial account in a foreign country (such as a bank account, sociality as a filtre foreign country).			
ı	b If 'Yes,' enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		X
5	<ul><li>a Was the organization a party to a prohibited tax sheller transaction at any time that sheller transaction to a prohibited tax sheller transaction that it was or is a party to a prohibited tax sheller transaction.</li></ul>	action? 5 b		X
	b Did any taxable party notify the organization that it was on 5 a party to a party to c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	c if Yes, to line 5a of 5b, did the organization may similarly arrester than \$100,000, and did the	e organization		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	1 1		<u>X</u> _
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or given not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?			X
	the New Level and the example to protify the donor of the value of the goods or services provided?			
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	ired to file 7 c		X
	Form 92827			
	d If 'Yes,' indicate the number of Forms 8282 filed during the year.  • Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	contract? 7e		X
	e Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit con f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		X
	f Did the organization, during the year, pay premiums, directly or manically and property did the organization file Form 88'	99		
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 88 as required?			
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airp	7h		
1	the state of the s	sponsoring 8		
	organization have excess business holdings at any time during the year			
,		#DEMOSTRATES		
	the same toyoble dictributions under security 4200	91		
	<ul><li>a Did the sponsoring organization make any taxable distribution and advisor, or related person?</li><li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li></ul>		1	
1	a continue conto organizations. Enter			
	Initiation food and capital contributions included on Part VIII, line 12			
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [100]			
1	ta Carting 501/oV12) organizations, Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	3 1041?	a	
7	and the second part of the second sec	1071;		
	h If 'Yes.' enter the amount of tax-exempt interest received of accided during the year.			
•	the second section of the second sections	13	а	esperiately MEGOF
	the accompanies licensed to issue qualified health plans in more than one state:			
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b 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			1
				X
		14		1
	14a Did the organization receive any payments for indeed taking section in Sched	lule Q	rm 990	(201

26-3156085

Pan	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	5 11 1	<b>X</b>
	Schedule O. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI		
Sect	tion A. Governing Body and Management	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		
b	Enter the number of voting members included in line 12, above, who are independent to the		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
	of officers, directors, or trustees, or key employees to a management company of other person.	3	X
4	Did the organization make any significant changes to its governing documents	4	x
	since the prior Form 990 was filed?	5	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X
6	Did the organization become aware during the year of a dig.		
	members of the governing body?	7 a	X
ŀ	stockholders, or persons other than the governing body?	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	8 a	X
;		8b	$\frac{1}{X}$
9	The magnetic and address of the magnetic and address of the second	enue	Code.)
Sec	organization's mailing address? If 'Yes,' provide the hames and addresses in consequence of the liternal Reviction B. Policies (This Section B requests information about policies not required by the Internal Rev	Y	es No
		10 a	X
10	a Did the organization have local chapters, branches, or affiliates?		
		10 b 11 a	$\frac{1}{x}$
11	this provided a complete copy of this Form 990 to all members of its governing body before many the forms.		
	The property of the property attention to review this notification of the property of the prop	12a	X
12	Leave the conflict of interest policy? If No. 40 to line 15		
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that doubt give the control of the contr	12b	X
	CENT CEMBERS IN CO.	12 c	X
13		14	X
14	by the second provided the second provided the second policy in the second policy is the second policy in the second policy in the second policy is the second policy in the second policy in the second policy is the second policy in the second policy in the second policy is the second policy in the seco		
19	5 Did the process for determining compensation of the following persons include a review and approval by independent	15a	X
	the management of the management of the contract of the contra	15 b	X
	b Other officers or key employees of the organization		
	which is the state of a combo the process in Schedule U (see Instructions).		
1	6a Did the organization invest in, contribute assets to, or participate in a joint venture of similar arrangement	16a	X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	
S	action C Disclosure		
-	v. / Linia Court COD to required to DA TIPO 1	only)	available
1	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 301(C)(3)3 for public inspection. Indicate how you made these available. Check all that apply.	orny)	
	Own website Another's website X Upon request Other (capation made its governing documents, conflict of interest policy, and financial statements availa	ble to	
	the public during the tax year.  SEE SCHEDULE O		
	NICOLE MEADOWCROFT 6810 FIELDWOOD ROAD MADISON WI 53718 608-444-9555		<b>991</b> (201

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-										
Form 990 (2017) CUSTOM CANINE SERVICE	DOG AC	ADE	MY	IN	С				26-315608	5 Page <b>7</b>
Part VII Compensation of Officers, Directo Independent Contractors	rs, Trus	tees	s, K	ey	Em	ploy	yee	s, Highest Co	mpensated Em	oloyees, and
Check if Schedule O contains a response of	r note to	any I	ine i	n th	is P	art V	11			Ц
Section A. Officers, Directors, Trustees, Ke	y Emplo	yee	25, 8	and	Hi	ghe	st (	Compensated	Employees	
1 a Complete this table for all persons required to be listed. organization's tax year.  • t ist all of the organization's current officers, dire	Report co	mper tees	nsatio (wh	on fo ethe	or the er in	e cale dividi	enda	r year ending with	or within the	ount of
compensation. Enter -0- in columns (D), (E), and (F) if	no compe	ensar	tton	was	pai	a.				
• List all of the organization's current key employe	es, if any	. See	ins	truc	tions	s for	defi	nition of 'key em	oloyee.'	n.wa)
<ul> <li>List the organization's five current highest components of the component of th</li></ul>	W-2 and/	or BC	)X /	OI F	om	109	3-141	(SC) of filore that	1 \$100,000 110111 1110	
• List all of the organization's <b>former</b> officers, key of reportable compensation from the organization and any	related org	anıza	เนอก:	5.						an \$100,000
List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen	sation froi	m the	e org	gani	zauc	m an	เนฮ	ny relateu organii	Lauviis.	pensated
List persons in the following order: individual trustees employees; and former such persons.										politica
X Check this box if neither the organization nor any relati	ed organiza	ation	COH	/C)	Sale	J ality	T	Terre officer, an ook	1	
(A) Name and Title	(B) Average hours	rage is both an officer and a				s perso and a e)	orı	(D)  Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) NICOLE MEADOWCROFT PRESIDENT	$-\frac{40}{0}$			Х				0.	0.	0.
(2) MEGHAN WHALEN	1	<u> </u>	T							
VICE PRESIDENT	0	1		X			<u></u>	0.	0.	0.
(3) HEIDI BREHMER	3									
SEC/TREASURER	0			X	<u> </u>	<u></u>	<u> </u>	0.	0.	<u> </u>
(4) CRYSTAL CARTER	11							0.	0.	0.
BOARD MEMBER	0	-	_	X	<del> </del>	<del> </del>	├-	0.	1	<u> </u>
(5)		1_					_			
	1	1	1	1	1	1	1	1	1	I

\_\_(9)\_\_\_ (10) (11) (12) (13) (14) Form **990** (2017)

TEEA0107L 08/08/17

m 990 (2017) CUSTOM CANINE SERVI art VII Section A. Officers, Director	s, Trustees,	Key	Em	plo	ye	es, a	and	Highest Con	pensated Em	ployees (continued)
	(B)			(0	;)					
(A) Name and title	Average hours per week	box,	er a	heck ess pe nd a c	erson directo	than of the thick the thic	ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	Estimated amount of other compensation
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
5)										
5)										
)		-						V. 100-00		
3)		-								
9)		-								
0)		-								
1)		-								
2)		_								
3)		_								
4)		-								
(5)		-								
1 b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	/II, Section A						_	0 0	•	0. (0. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1
d Total (add lines 1b and 1c).  2 Total number of individuals (including but n from the organization ▶ 0	ot limited to those	e liste	d at	ove	) wh	o rece	eive	a more than \$100,	000 of reportable o	Yes
3 Did the organization list any former office on line 1a? If 'Yes,' complete Schedule  4 The annimalistic list of on line 1a is the second of	J 101 SUCITION	uua.								3
<ul> <li>4 For any individual listed on line 1a, is the organization and related organization such individual.</li> <li>5 Did any person listed on line 1a receive for services rendered to the organization.</li> </ul>										5
Section B. Independent Contractors	<u> </u>	-1				roato	rc t	hat received mor	e than \$100,000 c	of
Complete this table for your five highes compensation from the organization. Repo  (A)  Name and busi	it compensation i	for the	cai	ena	ar ye	ar er	ung		(B) on of services	(C) Compensation
2 Total number of independent contractors (	including but not	limite	d to	thos	se lis	ted a	bov	e) who received m	ore than	
\$100,000 of compensation from the org	ganization 0				UBIUS					Form <b>990</b> (

orm	990	(2017) CUSTOM CAI	NINE SERVI	CE DOG ACAD	EMY INC		26-3156085	Page <b>9</b>
art	VIII	Statement of Reve	enue					
		Check if Schedule O c	ontains a respoi	nse or note to an				
				STEEL	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
contributions, ories, orient and Other Similar Amount	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gr similar amounts not included al Noncash contributions included Total. Add lines 1a-1f  EVENTS INCOME SPONSORSHIP INC	1 b 1 c 1 d 1 d 1 e ants, and bove 1 1 f in lines 1a-1f: \$	40,250. 601,569. 550,000.  Business Code	641,819. 81,593. 33,100.			81,593. 33,100.
Program Service Revenue	c d e f	OWNER/TRAINER I  All other program servic  Total, Add lines 2a-2f	NCOME		22,500.			22,500.
ă	4 5 6 a b c	other similar amounts)		bond proceeds (ii) Personal	123.			123.
Other Revenue	8 8	and sales expenses. Gain or (loss) Net gain or (loss) Gross income from funding the following of contributions reported See Part IV, line 18 Less: direct expenses. Net income or (loss) from	draising events	a b				
O	10	a Gross income from gar See Part IV, line 19 b Less: direct expenses. c Net income or (loss) fr a Gross sales of inventor and allowances b Less: cost of goods so c Net income or (loss) fr	om gaming acti ry, less returns 	b vities	<b>P</b>			
		a MISC INCOME	1d	900099	622  622  779,757  EAD109L 08/08/17			. 137, 316 Form <b>990</b> (201

Form 990 (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC

Part IX Statement of Functional Expenses

26-3156085

Page 10

	501(c)(3) and 501(c)(4) organizations must comp				V				
Check if Schedule O contains a response or note to any line in this Part IX									
Do not it 6b, 7b, 8	nclude amounts reported on lines Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	Fundraising expenses				
ora	ants and other assistance to domestic anizations and domestic governments. e Part IV, line 21								
a Gra	ants and other assistance to domestic ividuals. See Part IV, line 22			200					
ora	ants and other assistance to foreign anizations, foreign governments, and for- n individuals. See Part IV, lines 15 and 16								
e Co	nefits paid to or for membersmpensation of current officers, directors, stees, and key employees	0.	0.	0.	0.				
6 Co dis	mpensation not included above, to qualified persons (as defined under ction 4958(f)(1)) and persons described section 4958(c)(3)(B)	0.	0.	0.	0.				
<b>7</b> Otl	her salaries and wages								
(in	ension plan accruals and contributions clude section 401(k) and 403(b) enployer contributions)				, , , , , , , , , , , , , , , , , , ,				
	her employee benefits								
	yroll taxes								
<b>11</b> Fe	es for services (non-employees):								
a Ma	anagement								
<b>b</b> L∈	gal								
c Ac	counting	302.		302.					
<b>d</b> Lo	bbying								
	ofessional fundraising services. See Part IV, line 17								
	vestment management fees								
a Ot	her Of line 11g amount exceeds 10% of line 25, column								
_ (A	Amount, list line 11g expenses on Schedule 0.)	5,790.	5,790.						
	dvertising and promotion	8,072.		8,072.					
	ffice expenses	8,072. 4,131.		4,131.					
	formation technology.	4,131.		1,2021					
15 R	oyalties	20.200		28,369.					
	ccupancy	28,369.							
	ravel	17,756.	17,756	•					
e	ayments of travel or entertainment xpenses for any federal, state, or local ublic officials								
	Conferences, conventions, and meetings	13,052.	13,052	•					
20 lr	nterest								
	Payments to affiliates								
<b>22</b> D	Depreciation, depletion, and amortization	13,008	13,008						
	nsurance	6,242		6,242.					
24 (	Other expenses Itemize expenses not								
Ç	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%								
_	of line 25, column (A) amount, list line 24e								
€	expenses on Schedule O.)		40 500	0.000					
a	REPAIRS & MAINTENANCE	42,589	· · · · · · · · · · · · · · · · · · ·	3					
	PROGRAM SERVICE DOG PURCHASES	33,486							
c	DOG TRAINING EXPENSES	21,623							
ď	DOC FOOD	14,968			. 1,055.				
e /	All other expenses SEE SCHO	64,307							
25	Total functional expenses. Add lines 1 through 24e	273,695	. 205,123	67,517	1,000.				
j	Joint costs. Complete this line only if the organization reported in column (B) ioint costs from a combined educational campaign and fundraising solicitation.  Check here								
	SOP 98-2 (ASC 958-720)				Form <b>990</b> (2017)				

Form 990 (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC
Part X Balance Sheet

26-3156085

Page 11

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
		Beginning of year		
1	Cash — non-interest-bearing	4,828.	1	18,442.
2	Savings and temporary cash investments	48,698.	2	56,170.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	-4,616.	4	1,673.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7			7	
8	Inventories for sale or use	825.	8	
9	Prepaid expenses and deferred charges		9	
i -	a Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b Less: accumulated depreciation	475.	10 c	554,041.
11			11	
12	Oran David NV, Box 13		12	
13	total Car Day N/ Sec 11		13	
14			14	
15		38,595.	15	
16	man to the state of the second time 24)		16	630,326
17		3,600.	17	39,059
18	Grants payable		18	
19			19	
20	Tax-exempt bond liabilities		20	
1 '	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21			22	
2	Secured mortgages and notes payable to unrelated third parties		23	
2	<ul> <li>Unsecured notes and loans payable to unrelated third parties</li> </ul>		24	
2!	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25 26	39,059
2	Total liabilities. Add lines 17 through 25	3,600	. 20	39,039
n R	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	85,205	27	591,267
2	7 Unrestricted net assets		28	321,201
<b>8</b> 2	8 Temporarily restricted net assets		29	
g 2	9 Permanently restricted net assets.		23	
Net Assets of Fund balances	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.		on.	
ທ   3	Capital stock or trust principal, or current funds		30	
8 3	n Paid-in or capital surplus, or land, building, or equipment fund			
9 3	2 Retained earnings, endowment, accumulated income, or other funds	•	32	E01 27
5 e	3 Total net assets or fund balances	. 85,205		591, 267
<b>Ž</b>   ]	4 Total liabilities and net assets/fund balances	. 88,805	. 34	630,326 Form <b>990</b> (20

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orn	n 990 (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC 26.	-3156085	Pa	age 12
Pai	t XI Reconciliation of Net Assets			٢
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Schedule O contains a response or note to any line in this Part XI			••
1	Total revenue (must equal Part VIII, column (A), line 12)	1	779,	<u>757.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		273,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	506,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,2	<u> 205.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	591,	267
	column (B))			
Нa	rt XII Financial Statements and Reporting			П
	Check if Schedule O contains a response or note to any line in this Part XII.		Yes	No
			163	110
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O.		2a X	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		_u	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on a		
	separate basis, consolidated basis, or both:    X   Separate basis			
	A Caparate sadio		2 b	Х
	b Were the organization's financial statements audited by an independent accountant?	rate		
	If 'Yos,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
		lit,		77
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audieview, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain			
	to Calandula C			127 127 127 127 127 127 127 127 127 127
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	<u> </u>
	It has a second and the required and the required and the required and the required as a second as a second and the required as a second as a	iudit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BA			Form <b>99</b> 6	<b>J</b> (2017

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#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

		e organization					CC 21 CCOT	1. 1.44.1.4.1.
CUS	ГО	M CANINE SERVICE DOG		26-3156085				
Part	l	Reason for Public Chari	<b>ty Status</b> (All org	anizations must co	mplete	this pai	rt.) See instructio	ris.
The o	rga	inization is not a private foundat	tion because it is: (Fo	r lines 1 through 12, cl	neck only	one box.	.)	
1		A church, convention of churches	, or association of chu	ches described in <b>section</b>	in 170(b)(	1)(A)(i).		
2		A school described in section 170	<b>)(b)(1)(A)(ii).</b> (Attach Sc	hedule E (Form 990 or 9	90-EZ).)			
3		A hospital or a cooperative hos	spital service organiza	ation described in <b>sect</b>	on 170(t	)(1)(A)(iii)	). 	No. to a subtraction
4		A medical research organization	on operated in conjun	ction with a hospital de	scribed	n section	170(b)(1)(A)(iii). Ente	er the nospital's
		ี name, city, and state:						
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	ne benefit of a college	e or university owned o	r operate	ed by a go	overnmental unit desc	cribed in
6		A federal, state, or local gover		tal unit described in <b>se</b>	ction 170	)(b)(1)(A)(	(v).	
7		An organization that normally recin section 170(b)(1)(A)(vi). (Co	reives a substantial par	rt of its support from a g	overnmer	tal unit or	from the general public	described
8	Г	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.	)			
	Ĺ	An agricultural research organiza	ation described in <b>secti</b>	on 170/hY1YAYix) opera	ted in cor	iunction w	rith a land-grant college	)
9	L.	or university or a non-land-grant university:	college of agriculture (	see instructions). Enter	the name	city, and	state of the college or	
10	Ī				m contrib	etions, me	embership fees, and gro	oss receipts
10	[]	from activities related to its exinvestment income and unrelated to its exited and unrelated and unrelated to its exited and unrelated and unr	tempt functions—subj ated business taxable (19(a)(2), (Complete P	income (less section 5 art III.)	511 tax) f	rom busir	nesses acquired by th	support from gross e organization after
11	ſ	An organization organized and	d operated exclusively	y to test for public safe	ty. See s	ection 50	19(a)(4).	
12		An organization organized and or more publicly supported or lines 12a through 12d that details	ganizations described	pporting organization a	and com	lete lines	12e, 12f, and 12g.	
а	. [	Type I. A supporting organization organization(s) the power to reg	n operated, supervised jularly appoint or elect : and B	, or controlled by its sup a majority of the director	ported org s or trust	ees of the	supporting organization	
t	) [	Type II. A supporting organize management of the supporting must complete Part IV, Sections A	organization vested in i	are same persons and or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- (1	
C	e [	Type III functionally integrated.	A supporting organizati	on operated in connection lete Part IV. Sections	n with, and <b>A. D. and</b>	i <b>E.</b>	my integrated with, its s	аррогоо
(	d [	Type III non-functionally integr functionally integrated. The o	ated. A supporting organization generally	anization operated in cor must satisfy a distribu A and D. and Part V.	inection v tion requ	ith its sup irement a		
	е	Check this box if the organize	ation received a writte	en determination from	me ins i ì.	nat it is a	Type i, Type iii Type	III functionally
	f	Enter the number of supported (	organizations					
	g	Provide the following information	n about the supported	i organization(s).	T #3.5	44.5	(v) Amount of monetary	(vi) Amount of other
	(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizat in your g docum	on listed overning	support (see instructions)	support (see instructions)
					Yes	No		
					†			
(A)					-			
(B)								
(C)								
(0)								
(D)								
(E)								
<u>/</u>								

Sche	dule A (Form 990 or 990-EZ) 2017	CUSTOM CA	NINE SERVI	CE DOG ACAD Sections 1 <b>70</b> (b	EMY INC b)(1)(A)(iv) and	26-3156085 d <b>170(b)(1)(A)(</b> v	Page 2
	(Complete only if you checked organization fails to qualify u	the hox on line 5. 7	', or 8 of Part I or i	if the organization to	ailed to qualify und	ler Part III. If the	
Sec	ion A. Public Support		, ,				
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	1	I				40 T 1.1
beg	endar year (or fiscal year inning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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	14 3-10	1864 1870 (1870) 1870 (1870)		English Salah		12	
12	Gross receipts from related act	ivities, etc. (see it	nstructions)		. , , , , , , , , , , , , , , , , , , ,		
	First five years. If the Form 990 is organization, check this box an	a stop nere		third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Se	ction C. Computation of Property Public support percentage for 2	ublic Support	Percentage	line 11 column (f	<u> </u>	14	%
		2017 (line 6, colur	nn (t) divided by A Part II line 14	inse (1, column (			%
1:			17 1 1 - 1 1 - Ala -	hay an lina 13 a	nd line 14 is 33.1	/3% or more, chec	k this box
16	and stop here. The organization	ar quantico de a p		Uma 19 as 16	and line 15 is	33-1/3% or more.	check this box
	b 33-1/3% support test—2016. If and stop here. The organization	on quannes as a p	abiliony completelies				
1	7a 10%-facts-and-circumstances or more, and if the organizatio the organization meets the 'fac	n meets the racts cts-and-circumsta	nces' test. The or	ganization qualifie	es as a publicly s	upported organizati	ion
	b 10%-facts-and-circumstances or more, and if the organizatio organization meets the 'facts-a	and circumstance	s' test. The organ	ization qualifies a	s a publicly suppo	orted organization.	. ,
1	organization meets the lacts- <b>8 Private foundation.</b> If the orga	nization did not c	heck a box on lin	ie 13, 16a, 16b, 17	7a, or 17b, check	this box and see in	istructions

26-3156085

Page 3

Schedule A (Form 990 or 990-EZ) 2017

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.)

engar	year (or fiscal year beginning in) 🟲	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1 (2	year (or riscal year beginning in) ifts, grants, contributions,	(a) 2013	(6) 2014				
ai re	nd membership fees eceived. (Do not include	00.054	61 200	35,242.	46,656.	641,819.	815,0 <u>59</u> .
	ny 'unusual grants.')	29,954.	61,388.	35,444.	40,000.	041,010.	
m	ross receipts from admissions, lerchandise sold or services erformed, or facilities						
re	rnished in any activity that is stated to the organization's ax-exempt purpose						0.
3 G	ross receipts from activities						
tt o	nat are not an unrelated trade   r business under section 513.	8,647.	16,043.	13,567.	121,180.	137,193.	296,630.
o e	ax revenues levied for the rganization's benefit and ither paid to or expended on s behalf.						0 .
5 T	he value of services or acilities furnished by a overnmental unit to the organization without charge						0.
	•	20 601	77,431.	48,809.	167,836.	779,012.	1,111,689
6 T	<b>Total.</b> Add lines 1 through 5  Amounts included on lines 1,	38,601.	11,431.	40,009.			
- 2	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0
2 · .	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				_		0
f	for the year	0.	0.	0.	0.	0.	0
c /	Add lines 7a and 7b	0.	0.	0.	0.	0.	0
8	Public support. (Subtract line 7c from line 6.)						1,111,689
ect	ion B. Total Support					1	(f) Total
alend	ar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	
9	Amounts from line 6	38,601.	77,431.	48,809.	167,836.	779,012.	1,111,689
1 <b>0</b> a	Gross income from interest, dividends, payments received on securities loans,						
	rents invalties, and income from	1			25	123.	148
b	rents, royalties, and income from similar sources				25.	123.	
b	rents, royalties, and income from similar sources						(
b	rents, royalties, and income from similar sources	0.	0.	0.	25.	123.	
b	rents, royalties, and income from similar sources	0.	0.	0.			148
ь с 11	rents, royalties, and income from similar sources	0.	0.	0.			148
ь с 11	rents, royalties, and income from similar sources	0.	0.	0.			148
b c 11 12	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.	20.601	77 421	48 809	4,136.	622.	4,758
b c 111 12 13 14	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box ar	38,601.	77,431.	48,809	4,136 171,997	622. 779,757 s a section 501(c)	4,75
b c 111 12 13 14	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box at 10c.	38,601.00 is for the organized stop here.	77,431. zation's first, seco	48,809 nd, third, fourth,	4,136. 171,997 or fifth tax year a	622. 779,757 s a section 501(c)	4,753
b c 111 12 13 14 Sec	rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 99 organization, check this box ar tion C. Computation of P	38,601. 0 is for the organized stop here ublic Support	77,431. zation's first, seco	48,809 and, third, fourth, tine 13, column (f	4,136 171,997 or fifth tax year a	622. 779,757 s a section 501(c)	4,758 1,116,598 (3) 99.56
b c 11 12 13 14 Sec 15 16	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box ar tion C. Computation of Public support percentage for Public support percentage from	38,601. 0 is for the organized stop here ublic Support 2017 (line 8, column 2016 Schedule A	77,431. zation's first, second	48,809 nd, third, fourth, ine 13, column (f	4,136 171,997 or fifth tax year a	622. 779,757 s a section 501(c)	4,75 1,116,59 0(3)
b c 11 12 13 14 Sec 15 16 C	rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.  Total support. (Add lines 9, 10c, 11, and 12.)	38,601. 0 is for the organized stop here ublic Support 2017 (line 8, column 2016 Schedule A	77,431. zation's first, secon second percentage nn (f) divided by I' A, Part III, line 15 nme Percentage	48,809 and, third, fourth, tine 13, column (f	4,136 . 171,997 or fifth tax year a	622. 779,757 s a section 501(c)	4,75 1,116,59 0(3) 99.56 99.82
b c 11 12 13 14 Sec 15 16 C	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box artion C. Computation of Public support percentage for Public support percentage from the sale of capital support percentage from the support percentage for Public support percentage from the support per	38,601. 0 is for the organic of stop here. 2017 (line 8, column 2016 Schedule Anvestment Incompared to 100 per 2017 (line 100 p	77,431. zation's first, seco Percentage nn (f) divided by I A, Part III, line 15 ome Percentage c, column (f) divided	48,809 nd, third, fourth, ine 13, column (f	4,136 171,997 or fifth tax year a	123. 622. 779,757 s a section 501(c) 15 16	4,75 1,116,59 (99.56 99.82
b c 111 12 13 14 Sec 15 16 Sec 17	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box artion C. Computation of Public support percentage for Public support percentage from Investment income percentage.	38,601. 0 is for the organic of stop here ublic Support 2017 (line 8, column 2016 Schedule Anvestment Income for 2017 (line 10	77,431. zation's first, second	48,809 and, third, fourth, ine 13, column (f	4,136 4,136 171,997 or fifth tax year a	123. 622. 779,757 s a section 501(c) 15 16	4,75 1,116,59 0(3) 99.56 99.82
b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART IVI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box artion C. Computation of Public support percentage for Public support percentage from the	38,601. 0 is for the organized stop here. 2017 (line 8, column 2016 Schedule Anvestment Incompared for 2017 (line 100 per from 2016 Schedule Anvestment Incompared for 2017 (line 100 per from 2016 Schedule Anvestment Incompared for 2017 (line 100 per from 2016 Schedule for 2017 (line 2018 per from 2016 Schedule for 2017 (line 2018 per from 2018 per fr	77,431. zation's first, secon f	48,809  and, third, fourth,  ine 13, column (for the lead by line 13, column (for the lead by line 13, column (for the lead by line 14, anization qualifies	4,136.  171,997 or fifth tax year a  100  100  100  100  100  100  100  1	123. 622. 779,757 s a section 501(c) 15 16 17 18 re than 33·1/3%, apported organizati	4,75 1,116,59 0(3) 99.82 99.82 0.01 0.00 and line 17
b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 99 organization, check this box artion C. Computation of Public support percentage for Public support percentage from Investment income percentage.	38,601. 0 is for the organic of stop here ublic Support 2017 (line 8, column 2016 Schedule Anvestment Incompared for 2017 (line 10 de from 2016 Schedule Anvestment Incompared for 2016 Schedule for an and stop of the organization of the organ	77,431. zation's first, secon f	48,809  and, third, fourth,  ine 13, column (fourth)  le led by line 13, column (fourth)  a box on line 14, and anization qualifies on the 14 or the organization of the organization of the organization (fourth)	4,136.  171,997 or fifth tax year a  lumn (f))	123. 622. 779,757 s a section 501(c) 15 16 17 18 te than 33-1/3%, apported organization 16 is more than 3 icty supported organization 16 icty supported organization 16 icty supported 0 icty supporte	4,759 1,116,599 0(3) 99.82 0.01 0.00 and line 17 on

Schedule A (Form 990 or 990-EZ) 2017

CUSTOM CANINE SERVICE DOG ACADEMY INC

26-3156085

Page 4

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990 or 990-EZ) 2017 CUSTOM CANINE SERVICE DOG ACADEMY INC 26-315608	85 Page <b>5</b>
Par	† IV Supporting Organizations (continued)	
а	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
	A family member of a person described in (a) above?	
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c
Sec	tion B. Type I Supporting Organizations	V N-
1	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sec	ction C. Type II Supporting Organizations	- IV. IN.
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Se	ction D. All Type III Supporting Organizations	Ty In
1	the supported organizations, by the last day of the fifth month of the	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	voice in the organization's investment policies and in directing the use of the organization's income of assets of all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Se	ection E. Type III Functionally Integrated Supporting Organizations	
	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
	a The organization satisfied the Activities Test. Complete line 2 below.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.	
	Describe in Part VI how you supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).
	c I The organization supported a governmental charge seems of the control of the	Yes No
	2 Activities Test. Answer (a) and (b) below.	165 110
	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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
	3 Parent of Supported Organizations. Answer (a) and (b) below.	
	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? <i>Provide details in Part VI.</i>	3a
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b
	Schedule A (For	n 990 or 990-EZ) 20°

Schedu	ule A (Form 990 or 990-EZ) 2017 CUSTOM CANINE SERVICE DOG ACADE			6085 Page <b>6</b>
Part	▼ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in F st complete Sections A th	Part VI). <b>See</b> nrough E.
Secti	on A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		3
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	95.00	
7	[ ] in the state of the state o	itegrat		
			Schedule A (F	orm 990 or 990-EZ) 201

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Schedule A (Form 990 or 990-EZ) 2017 CUSTOM CANINE SERVIC	E DOG ACADEMY 1		)0003 (age)
Part V Type III Non-Functionally Integrated 509(a)(3) Su	ipporung Organizau	UIIS (COITHITUEU)	Current Year
Section D - Distributions			- Carrent Fear
1 Amounts paid to supported organizations to accomplish exempt pu			
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of so	upported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide d	details	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
<b>c</b> From 2014			
d From 2015			L
e From 2016			
f Total of lines 3a through e	33,000		
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D,			
line 7: \$ a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder, Subtract lines 4a and 4b from 4.		7 1000 m 20 1000 m 20 100 10 10 10 10 10 10 10 10 10 10 10 1	
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014		<u> </u>	
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			<u> </u>
BAA		Schedule A (	Form 990 or 990-EZ) 201

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

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

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

2017

Name of the organization		Employer identification number
CUSTOM CANINE SERVICE	DOG ACADEMY INC	26-3156085
Organization type (check one):	DOG MATERIAL TO SERVICE OF THE PROPERTY OF THE	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organ	nization
	4947(a)(1) nonexempt charitable tru	st not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tru	st 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.	
	), or (10) organization can check boxes for both the G	eneral Rule and a Special Rule, See instructions.
	,, or (10) organization and	
General Rule	one ago E7 or 990.PE that received during the ver	ar, contributions totaling \$5,000 or more (in money or termining a contributor's total contributions.
property) from any one contrib	n 990, 990-EZ, or 990-PF that received, during the yea outor. Complete Parts I and II. See instructions for de	termining a contributor's total contributions.
F13/		
Special Rules		
	I in section 501(c)(3) filing Form 990 or 990-EZ that m	net the 33-1/3% support test of the regulations
under sections 509(a)(1) and 17	sutor during the year total contributions of the greate	r of (1) \$5,000 or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h; of	or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
		on.E7 that received from any one contributor,
For an organization described	in section 501(c)(7), (8), or (10) filing Form 990 or 990 titions of more than \$1,000 <i>exclusively</i> for religious, ch	naritable, scientific, literary, or educational
purposes, or for the prevention	on of cruelty to children or animals. Complete Parts I,	II, and III.
		as 57 th the server of from any and contributor
For an organization described	d in section 501(c)(7), (8), or (10) filing Form 990 or 9 secularized for religious, charitable, etc., purposes, but the time that were received.	90-EZ that received from any one contributor,
during the year, contributions	exclusively for religious, character, etc., purposes, o	during the year for an exclusively religious,
it received nonexclusively reli	igious, charitable, etc., contributions totaling \$5,000 or	r more during the year
		les doesn't file Schedule B (Form 990, 990-EZ, or
Caution. An organization that isr	n't covered by the General Rule and/or the Special Ru 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 do	' on Part IV, line 2, of its Form 990; of check the box esn't meet the filing requirements of Schedule B (For	m 990, 990-EZ, or 990-PF).

2 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification numbe Name of organization 26-3156085 CUSTOM CANINE SERVICE DOG ACADEMY INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (a) Number (c) Total contributions Person WHIZKIDZ LLC Payroll 550,000. Noncash X 2305 DANIELS STREET (Complete Part II for noncash contributions.) MADISON, WI 53718 \_\_\_\_\_\_ (d)
Type of contribution (c) Total (b) Name, address, and ZIP + 4 (a) Number contributions Person ELERDING FOUNDATION 2\_\_ Payroli 10,000. Noncash 2020 MAIN STREET (Complete Part II for noncash contributions.) IRVINE, CA 92614 (d) Type of contribution (c) Total (b) Name, address, and ZIP + 4 (a) Number contributions Х Person SONNENTAG FOUNDATION Payroll 15,250. Noncash PO BOX 100 (Complete Part II for noncash contributions.) MARATHON, WI 54448\_\_ (d) Type of contribution (c) Total (b) Name, address, and ZIP + 4 (a) Number contributions Person X JOHNATHON D LUOMA FOUNDATION INC Payroli Noncash 10,000. 214 2ND STREET (Complete Part II for noncash contributions) BROKAW, WI 54417 (d) Type of contribution (c) Total (a) Number Name, address, and ZIP + 4 contributions X Person QBE Payroli Noncash 5,000 1 QBE WAY (Complete Part II for noncash contributions.) SUN PRAIRIE, WI 53596 (d) Type of contribution (c) Total contributions (b) (a) Number Name, address, and ZIP + 4 X Person AMERICAN FAMILY INSURANCE 6\_\_ Payroll Noncash 12,800 637 EAST WASHINGTON AVENUE (Complete Part II for noncash contributions.) MADISON, WI 53703 Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	8 (Form 990, 990-EZ, or 990-PF) (2017)	Page	2 of 2 of Part
ame of organ	CANINE SERVICE DOG ACADEMY INC	1	156085
art I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) lumber	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DEAN STROHMENGER		Person X Payroll
	222 SOUTH BRISTOL ST	\$7,500.	Noncash
	SUN PRAIRIE, WI 53590		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	AMERICAN WARRIOR INITIATIVE		Person X Payroll
	4801 SOUTH BILTMORE LANE	\$ <u>74,000</u> .	Noncash
	MADISON, WI 53718		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HERMAN GRANADOS POST 739 AMERICAN		Person X Payroll
	44200 SUN GOLD STREET	\$ 5,000.	
	INDIO, CA 92201		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	WATERTOWN ELKS LODGE		Person X Payroll
<u> </u>	117 NORTH 1ST STREET	\$ <u>\$,000</u>	. Noncash
	WATERTOWN, WI 53094		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	ALPHA DOG NUTRITION		Person X  Payroli
<b></b>	W2155 TIM DRIVE	\$12,500	
	BRILLION, WI 54110		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli
		ss	Noncash
			(Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

 Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
 Page
 1 to
 1 of Part II

 Name of organization
 Employer identification number

 CUSTOM CANINE SERVICE DOG ACADEMY INC
 26-3156085

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
COMMERC L 2310 MC	CIAL BUILDING USTANG WAY WISCONSIN	\$ 550,000.	2/28/17
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
		\$	(d)
(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
		ss	

schedule B (F	Form 990, 990-EZ, or 990-PF) (2017)		Page 1 to 1 of Part III
ame of organizat		TNC	Employer identification number 26-3156085
Part III E	xclusively religious, charitable, or (10) that total more than \$1,000 for the following line entry. For organizations on the following line entry or less for the year see duplicate copies of Part III if additional	etc., contributions to organiza the year from any one contributor completing Part III, enter the total of . (Enter this information once. See in	tions described in section 501(c)(7), (8), r. Complete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	/A		
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.`from Part I	Purpose of gift	Use of gift	
	Transferee's name, addr	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, add	(e) Transfer of gift ress, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, add	(e) Transfer of gift dress, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (201

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification numbe Name of the organization CUSTOM CANINE SERVICE DOG ACADEMY INC 26-3156085 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year..... Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit?.... Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements..... 2h **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **≻**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1.... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

▶\$

Schedule D (Form 990) 2017 CUSTO	M CANINE SE	ERVICE DOG ACA	DEMY INC	26-3156			age 2
Part III Organizations Maintai						unuc	<u>u)</u>
3 Using the organization's acquisition, items (check all that apply):	accession, and ot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a significant use of its co	llection		
a Public exhibition		<u> </u>	exchange programs				
<b>b</b> Scholarly research		e Other			-,		
c Preservation for future genera							
4 Provide a description of the organization Part XIII.							
5 During the year, did the organizat to be sold to raise funds rather the part IV Escrow and Custodial	ion solicit or rece an to be maintai	eive donations of art, length as part of the org	nistorical treasures, or anization's collection?.	other similar assets wered 'Yes' on Fort	Yes	Part	] <b>N</b> o IV
line 9, or reported an a	amount on Fo	rm 990, Part X, lir	ne 21.	wered 165 off for			
1 a Is the organization an agent, trus on Form 990, Part X?				assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and o	complete the following	table:	А	mount		
c Beginning balance				. 1 c			
d Additions during the year				. 1 d			
e Distributions during the year				. 1e	1.2		
f Ending balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 1f			
2a Did the organization include an a	mount on Form	390 Part X line 21 fo	or escrow or custodial a	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Bort VIII Cho	ok hara if the avalana	tion has been provided	on Part XIII			1
b if 'Yes,' explain the arrangement	III Fait Alli. Che	ch fiele if the explana	tion has boon promaca	21,1		_	٦
	) - t - 15 Al- o	avaniantian one	wored 'Ves' on For	m 990 Part IV lin	e 10.		
Part V Endowment Funds. C			(c) Two years back	(d) Three years back	(e) Fo	ur years	back
	(a) Current year	(b) Prior year	(c) Two years back	(d) Thice years back	(0).0	<u> </u>	
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance					l		
2 Provide the estimated percentage	e of the current	year end balance (line	: 1g, column (a)) held a	as:			
a Board designated or quasi-endown		%					
<b>b</b> Permanent endowment ►	96	•					
c Temporarily restricted endowme	nt 🟲	%					
The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.					
			hald and administored	for the			,
3 a Are there endowment funds not in	the possession of	the organization that at	e tielo ano auministereo	tor the		Yes	No
organization by:  (i) unrelated organizations			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 3a(i)		
(ii) related organizations					3a(ii)		
b if 'Yes' on line 3a(ii), are the rel	ntod organization	ne lieted as required o	n Schedule R?		. 3b		
b if 'Yes' on line 3a(II), are the rel	ateu organization	ranization's andowme	nt funds		h		
4 Describe in Part XIII the intende		Janization's endowine	TIC (direct)				
Part VI Land, Buildings, and	Equipment.	LOVE TERM	- 000 Port IV line	11a See Form 90	n Par	t X. li	ine 10
Complete if the organ	nization answe	ered 'Yes' on Forr	n 990, Part IV, line		70, 1 01		
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) t	Book v	
1 a Land			79,500.				,500
<b>b</b> Buildings	,		470,500.	10,572.		459	,928
c Leasehold improvements							
d Equipment			17,049.	2,436.		<u>14</u>	, 613
• Other							
Total. Add lines 1a through 1e. (Colu	ımn (d) must eau	al Form 990, Part X.	column (B), line 10c.).				,041
BAA	(-)			Sched	iule <b>D</b> (F	orm 991	0) 2017

- FACE CARLES AND A 100 A	ICE DOG ACADE		26-3156085 F	Page 3
Part VII Investments — Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11b. See	Form 990, Part X, lir	<u>ie 12</u>
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value	
1) Financial derivatives				
2) Closely-held equity interests		-		
3) Other				
<u>)                                    </u>				
3)			- Andrew Control of the Control of t	
<u>)</u>				
F)				
<u>3)</u>				
<del>1)</del>				
()  otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶				
2-4-VIII Investments - Program Related		N/A		
Complete if the organization answered	d 'Yes' on Form 99	90, Part IV, line 11c. See	Form 990, Part X, lir	<u>ne 13</u>
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	-			
	7.7	'A	E 000 D-4 V 5	1 <i>6</i>
Complete if the organization answere	d 'Yes' on Form 9	90, Part IV, line 11d. See	(b) Book val	iie ii
(a) ()	escription		(D) SOOK VAI	
(1)				
(1) (2)				
(1) (2) (3)				
(1) (2) (3) (4)				
(1) (2) (3) (4) (5)				
(1) (2) (3) (4) (5) (6) (7)				
(1) (2) (3) (4) (5) (6) (7) (8)				
(1) (2) (3) (4) (5) (6) (7) (8) (9)				
(1) (2) (3) (4) (5) (6) (7) (8) (9)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on  (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	(B) line 15.)	e 11e or 11f. See Form 990, Par		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(B) line 15.)	e 11e or 11f. See Form 990, Par ue	t X, line 25	

Schedule D (Form 990) 2017 CUSTOM CANINE SERVICE DOG ACADEMY I	INC	26-3156085	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Page 1	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	···
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	,	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		···   3	
Part XIII Supplemental Information.			

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule **D** (Form 990) 2017

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Name of the organization

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

Open to Public Inspection

Employer identification number

CUST	TOM CANINE SERVICE DOG ACADEMY	INC		26-	3156085	
	1 Types of Property					
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminina
1 .	Art - Works of art					
	Art - Historical treasures					
3	Art - Fractional interests					
_	Books and publications					
	Clothing and household goods					
	Cars and other vehicles	***************************************				
-	Boats and planes					
	Intellectual property					
	Securities - Publicly traded					
	Securities - Closely held stock					
	Securities - Partnership, LLC, or trust interests.					
	Securities - Miscellaneous					
13	Qualified conservation contribution — Historic structures					
14	Qualified conservation contribution — Other					
	Real estate - Residential					
16	Real estate - Commercial		1	550,000.	APPRAISAL	
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other • ()					
26	Other C					
27	Other • (					
28	Other • (					
	Number of Forms 9292 received by the organization	during the ta	x year for contributions f	or which the		
29	organization completed Form 8283, Part IV, Don	ee Acknowl	edgement		. 29	
	,				December 2010	Yes No
30a	a During the year, did the organization receive by con- it must hold for at least three years from the dat for exempt purposes for the entire holding perio	e of the init	ial contribution, and wil	RCH ish t required to be	uscu processore	X
	If 'Yes,' describe the arrangement in Part II.					
31	m u u u u u u u u u u u u u u u u u u u	olicy that rec	quires the review of any	nonstandard contribut	ions? <b>31</b>	X
	a Does the organization hire or use third parties o					
	noncash contributions?				32a	X
	b If 'Yes,' describe in Part II. If the organization didn't report an amount in co	dump (a) for	a type of property for y	which column (a) is che	ecked,	
33	If the organization didn't report an amount in co- describe in Part II.	mutilit (C) 101	a type of property for			

Schedule M (Form 990) (2017) CUSTOM CANINE SERVICE DOG ACADEMY INC

26-3156085

Page 2

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

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CUSTOM CANINE SERVICE DOG ACADEMY INC

Employer identification number 26-3156085

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

TO RAISE FUNDS FOR THE TRAINING/AWARENESS AND PLACEMENT OF DOGS BY INDIVIDUALS SPONSORING AND NAMING RIGHTS TO SERVICE DOGS

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

## FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

QUARTERLY BOARD OF DIRECTORS MEETINGS OR A SPECIAL MEETING CALLED BY ANY BOARD

MEMBER AT ANYTIME

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES DUES & SUBSCRIPTIONS EVENT SUPPLIES FUEL GRANT APPLICATION FEES LICENSES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS REAL ESTATE TAXES SUPPLIES TELEPHONE	1,111. 2,806. 5,772. 2,930. 1,055. 1,829. 728. 2,139. 12,752. 13,683. 3,981. 3,674.	2,806. 5,772. 2,930. 2,139. 13,683. 3,674.	1,111. 1,829. 728. 12,752. 3,981.	1,055.
UTILITIES VETERINARY CARE	TOTAL \$ 11,847. \$ 64,307.	11,847. \$ 42,851.	\$ 20,401.	<u>\$ 1,055.</u>

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

All corporat	ic 6-Month Extension of Time. Only tions required to file an income tax return of 7004 to request an extension of time to file	ther than Form 99	0-T (including 1120-C filers), part			
	Name of exempt organization or other filer, see instru-	Enter filer's	identifying number, see Employer identification			
Type or print	CUSTOM CANINE SERVICE DOG ACADEMY INC			26-3156085		
File by the	Number, street, and room or suite number. If a P.O. b				Social security number (SSN)	
due date for filing your	2310 MUSTANG WAY					
return. See	City, town or post office, state, and ZIP code. For a for	reign address, see instru	ictions.			
instructions.	MADISON, WI 53718	MADISON, WI 53718				
Enter the F	Return Code for the return that this applicat	ion is for (file a se	parate application for each return	)	01	
Application	n	Return Code	Application Is For		Return Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-BL		02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720 (other than individual)		09 10	
Form 990-1	PF	04	Form 5227			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870		12	
Telepho  If the co	oks are in the care of NICOLE MEADO one No. 608-444-9555 organization does not have an office or place is for a Group Return, enter the organization this box	Fax No e of business in the	ne United States, check this box o Exemption Number (GEN)	. If this is for the wh	ole group,	

**c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

nonrefundable credits. See instructions **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated

tax payments made. Include any prior year overpayment allowed as a credit .....

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Change in accounting period

Form 8868 (Rev. 1-2017)

Final return

3a \$

3b\$

3 c |\$