Department of the Treasury

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

OMB No. 1545-0047 Open to Public

Form 990 (2012)

interr	ial Hev	nue service The organization may have to use a copy of this return to sa	tisty state r	eporting requirements.	Inspection
A F	or th	e 2012 calendar year, or tax year beginning SEP 1, 2012 and	ending A	UG 31, 2013	
В	Check if opticat			D Employer identifica	etion number
a	pplicat	NATIONAL EDUCATION FOR ASSISTANCE			
	Addr	SSS   DOG GENTLEGIS TIL			
	Nami			1 22 72	81887
-	"Initla		Dagge (a)6-	1	01001
-	returr Term ated		Room/suite	E Telephone number	400 0054
$\vdash$	"Amer			1	422-9064
<u> </u>	lretum ∐Appli	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,731,398.
	ltiốn pend	PAINCEION, MA UIDEI		H(a) Is this a group reti	
		F Name and address of principal officer: GERRY DEROCHE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inclu	ded? Yes No
		empt status: X 501(c)(3)	or 527	If "No," attach a li	st. (see instructions)
		te: ▶ WWW.NEADS.ORG		H(c) Group exemption	·
KF	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1972 M	
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: NEADS	S TRAI	NS RESCUED D	OGS AND
ĕ		PURCHASED PUPPIES TO ASSIST PEOPLE WHO AN	RE DEA	F OR DISABLE	D TN
Activíties & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not one	oto
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	JOG OF INIONE	Than 2070 Or its fiet ass	
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	14
•ජ #7	5	Total number of individuals employed in colon day year (0.10 /Dest V. Fee Ce)		4	14
tie	-	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	************	5	35
<b>ĭ</b> .	6	Total number of volunteers (estimate if necessary)		6	225
Ą	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			<u> </u>
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,984,741.	1,699,660.
	9	Program service revenue (Part VIII, line 2g)		230,689.	318,119.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		161,467.	61,829.
l-i-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,678.	84,562.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,447,575.	2,164,170.
	13	Grants and similar amounts paid (Part iX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		Ö.	0.
£0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	*******	1,435,538.	1,446,630.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	
ред	, Va	Total fundraising expenses (Part IX, column (D), line 25) 156,38	077	V.	0.
ជ	17	Other expenses (Part IV, entires (A) lines 11s 11s 11s 11s 11s	<del> </del>	1 000 100	
	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,060,197.	800,734.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,495,735.	2,247,364.
- S	19	Revenue less expenses. Subtract line 18 from line 12		-48,160.	<u>-83,194.</u>
Net Assets or Fund Balances		ma	Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		4,928,019.	4,969,869.
d A	21	Total liabilities (Part X, line 26)		360,928.	<u>393,446.</u>
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		4,567,091.	4,576,423.
	ırt II	Signature Block			
Und	er pen:	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sign	1	Signature of officer		Date	
Her	е	GERRY DEROCHE, CEO			
		Type or print name and title	<del>' </del>	· · · · · · · · · · · · · · · · · · ·	
	***************************************	Print/Type preparer's name Preparer's signature.	<i>,</i> 10	Date Check	PTIN
Paid		BARBARA E. KING BARBARA E ATING	Ø r	1/21/14 self-employed	
Prep		Firm's name BOLLUS LYNCH, LLP	- 1- 1C	Firm's EIN	
Use		Firm's address 89 SHREWSBURY STREET	<u> </u>	THIN S EIN	04-3037870
-00	~····y	WORCESTER, MA 01604		m	AA   MEE   Maan
h 4	. +b 1			Phone no. (5	08) 755-7107
ividy	u 11 <del>1)</del> {	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868** (Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

MENOSANCES		······································		HANNESCH WARMEN STREET	**********************************	***********************		
* If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			X		
® 11 y(	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Do no	t complete Part II unless you have already been granted	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.			
Electr	onic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of tir	ne to file (6	3 months for a corp	oration		
requir	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	868 to request an e	xtensión		
of time	e to file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	rtain		
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details (	on the elec	ctronic filing of this t	form,		
Visit w Par	ww.irs.gov/efile and click on e-file for Charities & Nonprofits  I Automatic 3-Month Extension of Time		what original has ooning a	ll\		intil onlinearini sissaaniqe qeeqasqay		
ferromannous.	poration required to file Form 990-T and requesting an autor	natio E ma	ath adapting all the copies ne	eaea).		***************************************		
Part I	<u>.</u>			complete		1		
	only er corporations (including 1120-C filers), partnerships, REM	Wa and t	wrote maret and Physics MAA de	*1*********		- []		
to file	income tax returns.		rusts must use rorm 7004 to reques	st an exten	ision of time			
Type				Employer	r identification numb	per (EIN) or		
print	NATIONAL EDUCATION FOR ASS	ISTAN						
File by t	DOG SERVICES, INC.				23-728188	37		
due date	for Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	curity number (SSN	l)		
filing you return. S	ee JUJ REDERITION NOCK INSTELL							
instructi	200000000000000000000000000000000000000	reign add	ress, see instructions.					
2**************************************	PRINCETON, MA 01541	<del></del>						
PP 1			•			<u> </u>		
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)		*************	0 1		
A		1				**************************************		
Applic	sation	Return	Application			Return		
Is For	260 5 000 57	Code	Is For			Code		
h	990 or Form 990-EZ	01	Form 990-T (corporation)			07		
	990-BL	02	Form 1041-A			08		
10-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1720 (individual)	03	Form 4720			09		
·	390.PF	04	Form 5227					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form !	990-T (trust other than above)	06	Form 8870	****		12		
e 70°	THE ORGANIZATIO	ON Door						
	books are in the care of 305 REDEMPTION	ROCK		NCETO	N, MA 0154	[1		
	ephone No. (978) 422-9064		FAX No. 🕨		POTENTIAL MANAGEMENT AND ADMINISTRATION OF THE POTENTIAL PROPERTY AND ADMINISTRATION OF THE POTENTY ADMINISTRATION OF THE POTENTY ADMINISTRATION OF THE POTE			
* 14 *!	ne organization does not have an office or place of business	s in the Ur	ited States, check this box					
* 1111	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is for	r the whole group, c	heck this		
box 🌬	and the second s		ch a list with the names and EINs of	f all memb	ers the extension is	for.		
1	request an automatic 3-month (6 months for a corporation	required:	to file Form 990-T) extension of time	until				
	APRIL 15, 2014, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
	s for the organization's return for:							
1	calendar year or X tax year beginning SEP 1, 2012							
i	X tax year beginning SEP 1, 2012	, an	d ending <u>AUG 31, 2013</u>	······································	manua. 4			
a	f the tax year entered in line 1 is for less than 12 months, o							
2	Change in accounting period	neck reas	on: Initial return	Final returi	n			
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative toy less only			3317337767772		
	nonrefundable credits. See instructions.	w. www.j	THE WITCH CONTRACTOR LEAN, 1885 MILY	0-	¢-	۸		
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	\$	0.		
	estimated tax payments made. Include any prior year overp					^		
	Balance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.		
	by using EFTPS (Electronic Federal Tax Payment System).			0.	d»	^		
	nn, If you are going to make an electronic fund withdrawal v			3c	\$	0.		
	A STATE OF THE PROPERTY OF THE	ratio stips ["t	anni adder see i anni eada-en sue h	71111 BR/A-F	cu for payment inst	ructions.		

Form 8879-EO

# IRS e-file Signature Authorization

for an	Exem	pt	Organization			
1001 bosic_:_	CTTO	1	00/0   "	ATTC	24	

OMB No. 1545-1678

internal Revenue Service

For calendar year 2012, or fiscal year beginning  $\overline{SEP}$  1 , 2012, and ending  $\overline{AUG}$  31 ,20  $\overline{13}$ Department of the Treasury Do not send to the IRS. Keep for your records. Name of exempt organization Employer identification number NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC. 23-7281887 Name and title of officer GERRY DEROCHE CEO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here 🕻 🗶 b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_\_ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) \_\_\_\_\_ 4b 5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN; check one box only X lauthorize BOLLUS LYNCH, LLP to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 04359604303 de not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature 📂 \_ \_\_ Date 📂 01/21/14

> ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form	990 (2012) DOG SERVICES, INC.	23-7281887	Page 2
Par	rt III Statement of Program Service Accomplishments	The second that a second control of the seco	Newson and American Artistics of the State o
-	Check if Schedule O contains a response to any question in this Part III	·	X
\$	Briefly describe the organization's mission:		
	NEADS' ASSISTANCE DOGS PROVIDE LIFE-CHANGING INDEPENDENCE		
	COMPANIONSHIP, AND CONNECTION TO PEOPLE WITH A DISABILIT		
	DEDICATED STAFF AND ENTHUSIASTIC VOLUNTEERS, NEADS CARE		
	CLIENTS WITH THE RIGHT DOG AND PROVIDES ONGOING SUPPORT	DURING THEI	R
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	š.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
40	(Code: ) (Expenses \$ 1,358,285. including grants of \$ ) (Revenue	es 314.	936.)
	DOG TRAINING - NEADS DOGS ARE TRAINED TO PERFORM AND BEH	HAVE OBEDIEN	TLY
	THROUGH THE USE OF POSITIVE REINFORCEMENT AND CLEAR LEAD	DERSHIP. NEA	DS
	DOGS ARE TAUGHT A LIST OF CORE COMMANDS AND THEY FOLLOW		
	TRAINING SCHEDULE THROUGHT PUPPYHOOD. 90 -95% OF NEADS		·
	TRAINED IN 10 CORRECTIONAL FACILITIES THROUGHT NEW ENGLA	AND. UNDER	***************************************
	GUIDANCE OF NEADS STAFF, PRISON INMATES ARE ABLE TO PROV		
	TRAINING AT A HIGH LEVEL. TO ENSURE THAT THE PUPPIES HA		
	OF EXPERIENCES, PUPPIES SPEND THEIR WEEKENDS AT A VOLUNTI	EER'S HOME A	ND
	AND	S STATIONS,	AND DISCOURSE OF THE PARTY OF T
		E TYPICAL	**************************************
	EXPERIENCES OF LIFE. ONCE A DOG IS NEARING OCMPLETION (		AM
	AND IS MATCHED WITH A SPECIFIC CLIENT, THE DOG'S TRAININ	NG IS TAILOR	ED
4b	provide the second seco		}
		-2 WEEK	J
		PROXIMATELY	55
	CLIENTS GRADUATE THROUGH OUR PROGRAM EACH YEAR. CLASSES	**************************************	
	HANDS-ON EXERCISES WITH THE DOG, TRIPS INTO TOWN RESTAU		LLS.
	AND SIT-DOWN CLASSES IN SUBJECTS SUCH AS HEALTH RECORDS	, FIRST AID,	
	GROOMING AND PUBLIC ACCESS. MOST CLASSES ARE TAUGHT BY		TOR
		DOG WITH TH	
	CLIENT. EACH CLIENT MUST SUCCESSFULLY COMPLETE THE TRA		
	AND ALSO RECEIVE A PASSING SCORE ON THE ASSISTANCE DOGS		
	PUBLIC ACCESS TEST TO GRADUATE AND LEAVE CAMPUS WITH TH	E ASSISTANCE	1
	DOG. CLIENTS ARE SUPPORTED IN A VARIETY OF WAYS BY NEAR	DS FOR THE	***************************************
	SERVICE LIFE OF THEIR DOGS.		
4c	(Code:) (Expenses \$	Je\$	}
			/
			WIII.
			***************************************
		A 1999	
		William Commission of the Comm	· >+-C#
	Million between the control of the c	The second of the second order to the second of the second of the second of the second of the second order to the second order	MAN AND THE PROPERTY OF THE PARTY OF THE PAR
-			
4d	Other program services (Describe in Schedule O.)	**************************************	<del></del>
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses 1,935,135.	CONTROL OF THE PROPERTY OF THE	CANDONIA AND AND AND AND AND AND AND AND AND AN

Form 990 (2012) DOG SERVICES, INC.
Part IV Checklist of Required Schedules

				T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	4	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		44	<del> </del>
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1 11
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	``		<del> </del>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		***************************************	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- 3		Δ.
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			-
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		w	
b		11a	<u> </u>	<del></del> -
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	4 44-		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	116		Δ_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
4	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	111	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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			
4 100	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
4.0	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
1.5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	٠,٠	43	<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	~	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If *Yes," complete Schedule I, Parts I and II			7.7
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	***************************************	X
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	00		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	-		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
	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 25	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		**********
	any tax-exempt bonds?	04-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		-
	disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	or.		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	**********	X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	ብማ		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		$\frac{X}{X}$
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	<b>KO</b> D	~=	<u>&amp;</u>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	~~~~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	40		a) inserted
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		A 24
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-2:		47
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	OE.		¥.7°
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- K 2-
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		- ×+
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
88	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	COSS		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	***************************************	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\neg \neg$	10: A
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		i-mentary/memor	990 (	3/\~

Form 990 (2012) DOG SERVICES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, , , ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	The state of the s	5a		X
b	y in a support of the	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
***	were not tax deductible?	6b	**********	~
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	X	
U	to file Form 8282?			NT.
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	74		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	- voil-surementaile	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>~</u>
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		***********	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time ouring the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
l.	Note. See the instructions for additional information the organization must report on Schedule O.			
ø	Enter the amount of reserves the organization is required to maintain by the states in which the			
n	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b			
	Did the appropriation reaches any manufacture for independent of the i			47
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	148		X
indentitions and	Paristonia: II 190, 190, paristonia: II 190, provide bil explanation il Sunedire O	14b	MARKATAN AND AND AND AND AND AND AND AND AND A	L

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

paratriantesina.	Check if Schedule O contains a response to any question in this Part VI	ale Terbelani s de la contra		*********	. L.	X
500	tion A. Governing Body and Management			· · ·	,	
		ı	ſ	<b>p</b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	1.	£		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	7		
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		,	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	***************************************	5		X
6	Did the organization have members or stockholders?		***************************************	6	***************************************	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?	,		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders. or	· · · · · · · · · · · · · · · · · · ·		
	persons other than the governing body?		•	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv tt	e following:	4 Mr.	***************************************	4.
a	The governing body?	u	io ionotrinig,	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	*	********************	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	nhad	of the	00		************
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	10.100	at the	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	avenu.	o Code I		P-4466435-100648-4-4-	
	The state of the s	576110	s wore.j		······································	81-
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanter	e offiliator	108		12
	and branches to ensure their operations are consistent with the organization's exempt purposes?	паркот	o, annexos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	w hatc	ra filing the form?		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y serc	re ming the forms	11a	~~	
12a	Find the expensive first have a written applied of interest and a Contract and			1	~O~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		finta?	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	i lu lui Zana ii ai	moss:	125	X	
~				100	4,5	
13				12c	X	
14	Political and the second secon			13	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve			14	X	
,,,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by ii	idependent			
	MARKS IN THE PROPERTY OF THE P				***	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a	X	**
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).			15b		X
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		111.			
.02	<del>-</del>					40
és.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a	**************************************	<u> X</u>
₩.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of the organization of the organization of evaluation of the organization of the org					
	avanced atotics with respect to a solo assumented		u.a			
Sec	tion C. Disclosure		المعارضة والمتعارض والمتعارضة والمتعارض والمتعارض والمتعارض والمتعارض والمتعارض والمتعار	<u>  16b</u>	***************	materiorismos present
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, CT, FL, G	( ) T	T T R EFTS RET	~ ke~	% & # T	\ * * ^
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	7.7% 1	LI, LA, ME, MI	7 1417	, MIN	, MO
. 47	for public inspection. Indicate how you made these available. Check all that apply.	(080)	ion an i(c)(a)s only)	availab	ie	
	The state of the s	. := n	had de O			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	in SC	neaule ()			
, <del>(</del> )	statements available to the public during the tax year.	JOHNOT	oi interest policy, ai	no finar	icial	
20	State the name, physical address, and telephone number of the person who possesses the books a	نيدا است	ا الناجـ مغموم	, h		
5.V	THE ORGANIZATION - (978) 422-9064	nu rec	oras of the organiza	ation: 🎉	***************************************	Victoria voc
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organizat  (A)  Name and Title	(B) Average			(C Posi	(C) Distrion			<b>(D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	box, unless per officer and a di			erson is both an			compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	2 5	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) IRA C. KAPLAN, D.V.M. DIRECTOR	2.00	X						0.	0.	0
(2) CYNTHIA CROSSON	2.00									
DIRECTOR (3) WINTHROP HANDY	2.00	X						0.	0.	0
DIRECTOR		х						0.	0.	0
(4) LOWRY HEUSSLER DIRECTOR	2.00	Х				***************************************		0.	0.	0
(5) ANITA M. MIGDAY, DVM DIRECTOR	2.00	X						0.	0.	0
(6) GARY HOUGH CHAIR	2,00	Х		Х		and the second second second second		0.	0.	0
(7) BEVERLY STEWART VICE CHAIR	2.00	X		X				0.	0.	0
(8) MEGHAN MACEIKO CLERK	2.00	X		Х				0.	0.	0
(9) ARTHUR TWISS TREASURER	2.00	Х		Х				0.	0.	0
(10) JAMES CIOCIOLO DIRECTOR	2.00	х						0.	0.	0
(11) KAREN IRVING DIRECTOR	2.00	Х						0.	0.	0
(12) KEVIN LAMBERT DIRECTOR	2.00	x						0.	0.	0
(13) ABBEY HENDERSON DIRECTOR	2.00	Х						0.	0.	0
(14) LAURA MCTAGGART DIRECTOR	2.00	Х						0.	0.	0
(15) GERRY DEROCHE CEO	40.00			Х				105,390.	0.	0
The state of the s										

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Righest Compensated Employees (continued)   Average   Part VII   Part	Form 990 (2012)	DOG SERV									23-728	188	7	Page &
Name and title    Average   tour per week   to	Part VII Section			ploy	ees			ghe	st C		es (continued)			
thours for related organization (W2/1099 MISC)  10 Sub-total  11 Sub-total  12 Total number of independent contractors @radicing but not limited to those leted above) who received more than \$100,000 of compensation from the organization provided to the organization greater than \$150,000 of compensation from the organization greater than \$150,000 of the organization of the organization greater than \$150,000 of the organization of the organization greater than \$150,000 of the organization greater than \$150,000 of the organization of the organization greater than \$150,000 of the organization greater t	٨	• •	Average hours per week	offi-	not c	Pos heck as pe	ition more	than is bot	h an	Reportable compensation from	Reportable compensation from related		Estima amour	ated nt of
c Total from continuation sheets to Part VII, Section A	Annual of the second of the se		hours for related organizations below	Individual frustoe or d'recto	institutional trustee	Officer	Кеу вліріоўев	Highest compensated employee	Former	1		0	from rganiz and rel	the ration lated
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														mare married different bed
c Total from continuation sheets to Part VII, Section A													<del></del>	***************************************
c Total from continuation sheets to Part VII, Section A						<b>*</b>				NO SEASON AND A MINISTER OF PROPERTY OF THE REAL PROPERTY OF THE PROPERTY OF T				
c Total from continuation sheets to Part VII, Section A											- Aller Santillian ( ) is it is the same analysis of the same and the			
c Total from continuation sheets to Part VII, Section A	and the same and t									The second secon			Автичей повей посто в уследе.	JAN-Kitanasan Andrika (Alika Andrika)
c Total from continuation sheets to Part VII, Section A						<u> </u>				A Comment of Comment o	THE TRANSPORT OF THE PROPERTY			***************************************
c Total from continuation sheets to Part VII, Section A				-		<u> </u>					A CONTRACTOR OF THE PROPERTY O		***************************************	
c Total from continuation sheets to Part VII, Section A	and the second s		mannan ar a said of the said o											Eldenbrona no paren no berefu
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization lost any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? # "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and leated organizations greater than \$150,000? # "Yes," complete Schedule J for such individual for services rendered to the organization? # "Yes," complete Schedule J for such individual for services rendered to the organization? # "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is compensation from the organization.	1b Sub-total	antinuation charte to Part II	I Cantina A					line the	1,					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization strain the organization of the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Polymer of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.										A . A PARTY CONTRACTOR AND ADDRESS OF THE PARTY CONTRACTOR AND ADD		~****	************	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$1	2 Total number	r of individuals (including but r	ot limited to th	nose	liste	ed a	bove	e) wi	10 11		),000 of reportable			r r
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person is individual for services rendered to the organization? If "Yes," complete Schedule J for such person is individual for services rendered to the organization? If "Yes," complete Schedule J for such person is individual for services rendered to the organization? If "Yes," complete Schedule J for such person is independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None  (B)  (C)  Compensation  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is compensation.	_	A company of the comp	**************************************	and single-state of the state o	**********	***************************************	eciologeo de la de-	*EZZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-EZ-	Alaman de Arte	<del>niin XXII beesiAA bixaaassa oo aan aaca aay aa aa aa xaay aa aa xaay aa </del>	iker e Alvourrofers (D EDNE) for found music and problem (1977) (1977) (1977) (1977)	heracenter mercenter	Ye	s No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accoracy compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	tine 1a? If "Ye	es," complete Schedule J for s	auch individual	·								3		Х
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization    0	and related o	organizations greater than \$15	0,000? If "Yes,	, ° co	mpl	ete l	Sche	edul	e J t	for such individual		4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Name and business address NONE Description of services Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\big  \)	5 Did any personal	on fisted on line 1a receive or i the organization? <i>If "Yes," con</i>	acciue compe Iplete Schedul	nsat le J f	ion i	from uch	any pers	unr son	elat	ted organization or indiv	idual for services			
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		popularity.			~******	***********						w.zominou+v.centr+4/46	************	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0	<ol> <li>Complete thin the organizate</li> </ol>	s table for your five highest co tion. Report compensation for	mpensated in the calendar y	depe ear	ende endi	ent c ing v	onti vith	racto or w	ors t vithir	that received more than n the organization's tax	\$100,000 of compe year.	nsatio	า from	I
\$100,000 of compensation from the organization > 0	финаральная прав тр. типопер то тошен из торрого права биловиче то техня и у запеч		address	N(	ONI	E					services	Comp	(C) censal	tion
\$100,000 of compensation from the organization > 0									***************************************			-	Secretary Sections	
\$100,000 of compensation from the organization > 0												**********************	MATERIAL STATES	***************************************
\$100,000 of compensation from the organization > 0												Mt Tarres	montening-states	Hamoonaromamaa
\$100,000 of compensation from the organization > 0											and the second s	***************************************	RTATALLES CARE	***************************************
\$100,000 of compensation from the organization > 0	***************************************			risma karena						17000000 170000000000000000000000000000		·····	***************************************	Val videological religion in the constant
				not li	mite	d to			stec	d above) who received n	nore than	encomina e eminanda y qui	PMV44/autrobit commi	manus manus (manus manus m

Page 8

Form 990 (2012) DOG SERVICES, INC.
Part VIII Statement of Revenue

23-7281887

Page 9

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Schedule O cont	tains a response	to any question	in this Part VIII	(E)		(6)
kozakioneniani	ansienkki Niverbion v				Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a				A SALES AND SECURITY OF THE PROPERTY OF THE PR	The state of the s
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		PRINCE OF THE PR				
fs, (		Fundraising events						
<u>a</u>		Related organizations						
Sig.	1	Government grants (contribut	E	***************************************				
e ti	f	All other contributions, gifts, gran						
첉훈		similar amounts not included abo						
out		Noncash contributions included in lines						
O B	-	Total. Add lines 1a-1f			1,699,660.		et blimboroumous automous et publication plansification accessed	
		project forms, may proper fol find helps the later project opening proving proper proper.		Business Code	<del>-</del> 1			
ice	2 a			900099	318,119.	318,119.		
re	b	N/10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
Program Service Revenue	C							
20 CT	d							000°
2	€							
		All other program service reve			318,119.			CONTRACTOR OF THE PROPERTY OF
20120100000	3	Total, Add lines 2a-2f Investment income (including			310,113.	- Carrier Control of the Control of	Heriotomer (m. 1919)	water to the second
	1.7	other similar amounts)		, "	105,137.			105 155
	4	Income from investment of ta			L. V. J. J. A. J. a.		***************************************	105,137.
	5	Royalties					- Control of the Cont	
	Ü	riojamoo miniminininininini	(i) Real	(ii) Personal			Andrew Andrew Control of the Control	
	6 a	Gross rents						
		Less: rental expenses		**************************************				
		Rental income or (loss)	***************************************		*			
				**************	5,010.	5,010.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	The second secon		V	
		assets other than inventory	492,648.			di d		
	b	Less: cost or other basis			1			
		and sales expenses	535,956.					
	c	Gain or (loss)	-43,308.					
	d	Net gain or (loss)	*************************	<b>*</b>	-43,308.	And a property of		-43,308.
ā,	8 a	Gross income from fundraisin	ig events (not				- Andrewson	And the second s
evenue		including \$	of			of the control of the		
ě		contributions reported on line	,			***		
		Part IV, line 18			7			
Other		Less: direct expenses		16,058.	۳,			
***		Net income or (loss) from fund		paritiments by	58,398.		***************************************	58,398.
	9 a	Gross income from gaming ac		ununtury n				
		Part IV, line 19						-
		Less: direct expenses			~			
		Net income or (loss) from gan	_	· · · · · · · · · · · · · · · · · · ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	iu a	Gross sales of inventory, less		22 100				
	ŝn	and allowances Less: cost of goods sold		33,180.				
	!	Net income or (loss) from sale		15,214.	***	10000		
	Ç.	Miscellaneous Revenu	Wet the same of th	Business Code	17,966.	17,966.	тірте а қонті кені кейстүз «Қаз» онам хамат <b>м</b> улдермен Фа	enter de constituto de constituto de la
	11 2	MISC INCOME	4.50	900099	3,188.	3,188.		
:	b	de de site de la constant de la cons	71-71-00-00-00-00-00-00-00-00-00-00-00-00-00	700075	31460 *	3,1001	North Control of the	
	6						***************************************	A CONTRACTOR OF THE CONTRACTOR
		All other revenue ,					TATELONG VINETAL COMPANY OF THE PARTY OF THE	
		Total. Add lines 11a-11d			3,188.		Anna ann a guidh an aire an air	**************************************
	12	Total revenue. See instructions.			2,164,170.	344,283.	0	120,227.
23200 12-10	8	от не в неводит в нево может по выдать не в в достовной в нево в неводительной в неводительной в неводительной	our recognistic constitution in the second	The second desirable second	and the second s	and the second s	<u> </u>	Form <b>990</b> (2012)

DOG SERVICES, INC. 23-7281887 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) Program service expenses (D) Fundralsing Do not include amounts reported on lines 6b. (A) Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,208,644 1,027,347. 7 84,605. 96,692. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>5,224</u>. 4,440. 366. 418. Other employee benefits <u>81,070.</u> <u>95,375</u>. Q 6,676. 7,629. 137,387. 116,779. 10 Payroll taxes 9,617. 10,991. Fees for services (non-employees): a Management Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... 19,802. 19,802. Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) <u>151,269.</u> 99,459. 32,523. 19,287. Advertising and promotion 52,070. 33,325. 15,621. 12 3,124. 72,354. Office expenses 77,252. -7,836. 13 2,938. Information technology 14 15 Royalties 81,620. 79,098. 16 Occupancy 1,261 1,261. Travel 21,983. 21,763. 220. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,628. Conferences, conventions, and meetings 2,628. 19 17,443. Interest 17,443. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 87,296. 82,931. 4,365 22 33,663. 33,663. Insurance 23 Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 106,975。 106,975. PURCHASES 73,881. b SUPPLIES 73,881. c MOTOR VEHICLES EXPENSE 31,236. 31,236. d VETERINARY FEES 28,947. 28,947. 19,567. e All other expenses 16,898. 1,119. 1,550. 2,247,364. Total functional expenses. Add lines 1 through 24e 1,935,135. 155,842. 156,387. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

DOG SERVICES, INC.

	Check if Schedule O contains a response to any question in this Part X	4-2-44-43-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
		(A) Beginning of year		(B) End of year
4	Cash - non-interest-bearing	2,344.	1	37,891.
2	Savings and temporary cash investments	58,081.	2	55,308.
3	Pledges and grants receivable, net	101,000.	3	178,496.
4	Accounts receivable, net	22,995.	4	22,995.
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	Andrew Commence of the commenc		
	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 instr). Complete Part II of Sch L		6	
\$ 7	Notes and loans receivable, net	80,975.	7	0.
Stasse 7	Inventories for sale or use	0012134	8	V v
9	Prepaid expenses and deferred charges	4,545.	9	16,967.
10	Land, buildings, and equipment: cost or other	7 7 2 nd A	25	10,30/.
	basis. Complete Part VI of Schedule D 10a 3,354,768.			
	Less: accumulated depreciation 10b 1,436,994.	1,903,540.	40	1,917,774.
11	Investments - publicly traded securities	2,754,539.	10c	2,740,438.
12	Investments - other securities. See Part IV, line 11	M 1 1 0 12 1 0 0 0 1 1		<u> </u>
13	Investments - program-related. See Part IV, line 11		12	
14	Intangible assets		13	
15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,928,019.	15 16	4 060 060
17	Accounts payable and accrued expenses	64,978.	Season remitter Airester	<u>4,969,869.</u> 119,621.
18	Grants payable	V=1310 ·	17	117,041,
19	Deferred revenue		18	
20	Tax-exempt bond flabilities		19	**************************************
- f	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Loans and other payables to current and former officers, directors, trustees,		21	
Cabilities 22	key employees, highest compensated employees, and disqualified persons.			
i	Complete Part II of Schedule L		- 1	
23	Secured mortgages and notes payable to unrelated third parties	295,950.	22	ላጠን ለላር
24	Unsecured notes and loans payable to unrelated third parties	493,930.	23	273,825.
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		0.5	
26	Total liabilities, Add lines 17 through 25	360,928.	25	202 446
	Organizations that follow SFAS 117 (ASC 958), check here X and	300,340,	26	393,446.
n	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,835,698.	0,117	1 050 000
Net Assets or Fund Balances Net Assets or Fund Balances S 2 2 8 8 2 8 8 2 8 8 8 8 8 8 8 8 8 8 8	Temporarily restricted net assets	1,155,852.	27	<u>1,753,773.</u>
m 29		1,575,541.	28	1,247,109.
Ē	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here	エイス・ワイン・フォード	29	1,575,541.
<u> </u>	and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds			
ass 31	Paid-in or capital surplus, or land, building, or equipment fund	**************************************	30	**************************************
₹ 32	Retained earnings, endowment, accumulated income, or other funds		31	A STATE OF THE PROPERTY OF THE
33	Total net assets or fund balances	1 ECT 001	32	6 FPC 100
34	Total liabilities and net assets/fund balances	4,567,091.	33	4,576,423.
	Manufacture of the control of the co	4,928,019.	34 ]	<u>4,969,869.</u>

Form	990 (2012) DOG SERVICES, INC. 23-72	81887	Pac	ne 12
Pa	rt XI Reconciliation of Net Assets	410-02-13-10-10-10-10-10-10-10-10-10-10-10-10-10-	STOREST PROPERTY.	Americano.
**************	Check if Schedule O contains a response to any question in this Part XI			
		A STATE OF THE PARTY OF THE PAR		
1	Total revenue (must equal Part VIII, column (A), line 12)	2,164	Ł, 1	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2,247		
3	Revenue less expenses. Subtract line 2 from line 1	-83		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4,567	0, 1	91.
5	Net unrealized gains (losses) on investments			26 *
6	Donated services and use of facilities			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine línes 3 through 9 (must equal Part X, line 33,			
p	column (B))	4,576	5,4	23.
Pa	rt XIII Financial Statements and Reporting			Carcatonian III.
-	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
7	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.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	1		
	consolidated basis, or both:	A CONTRACTOR OF THE CONTRACTOR		
	X Separate basis Consolidated basis Both consolidated and separate basis			
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	and the same		
	review, 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 in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	and the same of th		1
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	35		

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organizati		L EDUCATION	FOR A	SSIST.	ANCE		E	mployer	identificati	on nu	mber
<b>6</b>		DOG SER	VICES, INC.				·····		2	3-7281	887	
Part I			<b>ity Status</b> (All organiz					tructions.				
1	A church, co A school des	nvention of churches cribed in <b>section 17</b>	because it is: (For lines 1 s, or association of church (0(b)(1)(A)(ii). (Attach Sc	ches desc hedule E.)	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	) <b>.</b>				
3	A medical res city, and stat	search organization o	tal service organization opperated in conjunction	with a hos	pital descr	ibed in se	ection 170				's nam	10,
5		on operated for the (b)(1)(A)(iv), (Comple	benefit of a college or un ete Part II.)	niversity o	wned or op	erated by	a govern	mental un	t describ	oed in		
6 <u> </u>	An organizati	te, or local governm on that normally rec b)(1)(A)(vi). (Comple	ent or governmental uni eives a substantial part te Part Ii.)	t described of its supp	d in <b>sectio</b> port from a	n 170(b)( governme	1)(A)(v). ental unit c	or from the	general	public desc	ribed i	'n
8 9 X	A community An organizati	trust described in son that normally rec	ection 170(b)(1)(A)(vi), eives: (1) more than 33 rections - subject to certa	1/3% of its	support fr	om contri	ibutions, n	nembersh	p fees, a	and gross rea	celpts	from
10	income and u See <b>section</b>	inrelated business ti <b>509(a)(2).</b> (Complete	axable income (less sect e Part III.)	tion 511 ta	x) from bu	sinesses :	acquired b	y the orga	suppon Inization	after June 3	invest 10, 197	ment '5.
11	An organizati	on organized and or	perated exclusively to te perated exclusively for that ations described in secti	ne benefit :	of, to perfo	rm the fu	nctions of	or to carr	y out the	purposes o	of one	or
_ [	describes the	type of supporting b Ty	organization and compl /pe II	ete lines 1 ype III - Fu	1e through nctionally i	11h. ntegrated	, ا	g Typ	e III - No	n-functional	v inte	grated
e	foundation m	anagers and other t	at the organization is not han one or more publicly ten determination from t	y supporte	ed organiza	tions des	cribed in s	ection 50	qualified 9(a)(1) or	persons oth section 509	er tha (a)(2).	n
g	supporting o	ganization, check th	nis box organization accepted ar					**********	sons?	****************		
	(i) A perso	n who directly or ind	lirectly controls, either alupported organization?	lone or tog	ether with	persons o	described	in (ii) and (	iii) below	/, 11g(i)	Yes	No
	(ii) A family	member of a persor	n described in (i) above?		************			************	***********	11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	ribed in (i) or (ii) above?					************	11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).				************	····	l	
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organiza	u notify the tion in col. r support?	(vi) is organizati (i) organiz U.S	on in col. I	(vii) Amount sup	of mo	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
												************
										100000000000000000000000000000000000000	.,	
***** . P			Personal		Terdeliderade							

Schedule A (Form 990 or 990 EZ) 2012

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

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

Se	ction A. Public Support	and the second s	Nanghaparana ta manang gangara ta ta mining sa dalah da manan	ommen eggingengerderiikkibirmnerensemmenterevoem	**************************************	apapamamamamamamaman kandilan eta kandilan 1942 pamma antarilan 1980 kwis kul	on the second collect of reference of the second collect of the second o
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and					100	(7) 1 0 0 0 1
	membership fees received. (Do not		man-v / ym llwn	-			
	include any "unusual grants.")	,					
2	Tax revenues levied for the organ-	A STATE OF THE STA				**************************************	······································
	ization's benefit and either paid to		-				
	or expended on its behalf						
3	The value of services or facilities	**************************************	<u> </u>		***************************************		
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	And with the State of the State	The state of the s	COLUMN CO	Name of the state	THE PERSON NAMED IN THE PE	7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	The portion of total contributions	hatte + 1,000 miles + 1,000 mi					alambionista (h. 1964) (limph francisco) (1964) (mail limpo a 1944) (francisco de la processión (mail limpo a 1
	by each person (other than a		1		***************************************		
	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.						4.5
	ction B. Total Support	b-//x===================================	et esemente esemberatorishis er danka essenten er esempe	<u> </u>	***************************************	THE REAL PROPERTY OF THE PROPE	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					X	
	Gross income from interest,						. //: p
	dividends, payments received on				***		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	***************************************			align menter an over 10 per 60 to the 10 to th	- Partie Commission Co	***************************************
	activities, whether or not the			more same com			
	business is regularly carried on			was o'um inn	AND COMPANY OF THE PROPERTY OF	1	
10	Other income. Do not include gain						**************************************
	or loss from the sale of capital		general of the state of the sta	es d'inventore de la companya del companya de la companya del companya de la comp			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	**************************************	tion or commencial and or commence and or commence and or company	***************************************	***************************************		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
	First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stop	o here	11-1-2				
Se	ction C. Computation of Publ	ic Support Pe	rcentage	The second secon	COLUMN STATE OF THE PARTY OF TH	AND THE CONTRACTOR COMMENTS OF THE CONTRACTOR CONTRACTO	eensammaan maasa ka maan ka ma
14	Public support percentage for 2012 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2012. If the	organization did ne	ot check the box (	on line 13, and line	14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			<b>»</b> 🔲
t	33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, an	id line 15 is 33 1/35	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation		*************	<b>▶</b> □
17:	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization	*************************	, <b>,</b> , , , , , , , , , , , , , , , , ,
K	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the "facts-and-cire						
18	Private foundation, If the organization	<u>on did not check a</u>	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruction	19 <u> </u>
					C +	1, 6, 31 /5" ^~~	

Schedule A (Form 990 or 990-EZ) 2012 DOG SERVICES, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sei	quality under the tests listed b		Acte I All II.	- 1970 hada kantinda da Pratesta (ha hada di sedende el cida estenda de malestra de spanjago espenjago espenjago espe		**************************************	ert vitanisse erregische Greichte Gebruik gebr
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and					323	W rotor
	membership fees received. (Do not						
	include any "unusual grants.")	1462166.	1548130.	1699746.	1984741	1821314	8516097.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		378,044.				
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						**************************************
4	Tax revenues levied for the organ-	NOTE Distribution to the Commission of the Commission and Commissi		· · · · · · · · · · · · · · · · · · ·		***************************************	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	*			***************************************		
v	furnished by a governmental unit to the organization without charge						
e	Total. Add lines 1 through 5	1880698.	1926174.	2116925.	2242162.	2160420	10335389.
	Amounts included on lines 1, 2, and	2000000	A D ZI O I I TK N	24 2 2 0 0 2 22 0 0	AAHAIUA.	2103430.	10222222
, .	3 received from disqualified persons	235 000.	158,816.	166 000	173 000	83,000.	815,816.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				A J W W W &	03,000.	017,010.
	amount on line 13 for the year	<del>o tano na cara na cara matana antana anta</del>	Control of the Contro	***************************************	The second secon	***************************************	0.
C	Add lines 7a and 7b	235,000.	158,816.	166,000.	173,000.	83,000.	815,816.
	Public support (Subtract line 7c from fine 6.)	***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		9519573.
	ction B. Total Support		<b></b>				
	ndar year (or fiscal year beginning in) 🕪	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	1880698.	1926174.	2116925.	2242162.	2169430.	10335389.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,951.	53,834.	71,879.	110,320.	105,135.	423,119.
t	Unrelated business taxable income (less section 511 taxes) from businesses					and the state of t	and the second control of the second control
	acquired after June 30, 1975	81,951.	ra oas	1.2 -4 C 2.3 V	3 3 0 0 0 0	May have the four terms	**************************************
	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	81,951.	53,834.	71,879.	110,320.	105,135.	423,119.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		well to what the state of the s	900 5 0 P C (100	ann an Marian ann an Air an Aireann ann ann ann ann ann ann ann ann ann	and the property of the second
13	Total support. (Add lines 9, 10c, 11, and 12.)	1962649.	1980008.	2188804.	2352482.	2274565.	10758508.
14	First five years. If the Form 990 is for	the organization's					
biothlymo	min a min dia la farone monde a de a a dia a a a a						·
***************************************	ction C. Computation of Publ	ic Support Pe	rcentage		000000000000000000000000000000000000000		MANAGER PARAMETER STATE OF THE
15	Public support percentage for 2012 (l	line 8, column (f) d	ivided by line 13, o	olumn (f))	1 1 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	88.48 %
16	Public support percentage from 2011		AND TO A PE			16	96.65 %
Sec	ction D. Computation of Inve	stment incom					neenneterveenneterveenneterveenneterveenneterveenneterveenneterveenneterveenneterveenneterveenneterveenneterve
17	Investment income percentage for 20	112 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	3.93 %
18	Investment income percentage from:	2011 Schedule A,	Part III, line 17			18	3.35 %
198	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	► X
3.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a or 19h check ti	nis box and see in	etrictions	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL EDUCATION FOR ASSISTANCE

DOG SERVICES

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or I	Acco	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised fu	nds	
	are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be used	only	100
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose confe	rring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organization	ration answered "Yes" to Form 990, Part IV	. Ilne 7	
1	Purpose(s) of conservation easements held by the organization (	check all that apply).		<u> </u>
	Preservation of land for public use (e.g., recreation or educ		llv imn	ortant land area
	Protection of natural habitat	Preservation of a certified h		
	Preservation of open space		notorio	stactare
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onean	vation accoment on the last
	day of the tax year.	out of the second of the secon	OHEGH	auon easement on the last
	•			Held at the End of the Tax Year
а	Total number of conservation easements		2a	THE O AT DIE CHU DI INE TAX TEAT
b	Total acreage restricted by conservation easements	**************************************	2b	
c	Number of conservation easements on a certified historic structu	tre included in (a)	2c	
ď	Number of conservation easements included in (c) acquired after	8/17/06 and not on a historia structura	ZC	
_	listed in the National Register			The state of the s
3	Number of conservation easements modified, transferred, release	and extinguished or terminated by the organ	2d	
-	year year	ed, extriguished, or terminated by tile orga	mzauo	n ouring the tax
4	Number of states where property subject to conservation easem	ent is inceted in		
5	Does the organization have a written policy regarding the periodic			
•	violations, and enforcement of the conservation easements it hol	de?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing concentration accoments during		Yes LNo
7	Amount of expenses incurred in monitoring, inspecting, and enfo	scing conservation easements during the	uie yei	21 Bas
8	Does each conservation easement reported on line 2(d) above sa	stiefy the requirements of section 170/bV/V	DVO	Φ
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation e	acamento in its revenue and among this		Yes No
·	include, if applicable, the text of the footnote to the organization	e financial efetements that describes the	men,	and balance sneet, and
	conservation easements,	s illiancial statements that describes the or	ganiza	ttion's accounting for
Pa	rt III Organizations Maintaining Collections of A	t Historical Treasures or Other	Simi	lar Aceata
L	Complete if the organization answered "Yes" to Form 990		OHIM	iai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9			
144	historical treasures, or other similar assets held for public exhibiti	ion advantion or research in furthern an	ina pai	ance sheet works of art,
	the text of the footnote to its financial statements that describes	there items	r public	service, provide, in Part XIII,
h				
IJ	If the organization elected, as permitted under SFAS 116 (ASC 9	56), to report in its revenue statement and	balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated the specific to those items.	ttion, or research in furtherance of public se	ervice,	provide the following amounts
	relating to these items:		<b>*</b>	•
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasur		, provid	de
	the following amounts required to be reported under SFAS 116 (	ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		dia	\$
b	Assets included in Form 990, Part X			\$

bistriantonave	dule D (Form 990) 2012 DOG SER*	VICES, INC.	And the second s		***************************************	23-7	281887 Page 2
F21	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	following that	are a sigr	nificant use of	ts collection items
	(check all that apply):		<u></u>				
a	Public exhibition	d	Loan or exch	nange progran	ns		
b	Scholarly research	е	Other	::::::::::::::::::::::::::::::::::::::			
c	Preservation for future generations						-
4	Provide a description of the organization's co	ollections and explain	how they further th	ie organizatio	n's exem	pt purpose in F	art XIII.
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or othe	r similar a	ssets	
grannanaan	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par	<b>gements.</b> Comple	te if the organization	n answered "\	es" to Fo	orm 990, Part I	V, line 9, or
4	Is the organization an agent, trustee, custodi		ion ( for anothib , since		-447		41
16							
	on Form 990, Part X?					***************************************	Yes No
Ø	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			<u> </u>	
	Fig. 1						Amount
C	Beginning balance					1c	
a	Additions during the year			,	**********	1d	
6	Distributions during the year	*****************************	*************************			1e	
f	Ending balance		#		************	11	Commence of the second
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?		***********		YesNo
TED.	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in P	art XIII	*******************************	**************************************
Par	t V Endowment Funds. Complete in	1				TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
	er of the second	(a) Current year	(b) Prior year	(c) Two years	back (d	) Three years ba	ck (e) Four years back
ſa	Beginning of year balance	2,159,165.	2,298,051.	2,214	,545,	2,097,38	7. 2,501,941,
b	Contributions						8,203,
C	Net investment earnings, gains, and losses	124,811,	66,114,	243	506,	117,15	8, -412,757,
d	Grants or scholarships			***************************************			
e	Other expenditures for facilities				1	•	
	and programs	295,000,	205,000,	1,60	.000.		
\$	Administrative expenses						
g	End of year balance	1,988,976,	2,159,165,	2,298	.051.	2,214,54	5, 2,097,387,
2	Provide the estimated percentage of the curr	rent year end balanc		i)) held as:	The state of the s	The same of the sa	and the second s
а	Board designated or quasi-endowment	20.79	%				
b	Permanent endowment > 79,21	%					
¢	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.					
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for the	organization	
	by:	-					Yes No
	(i) unrelated organizations						Ga(i) X
	(ii) related organizations				*************	****************	3a(ii) X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?	************			3b 22
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds	41.72			[ 50 ]
\$00000 ANDRESS	t VI Land, Buildings, and Equipm			enter an outen reference of the state of the	, p, m, margine de l'Armande de	HITATESTA DIRECTA A MATERIA DE PROPERTO DE CONTRA DE CON	\$\frac{1}{2}\frac{1}{2
L	Description of property	(a) Cost or o		or other	(a) Acc	umulated	(d) Dook volum
		basis (investr	\$	(other)		eciation	(d) Book value
4 ^	Land	***************************************		2,890.			170 000
	Buildings			6,612.	0	177711	172,890.
b	Leasehold improvements		4,33	0,0121		17,714.	1,438,898.
				0 222	kw.	10 000	APR NOC
	Equipment		,	8,333.	<u> </u>	19,280.	<u> 109,053.</u>
	Other			6,933.		***************************************	<u> 196,933.</u>
Lota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part	<u>x, column (B), line 1</u>	U(C).)	************		1,917,774.

Schedule D (Form 990) 2012 DOG SERVICES Part VII Investments - Other Securities. See	INC.		23-	7281887 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-	of-vear market value
(1) Financial derivatives				
(2) Closely-held equity interests				terror memorina construction and the second
(3) Other				
(A)	***************************************			
(B)	**************************************			
(C)		Anno Anno Anno Anno Anno Anno Anno Anno		**************************************
(D)		***************************************		
(E)				
(F)				**************************************
(G) (H)				AMII (1864   1664 W. C.
(1)				yd-hyttäähintavalakkeeskaannaaskon taavatavaanna voimaannissa oosa
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990, Part X. lir	e 13.	CARTERIAN SANCES OF A CONTRACT THE SECURIOR SANCES	Материя етобитовический изотом том вымеренения объекты на принения и принения выполнять на принения выполнять н
(a) Description of investment type	(b) Book value	(c) Method of valuation	: Cost or end-	of-year market value
(1)			***************************************	
(2)				
(3)	PARAMETERS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(4)				
(5)			77-7 <sup>1</sup> /	**************************************
(6)		**************************************	· )	++++++++++++++++++++++++++++++++++++++
(8)			······································	
(9)		The second secon	M)	**************************************
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, tine 1	**************************************	**************************************	MENORS Action to colored	
	escription			(b) Book value
(1)		THE STATE OF THE S		(a) DODIC VANCO
(2)		Annual Control (Annual Control	·	Community (SSS) - Community (S
(3)		999 <del>994 (                              </del>		Market Hander of American Control of the Control of
(4)		1/0-/		White-
(5)	~~	TANANI (TENNET IN THE TOTAL TO		
(6)		1945-4964		
(7)				<del>Y</del>
(8)				
(9)				
(10)	**************************************			The state of the s
Total, (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, ii	15.)	***************************************		**************************************
Int Donorintian of Sability	ne 25.	(b) Book value		and the second s
(1) Federal income taxes		(b) Book value		
(2)		THE PERSON OF TH		
(3)	***************************************			
(4)		***************************************		
(5)				
(6)	**************************************	B-F (B-F VAN VIII)		
(7)		AN		
(8)				
(9)				
(10)		AND		
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				rfrað ernu ernemmur einn armannskryggy þeldað í í svíðir í defrjeffigir í ermanna er skolusinnan
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex				
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the	text of the footnote has been p	rovided in Par	t XIII

American	dule D (Form 990) 2012 DOG SERVICES, INC. t XI Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue ner E	23-	7281887 Page	4		
1				TT				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*****	CTP251404078888447778447774411, 41177	1	2,381,627			
a	4	2a	92,526.					
b	ena and a second	2b	113,461.					
c		20 2c	713,401.	-				
d	manus remains a substitution of the substituti	2d	31,272.	-				
e	Add lines 2a through 2d		2446	1 1	ላንግ ጣሮል			
3	Subtract line 2e from line 1	• • • • • • • •	************************	2e	237,259	<u></u>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2,144,368	18		
 	1	ا _ ا	10 000					
b	male and the management of the second of the	4a 4b	19,802.					
			The state of the s	1.	40 000			
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4¢	<u> 19,802</u>			
manage and the second second	t XII Reconciliation of Expenses per Audited Financial Statemen	de la	fift Energy was a second	5	2,164,170	e renormo		
1	Total eveness and losses has audited financial statements	FO AF	iiiii Expenses per	netu				
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	21111111	***************************************	-1-	2,372,295			
		_	4 4 5 6 5 4					
a		2a	<u>113,461.</u>					
d		2b						
C,		2c	A A 180 A					
ď		2d	31,272.					
	Add lines 2a through 2d		***************************************	2e	144,733	12.		
3	Subtract line 2e from line 1			3	2,227,562	*		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1						
		4a	<u> 19,802.</u>					
b	Other (Describe in Part XIII.)							
-	Add lines 4a and 4b		***********************	4c	19,802			
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information		The comment of the control and	5	2,247,364	Q NAMES OF		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, ii	nes 1	a and 4. Part IV lines 1	h and 1	Oh: Part V Jina 4: Dart			
X, line	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	nvide	any additional informat	ian	LU, FBILV, INTO 4, FÆIL			
PAF	T V, LINE 4: NEADS' ENDOWMENT CONSISTS OF D	ONO	OR RESTRICTE	יייטיי. ויאן רו	INDC			
Marria Marria			the state of the s	4.	4 4 4 4 A	<b>~</b>		
EST	ABLISHED FOR A VARIETY OF PURPOSES. AS REC	UII	RED BY GENER	ALL	Y ACCEPTED			
<u>ACC</u>	OUNTING PRINCIPLES, NET ASSETS ASSOCIATED W	TTI	H ENDOWMENT	FUNI	DS ARE			
CLA	SSIFIED AND REPORTED BASED ON THE EXISTENCE	OI	R ABSENCE OF	DOI	NOR-IMPOSED	abbuora.		
	LEGAL RESTRICTIONS.							
THE	BOARD OF DIRECTORS HAS INTERPRETED STATE I	WAL	AS ALLOWING	TH	inte	imens.		
	LIZATION OF APPRECIATION ON PERMANENTLY RES		40			and the second		
					**************************************			
ACCOUNTS ON THE PARTY OF THE PA	EXPLICIT DONOR STIPULATIONS SPECIFY HOW NET APPRECIATION MUST BE USED. AS  Schedule D (Form 990) 2012							

Part XIII Supplemental Information (continued)

A RESULT OF THIS INTERPRETATION, NEADS CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY NEADS IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY STATE LAW. IN ACCORDANCE WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT, NEADS MAY CONSIDER THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: THE DURATION AND PRESERVATION OF THE FUND; THE PURPOSES OF THE OGRANIZATION AND THE DONOR-RESTRICTED ENDOWMENT FUND; GENERAL ECONOMIC CONDITIONS; THE POSSIBLE EFFECT OF INFLATION AND DEFLATION; THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS; OTHER RESOURCES OF THE ORGANIZATION; AND THE INVESTMENT POLICIES OF THE ORGANIZATION. NEADS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING FOR ITS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THIS POLICY, AS APPROVED BY THE BOARD, NEADS' INVESTMENT COMMITTEE SHALL SEEK TO INVEST THE ENDOWMENT FUNDS IN SUCH A MANNER THAT THE INVESTMENTS WILL PROVIDE A SPENDABLE RETURN CONSISTENT WITH A LONG-TERM GOAL OF PRESERVING THE FUNDS IN REAL TERMS. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, NEADS RELIES ON A

Part XIII Supplemental Information (continued)

TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH

BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD

(INTEREST AND DIVIDEND). NEADS HAS INVESTED IN MUTUAL FUNDS THAT TARGET A

DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON

EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTEIVES

WITHIN PRUDENT RISK CONSTRAINTS.

NEADS HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH QUARTER ACTUAL INCOME PLUS REALIZED AND UNREALIZED GAINS. IN ESTABLISHING THIS POLICY, NEADS CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. THIS IS CONSISTENT WITH NEADS OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF ITS ENDOWMENT.

FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL

DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR

IMPOSED RESTRICTIONS REQUIRE NEADS TO RETAIN AS A FUND OF PERPETUAL

DURATION. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES,

DEFICIENCIES OF THIS NATURE ARE REPORTED IN UNRESTRICTED NET ASSETS. SUCH

DEFICIENCIES AMOUNTED TO \$281,901 AS OF AUGUST 31, 2013. IN ACCORDANCE

WITH THE BOARD'S INTERPRETATION OF RELEVANT STATE LAW, APPROPRIATION OF

APPRECIATION ON THESE FUNDS HAS BEE SUSPENDED UNTIL SUCH TIME AS THE

DEFICIENCY HAS BEEN RESTORED AND THE FAIR VALUE OF THE FUND EXCEEDS THE

LEVEL REQUIRED TO BE RETAINED PERMANENTLY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

SPECIAL EVENTS

16,058.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

31,272.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012 DOG SERVICES, INC.  [Part XIII   Supplemental Information (continued)	23-7281887 Page 5
COST OF GOODS SOLD	15,214.
SPECIAL EVENTS	16,058.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	31,272.
PART X, LINE 2:	
NATIONAL EDUCTION FOR ASSISTANCE DOG SERVICES, INC. QUALIFI	ES AS A
TAX-EXEMPT, NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3)	OF THE
INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDER	RAL INCOME TAX
IS REQUIRED. MANAGEMENT ANNUALLY REVIEWS FOR UNCERTAIN TAX	C POSITIONS
ALONG WITH ANY RELATED INTEREST AND PENALTIES AND BELIEVES	THAT NEADS HAS
NO UNCERTAIN TAX POSITION THAT WOULD HAVE A MATERIAL ADVERS	SE EFFECT,
INDIVIDUALLY OR IN THE AGGREGATE UPON NEADS' STATEMENTS OF	FINANCIAL
POSITION, OR THE RELATED STATEMENTS OF ACTIVITIES OR CASH I	FLOWS.
	***

#### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1645-0047

Open To Public Inspection

Name of the organization NATIONA	L EDUCATION FOR AS VICES, INC.				I	Employer ide	ntification number								
	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, II											
Indicate whether the organization rais	sed funds through any of the following and Solicitates and Solicitates are special solicitates. Special solicitates are villy or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-governising of ding of ding of	overnment grants nment grants events fficers, directors, trus undraising services?	stees c	Yes									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser heve custody or control of contributions?		I have custody 1		I have custody 1		I have custody I		I have custody 1 ' '		(iv) Gross receipts from activity	to (or fu	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				ana ing pangangan ana naganggap yang panganggap ana dan kabana ga makana a kabanasa								
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Total  3 List all states in which the organization	on is registered or licensed to solicit	contrit	bution	s or has been notified	d it is e	exempt from re	egistration								
or licensing.		************	NNNNNNA-1-40-				and the state of t								
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012 DOG SERVICES, INC.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PA GOLF FUNDRAISING (add col. (a) through WALKFUNDRAISTOURNAMENT col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 32,192. 29,349. 12,915 74,456. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 32,192. 29,349. 12,915. 74,456. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 7 8 Entertainment 7,025. 2,808. 9 Other direct expenses 6,225. 16,058. 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,058) 11 Net income summary. Combine line 3, column (d), and line 10 58,398. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: \_\_\_ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

23-7281887 Page 2

Schedule G (Form 990 or 990-EZ) 2012 DOG SERVICES, INC.	23-728	188	7 Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	L No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			Market Company
to administer charitable gaming?	Γ	Yes	☐ No
13 Indicate the percentage of gaming activity operated in:	.,,,,,,,,,		bowered 199
a The organization's facility			0/
b An outside facility	13	1	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	L13	lb	%
144 Eligible and state and address of the belease who brebailes the ordanistration a daming/abecial exents books and feod	ros;		
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And drawning Burn			
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15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
h If "Vac " anter the amount of coming recoming the state of high the state of the			
b If "Yes," enter the amount of gaming revenue received by the organization 🔊 \$ and the am	bunt		
of gaming revenue retained by the third party 🔊 \$			
c if "Yes," enter name and address of the third party:			
h I			
Name 🕨	***************************************		
A dalaman Ph.			
Address >	*******************************	**************	-1
16 Gaming manager information:			
Ganing manager mormation.			
Name 🌬			
Name Name	***************************************		irthrastorinistratorinistratori
Coming manager corresponding to			
Gaming manager compensation 🕨 \$			
Description of services provided 🕨			et innigetimetreensminimen i sanones son
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Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
www. h.f. am all a hall a state and			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	phone		<b>,</b>
retain the state gaming license?	L	Yes	L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	i in the		
organization's own exempt activities during the tax year 🔊 \$		elemprochuseran van groot tope	Nichala (Navilla hakara e Ingelo a ani arrawan)
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co	iumns (iii) and	f (v), an	d Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation (se	e instru	etions).
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### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1546-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC.

Employer identification number 23-7281887

Par	t I Types of Property				A. L.	1 43 W A. C	/	elotwieczonej.
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of d noncash contrib	eterminir		3
4	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					***************************************	****	
4	Books and publications			**************************************			***	
5	Clothing and household goods			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************	B+***;**;**************	<b>******</b> ******************************
6	Cars and other vehicles	Х	2	10,000.	FMV	***************************************	TAXYOUNEVH FORM	7441m1/23z-samzem-
7	Boats and planes	The state of the s			***		***	
8	Intellectual property			**************************************				-
9	Securities - Publicly traded						*********	***************************************
10	Securities Closely held stock			THE PROPERTY OF THE PROPERTY O			***	w-10-11-11-11-11-11-11-11-11-11-11-11-11-
11	Securities - Partnership, LLC, or		A CONTRACTOR OF THE CONTRACTOR	**************************************	**************************************	***************************************		nom verse man object
	trust interests				Periodical designation of the second of the			
12	Securities - Miscellaneous			***************************************	**************************************	mental extension is not established as Ashart	let hiteum sammen	MATERIA MATERI
13	Qualified conservation contribution -			**************************************	***************************************			***********
	Historic structures							
14	Qualified conservation contribution - Other					han and allowed which he of mod	**********	
15	Real estate - Residential		The state of the s	**************************************				***************************************
16	Real estate - Commercial					niil (44) (Dhaire e reimet rett e dh	iddion Varre I s senami	domana mentantana.
17	Real estate - Other					almathamath, chiadhladhlad	***************************************	***************************************
18	Collectibles							
19	Food inventory			V				THE RESERVE TO SERVE
20	Drugs and medical supplies					Paner summers Alexander (2000)	eriochen ausmann	
21	Taxidermy			AV)- 120/A				
22	Historical artifacts			A A A A A A A A A A A A A A A A A A A		***************************************	***************************************	***************************************
23	Scientific specimens					amaner a har nimble openi, mar (1904) beamer	THE CONTRACTOR AND ADDRESS.	***************************************
24	Archeological artifacts							
25	Other ( DOG FOOD )	X	1	37,247.	COST			
26	Other (						irttrama.	***************************************
27	Other 🕨 ()							
28	Other ()							
29	Number of Forms 8283 received by the organ				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b						-	
	at least three years from the date of the initial						-	
	the entire holding period?	************		************************************		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties						the state of the s	
	contributions?				*************************	32a		X
b	If "Yes," describe in Part II.						-	
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is o	hecked,		1	
чиниействе	describe in Part II.		y k Alicentei (pakko) a k Navy (pokolynic), kila jok k Niimek ja Arlinin consumeris ordinalis kilosis kilosis	·····································	7944447402037408934 <u>3</u> 45823448823448			

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

Schedule M (Form 990) (2012)

# NATIONAL EDUCATION FOR ASSISTANCE Schedule M (Form 990) (2012) DOG SERVICES, INC.

Schedule M	1 (Form 990) (2012)	DOG .	SERVICES,	INC.		23-7281887	Page 2
Part II	Supplementa the organization is Also complete this	I Inform reporting a part for a	ation. Complete in Part I, column ( any additional infor	this part to provide th b), the number of com mation.	e information required by tributions, the number of it	Part I, lines 30b, 32b, and 33, an tems received, or a combination	d whether of both.
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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC.

Employer Identification number 23-7281887

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
LIVING MORE INDEPENDENT LIVES AT HOME, IN SCHOOL AND AT WORK.						
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
ENTIRE RELATIONSHIP. NEADS HAS LED THE INDUSTRY SINCE ITS INCEPTION,						
MATCHING OVER 1,400 EXPERTLY TRAINED ASSISTANCE DOGS WITH PEOPLE WHO						
NEED THEM.						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:						
TO THE CLIENT'S UNIQUE NEEDS. MOST IMPORTANTLY, WE RAISE AND TRAIN THE						
PERFECT WORKING PARTNER FOR EACH OF OUR CLIENTS. NEADS TRAINS THE						
WIDEST RANGE OF ASSISTANCE DOGS IN THE UNITED STATES. HEARING DOGS						
ALERT HUMAN PARTNERS TO THE SOURCE OF A SOUND; SERVICE DOGS FOR ADULTS						
AND CHILDREN PERFORM EVERYDAY TASKS LIKE PICKING UP DROPPED ITEMS,						
OPENING DOORS, AND MORE; SOCIAL DOGS HELP A CHILD ON THE AUTISM						
SPECTRUM FEEL CALMER AND MORE CONFIDENT; SERVICE DOGS FOR THE						
CLASSROOM, THERAPY AND MINISTRY ENGAGE AND INSPIRE A PRACTITIONER'S						
COMMUNITY. OUR CANINES FOR COMBAT VETERANS PROGRAM IS DESIGNED TO HELP						
THE GROWING POPULATION OF WOUNDED VETERANS.						
FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS IRA C. KAPLAN, DVM AND						
ANITA M. MIGDAY, DVM ARE HUSBAND AND WIFE.						
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED BY THE						
TREASURER AND CEO AND APPROVED BY THE BOARD.						

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES, INC.	Employer identification number 23-7281887
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRE	CTORS REVIEWS THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY IN OR	DER TO ENSURE THAT
THE ORGANIZATION'S BOARD OF DIRECTORS, OFFICERS, AND EMPL	OYEES ARE
REGULARLY AND CONSISTENTLY MONITORING AND ENFORCING IT.	
FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S COMPENS	ATION IS PEGGED TO
BE COMPETITIVE WITH SIMILAR ORGANIZATIONS IN TERMS OF MIS	SION, SIZE AND
LOCATION. AT THAT POINT, THE COMPENSATION IS RECOMMENDED	AND VOTED UPON BY
AN INDEPENDENT SEARCH COMMITTEE AS REQUIRED.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	
MA, CA, CT, FL, GA, IL, IA, ME, MD, MI, MN, MO, MT, NH, NJ, NY, NC, OH, OR,	PA,RI,TX,UT,VA,WA
DC,WI	
FORM 990, PART VI, SECTION C, LINE 19: NEADS MAKES THESE	DOCUMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
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