(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization K9S On the Front Line Check if applicable: D Employer identification number Doing business as 81-1979283 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite PO Box 8823 (207)761 - 8365Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04104 **G** Gross receipts \$ 368,872. Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No 4 Bryant St, South Portland, ME 04106 H(b) Are all subordinates included? Yes No Linda Murray, Tax-exempt status: 501(c) ( 4947(a)(1) or 527 If "No," attach a list. (see instructions) **X** 501(c)(3) ) ◀ (insert no.) Website: ► N/A **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2016 M State of legal domicile: ME Part I **Summary** Briefly describe the organization's mission or most significant activities: Supplying service dogs to veterans with post truamatic stress disorder. 1 Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 3 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1 6 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . 149,897 368,872. Revenue 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 149,897 368,872. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,295. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ► 26,734. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 124,079. 184,888. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 124,079 231,183. Revenue less expenses. Subtract line 18 from line 12 . . . . . 25,818. 19 137,689. Assets or designation | **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 70,054. 208,850. 1,004. 21 Total liabilities (Part X, line 26) . 0. 22 Net assets or fund balances. Subtract line 21 from line 20 70,054. 207,846. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 03/29/2020 Sign Signature of officer Date Here Amanda Johnson, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if **Paid** 05/21/2020 self-employed William F. Hooper **Preparer** Firm's EIN  $\triangleright$  45-2681497 Firm's name ► HOOPER TAX AND ACCOUNTING **Use Only** Phone no. (207)286-8584Firm's address ▶ PO BOX 334, SACO, ME 04072

× Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Supplying service dogs to veterans with post truamatic stress disorder.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot he total expenses, and revenue, if any, for each program service reported.	
4a	Code: )(Expenses \$ 146,872.including grants of \$ 0.)(Revenue \$ 368,872.) Supplying service dogs to veterans with post truamatic stress disorder.	
4b	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4e	Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 146,872.	

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Cnecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
29	"Yes," complete Schedule L, Part IV	28c 29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	5. U. J. D. O. (5. 4000 5. 0 W.)		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10		

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		
	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		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).			
	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 8 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a × **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 13 × 14 × 14 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 approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ME 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Linda Murray, 4 Bryant AVe, South Portland, ME 04106 (207)272-0954

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019) Page **7** 

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	officer, director,	r, or trustee.					
(A) Name and title	(B)  Average hours per week (list any	box,	unles er an	Pos neck ss pe d a c	erson	e than on the street is the street of the st	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Hagen Blaszyk	5.00									
President		×		×				0.	0.	0 .
(2) Linda Murray Vice President	20.00	×		×				40,000.	0.	0 .
(3) Gina Blaszyk COO	5.00	×		×				0.	0.	0 .
(4) Amanda Jonhson Treasurer	5.00	×		×				0.	0.	0 .
(5) David Johnson Secretary	1.00	×		×				0.	0.	0.
(6) Katie Kenny Trustee	1.00	×						0.	0.	0.
(7) Christopher Tyll Trustee	1.00	×						0.	0.	0 .
(8) Dustin Carson Trustee	1.00	×						0.	0.	0.
(9)		-								
(10)										
(11)		-								
(12)		-								
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (continue	ed)
						C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reportable compensate		Estimated amount of other	
		per week	_	_	_	_	or/trust	—	from the	from relate	ed	compensation	
		(list any hours for	Individual to	nstitu	Officer	Key employee	lighe	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-M		from the organization and	Ł
		related	dual	tion	¥	mp	st co	<u> </u>		,	/	related organization	กร
		organizations below	Individual trustee or director	al tri		эуее	) mp						
		dotted line)	tee	nstitutional trustee			Highest compensated employee						
/4 F\							ed.						
(15)													
(16)													
(17)													
(18)													
(19)													—
(20)													_
(21)			_										
(22)													
(23)													
(24)													—
(25)													—
<u></u>													
1b	Subtotal							<b>&gt;</b>	40,000.		0.		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			٠	•	•			40,000.		0.		0.
	Total number of individuals (including but						above	e) w		e than \$100			<u>u.</u>
	reportable compensation from the organi	zation >					0					1,4 1,5	
3	Did the organization list any former of	officer dire	ector	tru	ister	ا م	ev e	mnl	lovee or highes	t compens	sated		10
Ū	employee on line 1a? If "Yes," complete											1 - 1 1	×
4	For any individual listed on line 1a, is the												
	organization and related organizations individual												×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	ion or indiv	idual		×
Secti	on B. Independent Contractors	. 11 100, 0	отпрі	010	001	1001	<u> </u>	0, 0	saon percent :		<u> </u>		<u> </u>
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	sation	n toi	r the	e ca	lenda	r ye		within the o	organ		ar.
	(A) Name and business add	ress							(B) Description of serv	rices	(	(C) Compensation	
													_
													_
													—
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th	nose listed above	e) who			

Dort VIII	Statement of Revenue	

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaig Membership dues Fundraising events Related organization Government grants	  ns .		1a 1b 1c 1d					
ributions, ( Other Simi	e f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in				368,872.				
Conti and (	h	lines 1a-1f Total. Add lines 1a-			1g	\$ ▶	368,872.			
0						Business Code				
Program Service Revenue	2a b c									
ram leve	d									
Pog F	e	All other program or					0.	0	0.	0
₾	f g	All other program se <b>Total.</b> Add lines 2a-				▶	0.	0.	0.	0.
	3	Investment income other similar amoun Income from investment	(incl	uding divi	dends	s, interest, and				
	5									
		·		(i) Rea		(ii) Personal				
	6a	Gross rents Less: rental expenses	6a 6b							
	b C	Rental income or (loss)								
	d	Net rental income o		s)		▶				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securit	ies	(ii) Other				
Revenue	b	Less: cost or other basis and sales expenses .	7b							
Re		Gain or (loss)	7c							
Other		Net gain or (loss) Gross income from events (not including of contributions replace). See Part IV, lines	\$	-	8a					
	b	Less: direct expens	es .		8b					
	с 9а	Net income or (loss) Gross income f activities. See Part I	rom	gaming	g eve	nts <b>&gt;</b>				
	b	Less: direct expens			9b					
	С	Net income or (loss)			tivitie	es <b>&gt;</b>				
		Gross sales of ir returns and allowan	ces		10a					
	b C	Less: cost of goods Net income or (loss)				 orv ▶				
<u>s</u>		, , , , , , , , , , , , , , , , , , ,	,			Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
Sce	c d	All other revenue								
Ξ		Total. Add lines 11a				▶				
	12	Total revenue. See					368,872.	0.	0.	0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses Program service expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, 5 40,000. trustees, and key employees . . . . . 0. 40,000. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 10 Payroll taxes . . . . . . . . . . . . 6,295. 0. 6,295. 0. Fees for services (nonemployees): 11 Management . . . . . . . 0. Legal . . . . . . . . . . . . . . . . 279. 0 279. 1,300. 0. 1,300. 0. Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . 35,884. 12,821. 0. 23,063. 13 9,604. 0. 5,933. 3,671. Office expenses . . . . . . . . Information technology . . . . . . 14 3,772. 3,772. 0. 0. 15 0. Occupancy . . . . . . . . . . . . 875. 875. 16 0. 2,466. 2,466. 17 0. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 . . . . . . . . . . . . . 21 Payments to affiliates . . . . . 196. 196. 22 Depreciation, depletion, and amortization . Ω 0. 0. 23 1,751. 0. 1,751. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. 571. 571. 0. Meals 948. 0. 948. 0. Merchant Fees 107,009. 0. С Dog Training 107,009. 0. Dog Supplies 20,233. 20,233. 0. 0. All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 231,183. 146,872. 57,577. 26,734. 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) . . .

## Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 69,295.	1	208,287.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
			0.		
	b	Less: accumulated depreciation <b>10b</b> 41	759.	10c	563.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	208,850.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to any current or former officer, direct			
≝∣		trustee, key employee, creator or founder, substantial contributor, or 35		00	
Liabilities	00	controlled entity or family member of any of these persons		22	
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
				24	
	25	Other liabilities (including federal income tax, payables to related thi parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D		25	1,004.
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	1,001.
s		Organizations that follow FASB ASC 958, check here ▶ ☒	•		1,001.
ဥ		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	. 70,054.	27	207,846.
B	28	Net assets with donor restrictions		28	
밀		Organizations that do not follow FASB ASC 958, check here ▶ □			
년		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ete	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
<u>;</u>	32	Total net assets or fund balances	. 70,054.	32	207,846.
w I	33	Total liabilities and net assets/fund balances	. 70,054.	33	208,850.

Page **12** Form 990 (2019)

1 01111 9	90 (2019)				га	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	58,8	372.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.	31,1	83.
3	Revenue less expenses. Subtract line 2 from line 1	3		1.	37,6	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-	70,0	)54.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		20	7,7	743.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	npiled	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?		2	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	ı a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	i of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?	2	2c		×
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Single Audit Act and OMB Circular A-133?			3a		×
b		_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	3b		
	PEV 04/24/20 PPO				000	(2010)

REV 04/21/20 PRO Form **990** (2019)

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

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

OMB No. 1545-0047 2019

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

			Front Line					81-1979283				
Par			eason for Public Cha				•		ns.			
The c	_		n is not a private found		,		•	•				
1			rch, convention of churc									
2			ool described in <b>sectior</b>		· ·							
3			oital or a cooperative ho									
4	_		lical research organizati	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Ent	er the		
_		-	al's name, city, and stat									
5			ganization operated for on 170(b)(1)(A)(iv). (Com		college or university	owned d	r operate	ed by a government	ai unit	described in		
6			eral, state, or local gove									
7												
	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A com	munity trust described	in <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)						
9			ricultural research orgar									
	ı	univer	•		·	·		•				
10		An org	anization that normally	receives: (1) mor	e than 33½% of its su	upport fro	om contri	outions, membership	o fees,	and gross		
	9	receip	ts from activities related rt from gross investmer	i to its exempt full income and uni	nctions—subject to c related business taxal	ertain ext ble incom	ceptions, ne (less se	and (2) no more that action 511 tax) from	n 33 1/35 busine:	% OT ITS SSES		
			ed by the organization a									
11		An org	ganization organized and	d operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).				
12			ganization organized and									
			or more publicly supp	•		-						
	(	Check	the box in lines 12a thre	ough 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	s 12e,	12f, and 12g.		
а		_	<b>pe I.</b> A supporting orga	•	•	-		- ' '				
			e supported organization					he directors or trust	ees of t	he		
		su	pporting organization. <b>Y</b>	ou must comple	ete Part IV, Sections	A and B						
b			<b>pe II.</b> A supporting orga									
			ntrol or management of				persons	that control or man	age the	supported		
	_		ganization(s). <b>You must</b>	=								
С	L		pe III functionally integ						ally inte	grated with,		
	_		supported organization		•							
d	L	-	pe III non-functionally	•		•				• , ,		
			at is not functionally inte quirement (see instructio						an at	tentiveness		
	_		·	•	-							
е	L		eck this box if the orga actionally integrated, or						ı, Iyp	e III		
	Er		e number of supported	- ·		pporting	Jigariizat	ion.				
g			the following informatic	_								
9			supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi)	Amount of		
	(1) 14	varrie or	supported organization	(1) (1)	(described on lines 1–10	listed in you	ur governing	support (see		support (see		
					above (see instructions))	docu	ment?	instructions)	ins	structions)		
						Yes	No					
/A\												
(A)												
(B)												
(D)												
(C)												
(D)												
						+						
(E)												
Total												

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 672,302. 71,353. 84,707. 149,897. 366,345. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 71,353. 84,707. 149,897. 366,345. 4 672,302. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 672,302. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 71,353. 84,707. 149,897. 672,302. 7 366,345. Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 672,302. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) . . . . . % 14 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<del></del>	line 6.)						
	on B. Total Support	( ) 0045	# > 0040	( ) 0047	( )) 0040	( ) 0040	(O T
	dar year (or fiscal year beginning in) Amounts from line 6	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9 10a	Amounts from line 6						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)						
13	and 12.)						
14	First five years. If the Form 990 is for the	Le organization	ı's first. secon	Ld. third. fourth	ı. or fifth tax v	Lar as a sectio	n 501(c)(3)
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (			-			<u>%</u>
18	Investment income percentage from 2018					18	%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organ						
1.	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box		_	-		-	_
b	33 <sup>1</sup> /3% support tests – 2018. If the organize line 18 is not more than 33 <sup>1</sup> /3%, check this						
20	<b>Private foundation.</b> If the organization di		_		· · · · · ·		

### Part IV **Supporting Organizations**

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

### Se

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

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to sacin powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<del></del>	•	1		
Secti	on D. All Type III Supporting Organizations			
	Dilliance in the control of the cont		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	s)
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			-/-
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
<ul> <li>emergency temporary reduction (see instructions).</li> <li>7</li></ul>		tegrated Type III support	ing organization (see
= 1.131 Horo in the sarroint year is the organization of mot as a non-full other	· , · · · ·	5. 3.25 . , po in capport	

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evance from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number K9S On the Front Line 81-1979283 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

**b** Assets included in Form 990, Part X . . . . .

Schedule D (Form 990) 2019 Page **2** 

Part	Organizations Maintaining Co	llections of A	Art, His	torical 1	<b>Treasures</b>	, or Ot	her Similar Ass	<b>sets</b> (continu	ed)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and oth	ner reco	rds, chec	k any of th	e follow	ving that make sig	gnificant use o	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	am		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	's collections a	and expl	ain how t	hey further	the org	anization's exem	pt purpose in	Part
5	During the year, did the organization soli assets to be sold to raise funds rather that							□ Yes □	No
Part									
	Complete if the organization an 990, Part X, line 21.	swered "Yes'	' on For	m 990, I	Part IV, line	e 9, or	reported an am	ount on Forn	n 
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?							t □ Yes □	No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fo	ollowing to	able:				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount of								No
	If "Yes," explain the arrangement in Part	XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .	📙	
Par			_						
	Complete if the organization an								
	<u> </u>	a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	rs back	(d) Three years back	(e) Four years b	oack_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
_	programs								
f	Administrative expenses								
g	End of year balance				L.,				
2	Provide the estimated percentage of the c			ce (line 1g	g, column (a	i)) held a	as:		
a	Board designated or quasi-endowment	> 	%						
b	Permanent endowment ►	%							
С	Term endowment ▶%		/						
	The percentages on lines 2a, 2b, and 2c s	•							
3a	Are there endowment funds not in the poorganization by:	ossession of th	e organi	ization th	at are held	and ad	ministered for the		No
	(i) Unrelated organizations							3a(i)	
	( )							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ							3b	
4	Describe in Part XIII the intended uses of		n's end	owment f	unds.				
Part									
	Complete if the organization an	swered "Yes"	' on For	m 990, I	Part IV, line	e 11a.	See Form 990, I	Part X, line 10	0
	Description of property	(a) Cost or oth (investme		1	or other basis other)		Accumulated epreciation	(d) Book value	
1a	Land		0.						0.
b	Buildings								
С	Leasehold improvements								
d	Equipment				980.		417.	56	63.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must	t equal Form 99	90, Part .	X, columr	n (B), line 10	Oc.)	>	56	63.

Part VII	Investments—Other Securities.	000 Dt IV II	- 111- 0 5	000 Dart V line 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value	, ,	nod of valuation: -of-year market value
(1) Financia				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.			
r art viii	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		nod of valuation:
	(a) Description of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
-	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<u> </u>		
raitx	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.	000, 1 4.11,	0 110 01 111. 000	71 01111 000, 1 411 71,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			(,,
	ll Taxes			1,004.
(3)	Tunes			1,001.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			1,004.
	r uncertain tax positions. In Part XIII, provide the text of the footnote		n's financial stateme	
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been	provided in Part XIII . $\ \square$

Schedule D (Form 990) 2019 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5
c 5 Part	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.	e 18.)	5
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
c 5 <b>Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i>	5 b; Part V, line 4; Part X, line
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Schedule D (Fo	orm 990) 2019	Page \$
Part XIII	Supplemental Information (continued)	•

### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
K9S On the Front Line	81-1979283
Pt VI, Line 8a: Reviewed at Regular Board Meeting	
Pt VI, Line 12c: Reviewed at Regular Board Meeting	
Dt VI Time 11h: Deviced at Deculey Deard Meeting	
Pt VI, Line 11b: Reviewed at Regular Board Meeting	

BAA

K9S On the Front Line 81-1979283 1

## Additional information from your 2019 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (4)

Line 24 col (B) Itemization Statement

Description	Amount
17410	17,410.
	2,648.
	175.
Total	20,233.