Form 990-EZ

Extended to November 15, 2019 Short Form

Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BLUE STAR SERVICE DOGS, INC. 27-2228933 X Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return PO BOX 830 248-667-8364 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending HAMBURG, MI 48139 Number -Cash X Accrual Other (specify) Accounting Method: H Check X if the organization is Website: ▶www.bluestarservicedogs.org not required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) - 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or [(Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 188,152. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 183.744. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 Investment income 4 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 9.924. of contributions b Gross income from fundralsing events (not including \$ ____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 4,330. c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 4,121. 6d 60. 7a Gross sales of inventory, less returns and allowances 17. Less: cost of goods sold See Schedule O 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 43. 7c Other revenue (describe in Schedule 0)

See Schedule 0 18. 8 8 187,926. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 103,581. 12 12 3,570. Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance See Schedule O 12,969. 14 14 Printing, publications, postage, and shipping 2,650. 15 15 Other expenses (describe in Schedule 0)

See Schedule 0 16 56,367. 179,137. 17 Total expenses. Add lines 10 through 16 17 8,789. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 126,472. (must agree with end-of-year figure reported on prior year's return) 19 0. Other changes in net assets or fund balances (explain in Schedule 0) 20 135 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

-	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res						X
	_			(A) Beginning of year	Ι.	(B) E	nd of year	
22	Cash	, savings, and investments		83,971.			89,	
23	Land	and buildings r assets (describe in Schedule 0) See Schedule O		343,487.			336,	
24	Other	r assets (describe in Schedule 0) See Schedule C		1,056.				<u>616.</u>
25	Total	liassets liabilities (describe in Schedule 0) See Schedule 0		428,514.			429,	
26	Total	liabilities (describe in Schedule 0) See Schedule 0		302,042.			294,	
27	Net a art III	ssets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishmer	Ato /oo the instruct	126,472.	27		<u>135,</u>	<u> 261.</u>
T	21 (111	Chook if the examination used Schodule O to year	see the instruct	ions for Part III)			xpenses for section	
Milan	at in the	Check if the organization used Schedule O to responsization's primary exempt purpose? See Schedule O		in this Part III	X	501(c)(3)		
			· · · · · · · · · · · · · · · · · · ·			organizati others.)	ons; optio	nal for
manr	ner, descr	rganization's program service accomplishments for each of its three largest program s ibe the services provided, the number of persons benefited, and other relevant informa	ervices, as measured by expenses tion for each program title.	i, in a clear and concise	- 1	outers.)		
_		Schedule O			-			
LU				<u> </u>	— I			
								
	(Grants	s \$) If this amount includes foreign of	rants check here		-1	28a	80,2	201
29		Schedule O	rants, check here	270,1470	' '	20a		471.
_			 .		— I			
			.		j —			
	(Grants	s \$) If this amount includes foreign o	ırants, check here		₋	29a	28 (576.
30	See	Schedule O	partoj oriook noro			234	20,	370.
			<u> </u>	- -	— I			
					-			
	(Grants) If this amount includes foreign o	rants, check here	3.8 3.8563	- -∖!	30a	5.1	735.
31	Other p	program services (describe in Schedule O) See Sche	dule 0			-		
	(Grants			> [$\neg 1$	31a		
32	Total p						114,	702.
Pa	art IV	List of Officers, Directors, Trustees, and Key Ei	nployees (list each one	even if not compensated - se	e the in	structions fo	r Part IV)	
		Check if the organization used Schedule O to resp	ond to any question	in this Part IV		,		
			(b) Average hours			Ith benefits,	(e) Esti	mated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contril	outions to ree benefit	amount o	of other
AΝ				compensation (Forms	contril employ alans, a	outions to		of other
		V BOSCHMA	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	outions to ree benefit nd deferred	amount o	of other sation
TR	EASU	V BOSCHMA JRER & DIRECTOR	per week devoted to	compensation (Forms W-2/1099-MISC)	contril employ alans, a	outions to ree benefit nd deferred	amount o	of other
TR TI	EASU NA I	V BOSCHMA JRER & DIRECTOR PETERSON	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	butions to yee benefit nd deferred pensation	amount o	of other sation
TR TI PR	EASU NA I ESII	V BOSCHMA JRER & DIRECTOR PETERSON DENT & DIRECTOR	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	butions to yee benefit nd deferred ensation	amount o	of other sation
TR TI PR MA	EASU NA F ESII RK J	V BOSCHMA JRER & DIRECTOR PETERSON DENT & DIRECTOR JEWELL	per week devoted to position 5 • 0 0	compénsation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	outions to ree benefit not deferred tensation	amount o	of other sation 0.
TR TI PR MA SE	EASU NA F ESII RK J CRET	V BOSCHMA JRER & DIRECTOR PETERSON DENT & DIRECTOR JEWELL TARY & DIRECTOR	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	butions to yee benefit nd deferred pensation	amount o	of other sation
TR TI PR MA SE CH	EASU NA F ESII RK J CRET RIST	V BOSCHMA JRER & DIRECTOR PETERSON DENT & DIRECTOR JEWELL TARY & DIRECTOR TINE MYRAN	per week devoted to position 5.00 2.00	compénsation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	outions to yee benefit and deferred tensation O . O .	amount o	of other sation 0. 0.
TR TI PR MA SE CH	EASU NA F ESII RK J CRET RIST	V BOSCHMA JRER & DIRECTOR PETERSON DENT & DIRECTOR JEWELL TARY & DIRECTOR	per week devoted to position 5 • 0 0	compénsation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contril employ alans, a	outions to ree benefit not deferred tensation	amount o	of other sation 0. 0.
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	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	,	
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	350		
	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.000	(4500)
	Did the organization file Form 1120-POL for this year?		9100000	X
38 :	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37b	Section 1	Α
004	in a prior year and still outstanding at the end of the tax year covered by this return?	200	1000	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_38a	ESSELENCY.	Λ
39	Section 501(c)(7) organizations. Enter:	- 500		
		12.5		
a h	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A			
		1102		KEN.
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	(REE)	LA SE	
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·	1		
U	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	2.11	HARRY	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	and the same of	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	- The second		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O.	1359-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1522		
	transaction? If "Yes," complete Form 8886-T	40e		X
41		_		
42 a	The organization's books are in care of ► CHRISTINE MYRAN Telephone no. ► 248-66			
	Located at ► 5520 E M-36, PINCKNEY, MI	1816	9	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:		KG T	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		23/4	Will st
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	9.5	175.03
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	100	場際	DE L
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	共和公	Mark.	189
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		Sales of the sales	415
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\neg	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	MESSEL		276
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

							Y e	SINC	<u>, </u>
46 Did the o	rganization engage, directly or indirectly, in po	litical campaign activities	on behalf of or i	in oppositio	on to candidates for p	ublic office?	William Per	al day	
	complete Schedule C, Part I			,,			46	X	
Part VI	Section 501(c)(3) Organizations	s Only							
	All section 501(c)(3) organizations must a								
	Check if the organization used Schedule	O to respond to any o	question in this	Part VI .	***************************************				1
						2008001000	Ye	s No)
47 Did the o	rganization engage in lobbying activities or ha	ve a section 501(h) electi	on in effect durin	ng the tax ye	ear? If "Yes," complet	e Sch. C, Part II	47	X	
48 Is the org	ganization a school as described in section 170	O(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E	***************************************		48	_ X	
49 a Did the o	rganization make any transfers to an exempt n	on-charitable related org	anization?				49a	X	
b If "Yes," v	was the related organization a section 527 orga	nization?					49b		_
50 Complete	this table for the organization's five highest c	ompensated employees (other than office	rs, directors	s, trustees, and key e	mployees) who ea	ch receive	d more	
than \$10	0,000 of compensation from the organization.	If there is none, enter "No	one."						
	(a) Name and title of each employee		(b) Average	hours	(C) Reportable	(d) Health benefits	(e) Es	timated	_
			per week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount	of othe	٢
	NON	VE	positio	n		plans, and deferred compensation	i compe	nsation	
		-					 		-
						† ·	+		
	***************************************	-			1	1	 		-
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		_					+		-
		-							
						1	+		_
_		-							
f Total our	nber of other employees paid over \$100,000	TWO STREET STREET STREET STREET							
	this table for the organization's five highest c	omnancated independent		anch recei	ved more than \$100	DOO of company	ion from t	ha	
	ion. If there is none, enter "None." NON		CONTRACTORS WITE	cacii i coci	ved filore than \$100,	ooo or compensar	ion ironi u	IC	
	Name and business address of each independe	***************************************		/h1) Type of service		Compensat	lion	-
1-7	and become be added on the portion	THE DESIGNATION OF THE PARTY OF		(0)	7 TYPO OF SCI VICO	1 (0)	zompensar	1011	_
						l			
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									_
4 T-1-1									_
	nber of other independent contractors each re	1/8			····				_
	rganization complete Schedule A? Note: All se	ection 501(c)(3) organizat	tions must attach	ı a			(BT)		
	d Schedule A						Yes	N	0
	s of perjury, I declare that I have examined this						je and beli	ef, it is	
irue, correct, ar	nd complete. Declaration of preparer (other tha	an officer) is based on all	information of w	hich prepar	rer has any knowled	e. // /	-		_
Ciam D	Signature Of-officer					Date //2//	9		_
Sign Here			=			Duito			
	CHRISTINE MYRAN, EX Type or print name and title	ECUTIVE DIR	ECTOR						_
		In		la :	I object to	7 () 0 7 10			_
	Print/Type preparer's name	Preparer's signature		Date	Check _	if PTIN			
Paid					self- empl	oyea			
Preparer	Final come a			1					_
Use Only	Firm's name				Firm's Ell				_
-	Firm's address				Phone no				_
May the IRS dis	scuss this return with the preparer shown abo	ve? See instructions	710903000 70000				Yes	No.)
						F	orm 990-E	Z (2018	J)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BLUE STAR SERVICE DOGS,

Employer identification number

27-2228933 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) **Total**

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

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

Se	ction A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and					(5,000	67.5
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		1				<u> </u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		1				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	100			- Carrier and a second	The state of the second	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	bields by Bridge	AND PROPERTY OF	To resident the	0741030		
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	_					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business		-			<u> </u>	
	activities, whether or not the						
	business is regularly carried on					l i	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	pulling who pro-	THE PERSON NAMED IN	() () () () () () () ()			
12	Gross receipts from related activities,	etc. (see instruction	ons)		20.00	12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stop						
_	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2018 (lie	ne 6, column (f) di	vided by line 11, c	olumn (f))	***************************************	14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14	******		15	%
16a	33 1/3% support test - 2018. If the o				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a						▶□
b	33 1/3% support test - 2017. If the o	rganization did no	t check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	 2018. if the org 	anization did not o	check a box on line	9 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	s-and-circumstand	es" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances" to	est. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test -	2017. If the org	anization did not o	check a box on line	3, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	∍ "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circu	ımstances" test. 🤇	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	did not check a l	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2018 BLUE STAR SERVICE DOGS, INC. 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.)

Se	ction A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	102,685.	130,668.	183,816.	158,494.	183,744.	759,407.
2	Gross receipts from admissions.						, , , , , , , , , , , , , , , , , , , ,
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					, <u> </u>	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to	Í	i				
	or expended on its behalf						
5	The value of services or facilities				-		
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	102,685.	130,668.	183,816.	158,494.	183,744.	759,407.
	Amounts included on lines 1, 2, and	102,003.	130,000.	103,010.	130,494.	100,/44.	739,407.
7 6	3 received from disqualified persons						_
	Amounts included on lines 2 and 3 received	-					0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		!				0.
	Add lines 7a and 7b	-				-	0.
	Public support. (Subtract line 7c from line 6.)		Total Control	NAME OF BRIDE		Country of the last of the last	759,407.
Sec	ction B. Total Support		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	AND THE CHARLES IN COLUMN 2 IN COLUMN 2	March and American Control of the		133,401.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(-) 0010	/O. T-1-1
	Amounts from line 6	102,685.	130,668.	183,816.	158,494.	(e) 2018 183,744.	(f) Total 759,407.
	Gross income from interest.	102,003.	130,000.	103,010.	130,434.	103,744.	733,407.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	451.	4.	33.	23.	18.	529.
b	Unrelated business taxable income						325.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				İ		
C	Add lines 10a and 10b	451.	4.	33.	23.	18.	529.
	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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	103,136.	130,672.	183,849.	158,517.	183,762.	759,936.
14	First five years. If the Form 990 is for						
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage		·		
15	Public support percentage for 2018 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))	NO CONTRACTOR	15	99.93 %
	Public support percentage from 2017				***************************************	16	99.93 %
Sec	ction D. Computation of Inves	tment Income	Percentage				70
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by lin	ne 13, column (fi)	100730.000.0000.00	17	.07 %
	Investment income percentage from 2					18	.07 %
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box an						►[X]
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	nization qualifies as	s a publicly suppor	ted organization	▶ □
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	or 19b, check thi	s box and see inst	ructions	

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number BLUE STAR SERVICE DOGS, INC. 27-2228933 Form 990-EZ, Part I, Line 7, Gross Profit from Sales of Inventory: Income: 1. Gross Receipts 60. 2. Returns and Allowances 0. 3. Line 1 less line 2 60. 4. Cost of Goods Sold (line 13) 17. 5. Gross Profit (line 3 less line 4) 43. Cost of Goods Sold: 6. Inventory at Beginning of Year 0. 7. Merchandise Purchased 0. 8. Cost of Labor 0. 9. Materials and Supplies 0._ 10. Other Costs 17. 11. Add Lines 6 through 10 17. 12. Inventory at End of Year 0. 13. Cost of Goods Sold (line 11 less line 12) 17. Form 990-EZ, Part I, Line 7b, Other Costs: Description of Other Costs: Amount: Promotion T-Shirts Sold at Event 17. Form 990-EZ, Part I, Line 8, Other Revenue: Description of Other Revenue: Amount: BANK ACCOUNT INTEREST EARNED 1. IRS INTEREST RECEIVED ON PAYROLL TAX REFUNDS 17. Total to Form 990-EZ, line 8 18.

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization BLUE STAR SERVICE DOGS, INC.	Employer identification numbe 27-2228933
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities,	and Maintenance:
Description of Expenses:	Amount:
Depreciation	7,590.
Other Expenses	5,379.
Total to Form 990-EZ, line 14	12,969.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
PAYROLL TAXES	8,459.
INSURANCE EXPENSES	4,818.
PROPERTY TAXES	6,050.
LAND CONTRACT INTEREST EXPENSE	17,592.
BSSD CORE PROGRAM EXPENSES	10,739.
PROFESSIONAL DEVELOPMENT, TRAINING, CONFERENCES & MEETING	-
TELEPHONE & INTERNET CHARGES	1,423.
OFFICE SUPPLIES, EQUIPMENT, SOFTWARE, MISC OTHER	1,369.
BANK FEES, FINANCE CHARGES	114.
TRAVEL & MILEAGE REIMBURSEMENTS	1,744.
MEMBERSHIP DUES	160.
MISCELLANEOUS EXPENSES	282.
BUSINESS REGISTRATION FEES	40.
MEAL EXPENSE	493.
PENALTY PAID	541.
FUNDRAISING SOFTWARE	588.
WEB & COMMUNICATION SERVICES	473.
PROMOTIONAL MATERIALS	1,025.
Total to Form 990-EZ, line 16	56,367.

Schedule O (Form 990 or 990-EZ) (2018)			Pag Pag
Name of the organization BLUE STAR SERVICE DOGS, INC.		Employer id	entification numb 28933
Form 990-EZ, Part II, Line 24, Other Assets:			
Description	Beg. of	Zoar Fr	od of Voca
PREPAID EXPENSES			nd of Year
FREFAID DAPENSES	1,()56	2,616.
Form 990-EZ, Part II, Line 26, Other Liabilitie	s:		
Description	Beg. of Y	Zear Ei	nd of Year
ACCOUNTS PAYABLE	4,7	703.	406.
CREDIT CARD PAYABLE		569.	0.
ACCRUED PAYROLL TAXES	1,7	740.	2,526.
LAND CONTRACT	294,9	30.	291,125.
Total to Form 990-EZ, line 26	302,0	142.	294,057.
Form 990-EZ, Part III, Primary Exempt Purpose -	WE RESCUE	SHELTER	DOGS,
TRAIN THEM IN PRISON TRAINING PROGRAMS, PAIR TH			
DIAGNOSED WITH PTSD OR TBI AND CONTINUE TRAININ	G TO BE SER	VICE DO	S AND
QUALIFIED HANDLERS. BY DOING THIS WE ARE RESCU		· -	
			
Form 990-EZ, Part III, Line 28, Program Service	Accomplish	ments:	
BLUE STAR SERVICE DOGS TRAINED 20 TEAMS IN 2018			
GRADUATING 9 TRAINED SERVICE DOGS WITH VETERANS	· ·	<u>'</u>	
CONTINUING TRAINING OF 6 VETERAN/DOG PAIRS INTO			
ADOPTED OUT 5 DOGS WHO DID NOT QUALIFY TO BE SE			-
			
Form 990-EZ, Part III, Line 29, Program Service	Accomplish	ments:	
BSSD'S TRAINING AND RENEW (STAR) PROGRAMS HOUSE	SELECTED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 _
SHELTER DOGS AT PRISONS IN LAPEER AND SAGINAW F	OR BASIC		
OBEDIANCE TRAINING BY VETTED INMATE HANDLERS.	BSSD		
32212 10-10-18	Calcar	tula O /E A	

Schedule O (Form 990 or 990-EZ) (2018)	Page :
Name of the organization BLUE STAR SERVICE DOGS, INC.	Employer identification number 27-2228933
TRAINERS CONDUCT WEEKLY TRAINING SESSIONS AND EVALUATIONS	UNTIL THE DOG
GRADUATES AND IS PAIRED WITH THEIR CHOSEN VETERAN. THIS P	ROGRAM
INVOLVES 30 HANDLER/INMATES GIVING MOTIVATION TO STRIVE TO	WARD
COOPERATIVE BEHAVIOR DURING THEIR INCARCERATION, A CALMER	AND SAFER
ENVIRONMENT FOR THE CORRECTION OFFICERS AND IT PROVIDES HO	PE AND PRIDE
TO INMATES THAT THEY ARE DOING SOMETHING POSITIVE BY HELPI	NG VETERANS
IN THEIR COMMUNITY.	
Form 990-EZ, Part III, Line 30, Program Service Accomplish	ments:
BSSD ADOPTED AN ADDITIONAL TRAINING PROGRAM IN SAGINAW	
CORRECTIONAL FACILITY WITH VETERAN INMATES TO HOUSE AND	
TRAIN SHELTER DOGS TO BE PAIRED WITH A BSSD QUALIFIED	
VETERAN. THIS PROGRAM HAS 14 INMATE PARTICIPANTS, GIVING	MOTIVATION
FOR COOPERATIVE BEHAVIOR DURING INCARCERATION, A CALMER EN	VIRONMENT FOR
PRISON EMPLOYEES AND PURPOSE THE PRISONERS ARE PROVIDING A	SERVICE TO
FELLOW VETERANS IN THEIR COMMUNITY.	
Form 990-EZ, Part III Line 31, Other Program Service Accom	plishments:
BSSD ALSO PROVIDES A BRING YOUR OWN DOG PROGRAM WHERE OUR	QUALIFIED
TRAINERS EVALUATE CURRENT COMPANION DOGS OF VETERANS QUALI	FIED TO
PARTICIPATE IN BSSD TRAINING PROGRAMS, AND TRAINS THEM TO	BE SERVICE
DOGS.	
ii 9	
Form 990-EZ, Part V, Information Regarding Personal Benefi	t Contracts:
The organization did not, during the year, receive any fundamental	ds, directly,
or indirectly, to pay premiums on a personal benefit contra	act.
The organization, did not, during the year, pay any premium	ms, directly.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

990-EZ

	E STAR SERVICE DOG		<u> </u>	orm 990-E2	Z Page	1	27-2228933
Par	Election To Expense Certain Prop	erty Under Section 17	79 Note: if you have an	y listed property, c	omplete Part	V before y	ou complete Part I.
1 M	laximum amount (see instructions)	*******************		*************	*****	1	1,000,000.
	otal cost of section 179 property pla				***************	2	
3 T	hreshold cost of section 179 proper	ty before reduction	In limitation			3	2,500,000.
	eduction in limitation. Subtract line		*******			4	
5 Do	ollar limitation for tax year. Subtract line 4 from lin		0 If married filing separately, :	ee instructions		5	
6	(a) Description of	property	(b) Cost (b	Usiness use only)	(c) Elected	cost	
							
- 1:			<u>_</u>				
	sted property. Enter the amount from			7			
8 IC	otal elected cost of section 179 prop	perty. Add amounts	in column (c), lines 6 a	nd 7		8	
9 IE	entative deduction. Enter the smalle	er of line 5 of line 8				9	<u>-</u> -
10 C	arryover of disallowed deduction fro usiness income limitation. Enter the	m line 13 of your 20	J17 Form 4562				
	ection 179 expense deduction. Add						
	arryover of disallowed deduction to					12	200000000000000000000000000000000000000
	Don't use Part II or Part III below fo						
Parl				lude listed properts	4.)		
14 Sr	pecial depreciation allowance for qu						
	e tax year				Juning	. 14	930.
	roperty subject to section 168(f)(1) e					15	
16 Ot	ther depreciation (including ACRS)					16	6,660.
Pari	MACRS Depreciation (Don	't include listed pro	perty. See instructions)			0,000.
			Section A				
17 M	ACRS deductions for assets placed	in service in tax yea)18		17	
	ou are electing to group any assets placed in se	rvice during the tax year in	ars beginning before 20 to one or more general asset a	counts, check here	> [
	ou are electing to group any assets placed in se	rvice during the tax year in is Placed in Service	ars beginning before 20 to one or more general asset are During 2018 Tax Yea	counts, check here	>		m
	ou are electing to group any assets placed in se	rvice during the tax year in	ars beginning before 20 to one or more general asset a	counts, check here	>		(g) Depreciation deduction
	rou are electing to group any assets placed in se Section B - Asset	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
18 If y	Section B - Asset (a) Classification of property 3-year property 5-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
18 If y	Section B - Asset (a) Classification of property 3-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
18 If y	Section B - Asset (a) Classification of property 3-year property 5-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
18 If y	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
18 If y	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	ar Using the Gene	ral Deprecia	tion Syste	-
19a b c d	Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	counts, check here ar Using the Gene (d) Recovery period	ral Deprecia (e) Convention	tion Syste	-
19a b c d e f	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	tylce during the tax year in the service (b) Month and year placed	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	counts, check here ar Using the Gene (d) Recovery period 25 yrs. 27.5 yrs.	ral Deprecia (e) Convention	(f) Method S/L S/L	-
19a b c d e f	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	rvice during the tax year in Is Placed in Service (b) Month and year placed in service	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	coounts, check here ar Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention MM MM	(f) Method S/L S/L S/L	-
19a b c d e f	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	rvice during the tax year in the Placed in Service (b) Month and year placed in service	ars beginning before 20 to one or more general asset as E During 2018 Tax Yes (c) Basis for depreciation (business/investment use	counts, check here ar Using the Gene (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM MM	S/L S/L S/L	-
19a b c d e f	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property	rvice during the tax year in Is Placed in Service (b) Month and year placed in service / / / / /	ars beginning before 20 to one or more general asset as During 2018 Tax Yes (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	s/L S/L S/L S/L S/L	(g) Depreciation deduction
18 ry	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets	rvice during the tax year in Is Placed in Service (b) Month and year placed in service / / / / /	ars beginning before 20 to one or more general asset as a During 2018 Tax Yes (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L	(g) Depreciation deduction
tiga b c d e f g h	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	rvice during the tax year in Is Placed in Service (b) Month and year placed in service / / / / /	ars beginning before 20 to one or more general asset as During 2018 Tax Yes (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Using the Alterna	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
18 ry	Section B - Asset Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	rvice during the tax year in the Placed in Service (b) Month and year placed in service // // // Placed in Service	ars beginning before 20 to one or more general asset as During 2018 Tax Yes (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Using the Alterna	mal Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduction
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Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (p) (e) m (a) Type of property (g) **Date** Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investmen (list vehicles first) section 179 other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 Property used more than 50% in a qualified business use: 96 % % 27 Property used 50% or less in a qualified business use 96 S/L S/L -96 S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (c) (d) (e) (1) Amortizable amount Amortization Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2018 tax year: 43 Amortization of costs that began before your 2018 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report