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CLIENT'S COPY

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Identification	e tax retur				
	Identification			T	. :	
Type or	Name of exempt organization, employer, or other filer	, see instru	actions.	Taxpayer	dentification	number (TIN)
Print	BLUE STAR SERVICE DOGS, INC	•			27-222	28933
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
return. See instructions		preign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applica	tion Is For	Return	Application Is For			Return
••		Code				Code
Form 99	00 or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 99		04	Form 6069			11
	00-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	00-T (trust other than above)	06	Form 5330 (individual)			13
	00-T (corporation)	07	Form 5330 (other than individual)			14
Form 10		08				
PI PI	application is for an extension of time to file Form 5330, y lan Name lan Number lan Year Ending (MM/DD/YYYY)		·			
PI PI <u>art II - /</u> The b Telep	lan Name	izations (s	see instructions) 7. MI 48169 Fax No.			
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PI PI PI Part II - / The b Telep If the If this box	lan Name	izations (s ICKNEY is in the Uni Group Exe] and atta	Ever instructions) T, MI 48169 Fax No. ited States, check this box mption Number (GEN) . I ch a list with the names and TINs of	f this is fo all membe	r the whole gr ers the extens	roup, check this sion is for.
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	99	0
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

		of the Treasury G	o to www.irs.gov/Form990 for inst		-	•	Open to Public Inspection
AF	or th	e 2023 calendar year, or tax ye	ear beginning	and	l ending		
	heck if pplicab					D Employer identific	ation number
	Addre	BLUE STAR SEE	RVICE DOGS, INC.				
	 Name					27-222893	33
	Initial		0. box if mail is not delivered to street ad	dress)	Room/suite	E Telephone number	,
	 	PO BOX 830		,		810-626-7	
	termi ated		vince, country, and ZIP or foreign po	ostal code		G Gross receipts \$	1,105,259.
	Amer returr		48139			H(a) Is this a group re	turn
	Appli tion	^{ca-} F Name and address of pri	ncipal officer: TRICIA BARN	ES		for subordinates'	? Yes X No
	pendi	^{ing} 5520 E M-36, H	PINCKNEY, MI 48169)		H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	ax-ex		501(c) () (insert no.) [4947(a)(1)	or 527	If "No," attach a	list. See instructions
<u>ا ا</u>	Vebsi	ite: www.bluestars	servicedogs.org			H(c) Group exemption	n number
		f organization: X Corporation	Trust Association	Other	L Year	of formation: 2010 N	State of legal domicile: MI
Pa	art I	Summary					
6	1		n's mission or most significant activi				
Governance		TRAINING THEM IN	N PRISON HOUSED PRO	OGRAMS,	PAIR I	HEM WITH MI	LITARY
rna	2	Check this box if the	e organization discontinued its opera	tions or dispo	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of	the governing body (Part VI, line 1a)				6
	4		members of the governing body (Pa				6
es	5		ployed in calendar year 2023 (Part V				4
<u>viti</u>	6	Total number of volunteers (est	timate if necessary)			6	39
Activities &			ue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable	income from Form 990-T, Part I, line	e 11	·····		0.
						Prior Year	Current Year
ē	8	Contributions and grants (Part	VIII, line 1h)			669,258.	1,082,296.
Revenue	9	Program service revenue (Part				0.	0.
se č	10		olumn (A), lines 3, 4, and 7d)			0.	2,508.
ш	11	Other revenue (Part VIII, colum	n (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		6,604.	5,163.
	12		ugh 11 (must equal Part VIII, columr			675,862.	1,089,967.
	13	Grants and similar amounts pa	id (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members				0.	0.
ŝ	15	Salaries, other compensation, o	employee benefits (Part IX, column (/	A), lines 5-10)		176,686.	200,084.
Expenses	16a	Professional fundraising fees (F	employee benefits (Part IX, column (/ Part IX, column (A), line 11e) rt IX, column (D), line 25)			0.	0.
gx	b	Total fundraising expenses (Pa	rt IX, column (D), line 25)	584,7	34.		
ш	17		nn (A), lines 11a-11d, 11f-24e)			443,134.	740,130.
	18		7 (must equal Part IX, column (A), lin			619,820.	940,214.
	19	Revenue less expenses. Subtra	act line 18 from line 12			56,042.	149,753.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)				547,406.	698,501.
it As	21	Total liabilities (Part X, line 26)				306,306.	307,648.
ER I	22		ubtract line 21 from line 20			241,100.	390,853.
	nrt II	Signature Block					
Und	er pen	alties of perjury, I declare that I have	e examined this return, including accomp	anying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	TRICIA BARNES, EXECUTIVE	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid				self-employed	
Preparer	Firm's name			Firm's EIN	
Use Only	Firm's address				
				Phone no.	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			Yes No
LHA For	Paperwork Reduction Act Notice, see the separation of the separati	rate instructions. 332001 12-21-3	23		Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2023) BLUE STAR SERVICE DOGS, INC.	27-2228933	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	WE RESCUE SHELTER DOGS, START TRAINING THEM IN PRISON H	OUSED PROGRAM	S
	PAIR THEM WITH MILITARY VETERANS AND FIRST RESPONDERS D		
	VISIBLE AND INVISIBLE WOUNDS AND CONTINUE TRAINING THEM		
	SERVICE DOGS AND QUALIFIED HANDLERS. DOING THIS WE ARE	RESCUING ONE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		nd
	revenue, if any, for each program service reported.	, , , ,	
4a	100.010	venue \$)
ти	In 2023, Blue Star Service Dogs welcomed 36 Veterans an)
	Responders (all firefighters) into our service dog trai		
			<u> </u>
	successfully enrolling 38% of applicants. We introduced		10
	our STAR Program and included 6 participants in our "Br		
	Dog" (BYOD) program. 5 of the 6 BYOD dogs participated		
	training, spending approximately 6 to 9 weeks in our pr		
	Through our STAR Program, we rescued 12 dogs from shelt		
	Michigan, placing most in the Saginaw Correctional Faci	lity in Freel	and
	and Thumb Correctional Facility in Lapeer, with two dog	s housed at	
	Woodland Correctional Facility in Whitmore Lake. Additi	onally, two	
	service dogs, donated by a breeder, were enrolled in th		ram
	for extended training and paired with w Veteran and Fir		
4b		venue \$)
40	At Blue Star Service Dogs, we are proud to have rescued		, h
	an impressive 82% success rate in our selection process		
	returned to the shelter for adoption, while some found		
	before returning, as Correctional Staff chose to adopt	them directly	•
4c	(Code:) (Expenses \$6,925. including grants of \$) (Rev	venue \$)
	(Code:) (Expenses \$6,925. including grants of \$) (Rev Our education program engages organizations, schools, c	orporations	and
	public events to raise awareness about service dog laws	and proper	<u></u>
	etiquette. We also collaborate with businesses to clari		+ a
	concerning unqualified or "fake" service dogs, helping		
	spaces and programs while ensuring non-discriminatory p		
	individuals with disabilities. In 2023, we completed 43	presentation	s,
	supporting our veterans and first responders in navigat		
	life and reconnecting with family, employers, and their	communities.	
44	Other program services (Describe on Schedule O.)		
-tu		ν.	
A :	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 276,987.)	
4e	Total program service expenses 276,987.		
	See Schedule O for Continuation		90 (2023)
332002			

Form	990	(2023)

 Form 990 (2023)
 BLUE
 STAR
 SERVICE
 DOGS ,
 INC.

 Part IV
 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		X
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	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, VII, VIII, IX, or X, as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
b	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 approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		47

Form	990	(2023)
	330	

 Form 990 (2023)
 BLUE
 STAR
 SERVICE
 DOGS,
 INC.

 Part IV
 Checklist 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		X
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		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a			- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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		X
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		X
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? If "Yes," complete Schedule L, Part II	26		X
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		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
Ь	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		000		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		165	No
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2023) BLUE STAR SERVICE DOGS, INC. 27-2228	933	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	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			
u	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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?	7h		
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	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
a	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
Ь	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
<u>د</u>	Enter the amount of reserves on hand	1		
14a		14a		x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the 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		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069			

Form 990 (2023)

BLUE STAR SERVICE DOGS, INC.

X

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

Check if Schedule O contains a res	ponse or note to an	v line in this Part VI	
Oneck in Schedule O Contains a rea	sponse of note to an		

Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6	2		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?	5	0	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	inormation about policies not required by the internal Re	venue	Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104		- 23
D		•		10b		
44-			a filing the form 0		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y belor	e ming the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	lescribe		37	
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?	<u></u>		16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedMI, AL, AK, CA, C	O,D	C, FL, KY, MN	,MA	, MD ,	, NV
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					

for public inspection. Indicate how you made these available. Check all that apply.

est Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
	TRICIA BARNES - 810-626-7119

F

Part VII	Compensation of Off	icers, Directors,	Trustees, Ke	ey Employees,	Highest	Compensated
	Employees, and Inde	pendent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both ar		n an	compensation	compensation	amount of		
	week				director/trustee)		tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
(1) ANDREW BOSCHMA	4.00			0	\leq	Ξω	<u> </u>			
TREASURER & DIRECTOR		х		x				0.	0.	0.
(2) TINA PETERSON	2.00									
PRESIDENT & DIRECTOR		х		х				0.	0.	0.
(3) BRIAN GANHS	1.00									
VP & DIRECTOR		Х		Х				0.	0.	0.
(4) MODESTO DE LA O	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MAUREEN CHARLES	2.00									
SECRETARY & DIRECTOR	1	Х		X				0.	0.	0.
(6) KAREN STRAFFON	1.00									
DIRECTOR		X						0.	0.	0.
		1								
		1								
		1								

Form 990 (2023) BLUE STAE	R SERVIC	EI	DO	GS	,]	INC	•		27-22	289	133	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average	(C) Position (do not check more than one					e	(D) Reportable	(E) Reportable			(F) timate	
	hours per week (list any hours for related organizations below line)	director	ional trustee	d a dir	ector/	both all trustee embolication allocation all		compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MIS 1099-NEC)	5	comp frc orga and	ount o other oensat om the anizati I relate nizatio	tion e on ed
										_			
										+			
							_			_			
										\downarrow			
1b Subtotal c Total from continuation sheets to Part VI	, Section A							0. 0. 0.		0.0.0			0.0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization							rec		000 of reportable				0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,					0			[3	Yes	No X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	m of reportable 0,000? If "Yes,	e con " <i>con</i>	npei nple	nsati te So	ion a cheo	ind o Iule J	othe J fo	er compensation from t	he organization		4		X
rendered to the organization? If "Yes." com Section B. Independent Contractors					-			-			5		Х
1 Complete this table for your five highest co the organization. Report compensation for t (A)										ensati	ion froi		
Name and business	address	NO	NE					Description of s	ervices	Cc	ompen		1
2 Total number of independent contractors (ii \$100.000 of compensation from the organized statement of	•	ot lim	ited	to tł	hose 0	liste	ed a	above) who received m	ore than				

					ER	VICE DOG	S, INC.		27-2228	933 Page 9
Pa	rt VII									
		Check if Schedule O	conta	ains a respo	nse (or note to any lin	e in this Part VIII	(B)	(C)	D
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
	4 -			4.						30010113 0 12 0 14
ants ints	1 a	Federated campaigns					-			
j Gr	D						-			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events					-			
ilar Bil	a	Related organizations					-			
Sim's	e	Government grants (cont								
erio	т	All other contributions, gifts			1	002 206				
ei đ		similar amounts not include				082,296. 17,750.				
bo	g	Noncash contributions included in					1,082,296.			
0	n	Total. Add lines 1a-1f	<u></u>	<u></u>		Business Code	1,002,290.			
						Business Code				
ice	2 a									
er v	b									
n S /eDi	С									
Bev	d									
Program Service Revenue	е									
Δ.	•	All other program service								
		Total. Add lines 2a-2f								
	3	Investment income (inclu								
						2,508.	2,508.			
	4	Income from investment		-	-					
	5	Royalties	····							
				(i) Real		(ii) Personal				
	6 a									
	b	Less: rental expenses								
	С		6c							
		Net rental income or (los								
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
venue		and sales expenses								
evel Svel		Gain or (loss)								
Re		Net gain or (loss)			······					
Other	8 a	Gross income from fundrais	-							
Ò		including \$								
		contributions reported or		-		15 500				
		Part IV, line 18			8a					
		Less: direct expenses			8b	14,265.	1 5 2 2			1 5 2 2
		Net income or (loss) from		•			1,533.			1,533.
	9 a	Gross income from gami	•							
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	s <u></u>					
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b	,	2.620	2.620		
	с	Net income or (loss) from	1 sale	s of inventor	у		3,630.	3,630.		
S						Business Code				
Miscellaneous Revenue	11 a	l								l
ane	b									l
cell Veve	с									
Aise	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruct	ions				1,089,967.	6,138.	0.	1,533.

а

h

С

25

26

Form 990 (2023)

(B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 171,374. 122,686. 35,526. 13,162. persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,000. 10,588. 2,804. Other employee benefits 608. 9 14,710. 11,075. 2,632. 1,003. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 26,735. 300. 26,435. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, α 2,005. 21,478. column (A), amount, list line 11g expenses on Sch 0.) 23,483. 1,705. 7,818. 4,887. 1,226. Advertising and promotion 12 2,807. 495. 1,314. 998. 13 Office expenses 2,537. 433. 370. 734. 1. Information technology 14 Royalties 15 10,087. 8,362. 1,606. 119. 16 Occupancy 6,221. 5,701. 46. 474. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,672. 5,002. 494. 176. Conferences, conventions, and meetings 19 8,772. 7,456. 1,316. 20 Interest Payments to affiliates 21 17,075. 18,602. 1,527. Depreciation, depletion, and amortization 22 11,165. 8,776. 2,389. 23 Insurance Other expenses. Itemize expenses not covered 24

544,755.

940,214.

71,146.

286.

44.

71,146.

276,987.

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total functional expenses. Add lines 1 through 24e

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Direct Mail Expenses

Bank Fees, Reg Fees

d Penalty & Late Fees

e All other expenses

Dog Adoption, Training

544,755.

584,734.

1.

285.

78,493.

44.

BLUE	STAR	SERVICE	DOGS,	INC.

27-2228933 Page 11

			- 1 P	na in this Dait M			
		Check if Schedule O contains a response or not	e to any II	në in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	152,384.	1	139,064.		
	2	Savings and temporary cash investments				2	167,147.
	3	Pledges and grants receivable, net			3	•	
	4	Accounts receivable, net			4	2,005.	
	5	Loans and other receivables from any current of				,	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali		-			
		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,101.	8	5,990.
Ass	9	_			2,400.	9	5,990. 7,386.
		Land, buildings, and equipment: cost or other			2,1000		.,
	100	basis. Complete Part VI of Schedule D	102	457,963.			
	ь			81,054.	387,521.	10c	376,909.
	11	Investments - publicly traded securities		507,521.	11	570,505.	
	12	Investments - other securities. See Part IV, line				12	
					13		
	13	Investments - program-related. See Part IV, line					
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			547,406.	15	698,501.
	16	Total assets. Add lines 1 through 15 (must equ	170.	16	14,429.		
	17	Accounts payable and accrued expenses		1/0.	17	14,429.	
	18	Grants payable		18			
	19					19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to any current or forn					
ilit		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			257,569.	22	242 241
-	23	Secured mortgages and notes payable to unrela			257,509.	23	242,341.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X	10 567		50,878.
		of Schedule D		·····	48,567.		
	26	Total liabilities. Add lines 17 through 25	•••	·····	306,306.	26	307,648.
s		Organizations that follow FASB ASC 958, che	ck here				
Ce		and complete lines 27, 28, 32, and 33.					
alar	27			······ -		27	
ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, check	there X			
Net Assets or Fund Balances		and complete lines 29 through 33.			^		^
ts	29	Capital stock or trust principal, or current funds			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ed		0.	30	0.	
ťΑ	31	Retained earnings, endowment, accumulated in			241,100.	31	390,853.
Ne	32	Total net assets or fund balances		······ -	241,100.	32	390,853.
	33	Total liabilities and net assets/fund balances			547,406.	33	<u>698,501.</u>

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

-	~ ~ ~	
Form	990	(2023

	<u>1990 (2023)</u> BLUE STAR SERVICE DOGS, INC.	27-22	28933	Page 12
Pa	rt 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	1,089	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,214.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,753.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	241	,100.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	390	,853.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2 b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
				<u> </u>

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name of	the organization			~				identification number
Devit			ICE DOGS, INC					7-2228933
Part I	Reason for Public					ee instructions	S	
	nization is not a private found							
1	A church, convention of ch	-			n 170(b)(1	I)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative					•		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	Illy receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-				-		-	-
	university:						Ū.	
10 X		Illv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membershi	p fees, and	d aross receipts from
	activities related to its exer	•					•	•
	income and unrelated busi		•	. ,				•
	See section 509(a)(2). (Co		(
11	An organization organized		vely to test for public sa	fetv See	section 50	9(a)(4)		
12	An organization organized		•	•			rv out the	purposes of one or
	more publicly supported or	•		•			•	• •
	lines 12a through 12d that							
a	Type I. A supporting orga	• •					-	nivina
u _	the supported organization	-		• • • •	-			
	organization. You must o			majonty c			3 01 116 30	ipporting
b	Type II. A supporting org	-		ion with it	e cupporto	d organization	(c) by boy	ina
		-				-		-
	control or management o			ame perso	ns that co	ntroi or manag	le the supp	Joned
• [organization(s). You mus	-		in connoct	ion with a	and functional	, into avoto	d with
c L	Type III functionally inte						y integrate	a with,
	its supported organizatio							
d 🗌	Type III non-functionally	• • •					•	. ,
	that is not functionally int	•	e ,			•	an attentiv	reness
_	requirement (see instruct	,	•					
e	Check this box if the orga					Type I, Type I	I, Type III	
	functionally integrated, o		nally integrated supportion	ng organiz	ation.			
	ter the number of supported of	•						
g Pro	ovide the following information (i) Name of supported	iii) EIN	d organization(s).	(iv) Is the oroa	anization listed	(v) Amount of	monetany	(vi) Amount of other
	organization		(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
	organization		above (see instructions))	Yes	No			
Total								

Schedule	A (F	orn	n S	990) 2	2023
Part II	9,	Su	pp	oor	t	Sc

DITTE	GUYD	SERVICE	DOGG	TNC
рпог	SIAK	SEKATCE	DOGS,	TNC

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.)

Galead year (of fical year beginning in) (g) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 offits, garsts, contributions, and there paid to or expended on its behalt 1 Tax revenues level for the organization without charge 1 Total apportant of total contributions by adapt person (other than a governmental unit or publicly supported organization without charge 1 Total apport. Index the support 1 Total contributions by adapt person (other than a governmental unit or publicly supported organization in (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Total additions 1 Total support. Index the support 1 Total support. Additions 1 Total support the capital 1 Total support. Additions 1 Total support the capital 1 Total support. Additions 1 Total support the capital 1 Total support the capital 1 Total support the capital 1 Total support. Additions 1 Total support total captita	Sec	ction A. Public Support						
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include any 'unusual grants.') 2 2 Tax revenues levied for the organization's behalf	1	Gifts, grants, contributions, and						
2 Tar veycues levied for the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Tatal. Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thrackeeds 2% of the amount shown on line 11, column (f) 6 Public support. Bovers the store is the		membership fees received. (Do not						
icration's banefit and atther paid to or expended on its behalf		include any "unusual grants.")						
ar expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: the organization without charge 4 Total. Add lines 1 through 3 5 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Sutnative stem ine 4. 5 8 Product support. Sutnative stem ine 4. 5 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 6 6 6 6 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 6 6 6 1 </td <td></td> <td>ization's benefit and either paid to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ization's benefit and either paid to						
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14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 17a 10% -facts-and-circumstances test - 2023. 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 16 b 10% -facts-and-circumstances test - 2022. If the organization qualifies as a publicly supported organization 17 b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 17 b 10% -facts-and-circumstances test - 2022. 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, 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 organization <td>Sec</td> <td>ction C. Computation of Publi</td> <td>c Support Per</td> <td>centage</td> <td></td> <td></td> <td></td> <td></td>	Sec	ction C. Computation of Publi	c Support Per	centage				
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	18	-		•		• • • •		

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 BLUE
 STAR
 SERVICE
 DOGS
 INC.

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)
 BLUE STAR SERVICE DOGS,

(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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(u) 2010	(6) 2020	(0) 2021	(G) 2022	(0) 2020	(i) iotai
•	membership fees received. (Do not						
		268,080.	303 886	501 760	690,175.	1098094.	2971997.
_	include any "unusual grants.")	200,000.	393,000.	521,702.	090,173.	1090094.	2911991.
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		1,424.	7,153.	4,623.	4,657.	17,857.
3	Gross receipts from activities that						
	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						
	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	268,080.	395 310	528 915	694,798.	1102751.	2989854.
	-	200,000.	555,510.	520,515.	054,750.	1102/51.	20000340
18	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2989854.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	268,080.	395,310.	528,915.	694,798.	1102751.	2989854.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	13.	301.	137.	0.	2,508.	2,959.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	13.	301.	137.		2,508.	2,959.
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)		205 611		604 700	1105050	2002012
	Total support. (Add lines 9, 10c, 11, and 12.)	268,093.			694,798.		2992813.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	n,
0.		- 0					
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>99.90 %</u>
	Public support percentage from 2022					16	99.98 %
	ction D. Computation of Inves						
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.10 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	.02 %
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

BLUE STAR SERVICE DOGS, INC.

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

le A	(Form 990) 2023	BLUE	STAR	SERVICE	DOGS,	INC
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1

2

3

2a

2b

3a

Yes No

Pa	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	a		
b	A family member of a person described on line 11a above? 11	b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	с		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization or management of the support organization or trustees of each of the support organization or management of the support organization was vested in the same persons that controlled or managed
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Sec	ction D. All Type III Supporting Organizations			
			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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 Part VI the role the organization's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

e instructions)
e in

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a go	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Sched

Sche	edule A (Form 990) 2023 BLUE STAR SERVICE DOGS,			27-2228933
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

6 Multiply line 5 by 0.035.

7

8

Sect	tion C - Distributable Amount		Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

6

7

8

instructions).

Schedule A (Form 990) 2023

Sche Par		VICE DOGS, INC			7-2228933 Page 7
	on D - Distributions		inizations (continu	uea)	Current Year
<u>Sect</u>	Amounts paid to supported organizations to accomplish exel	matauraaaa		1	Gurrent Year
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-	
2	organizations, in excess of income from activity	ic purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	2	3	
4	Amounts paid to acquire exempt-use assets	s of supported organizations	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		<u> </u>	
U	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	1	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	BLUE	STAR	SERVICE	DOGS,	INC.		27-2228933	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. _F , 2, 3b, 3c, 4 lines 2 and	Provide th 4b, 4c, 5a 3; Part IV	e explanations , 6, 9a, 9b, 9c, , Section E, line	required by 11a, 11b, ar s 1c, 2a, 2b	Part II, line 10; nd 11c; Part IV, , 3a, and 3b; Pa	Part II, line 17a or 17 Section B, lines 1 an art V, line 1; Part V, S	b; Part III, line 12; d 2; Part IV, Sectior ection B, line 1e; Pa	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

ERVICE	DOGS,	INC.	2

27-2228933

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

Check if your organization is covered by the General Rule or a Special Rule.

BLUE STAR S

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

		\$ <u>50,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u> -		\$6,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u> -		\$ <u>6,750.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u> -		\$ <u>13,656.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>7,010.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	3	\$ <u>7,171.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c)

Name, address, and ZIP + 4

No.

Employer identification number

(d)

Type of contribution

27-2228933

Total contributions

Schedule B (Form 990) (2023)

323452 12-26-23

Schedule B (Form 990) (2023)

Name of organization

27-2228933

BLUE STAR SERVICE DOGS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,049.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$34,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>6,800.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>16,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

27-2228933

BLUE STAR SERVICE DOGS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 X Person Payroll <u>5,00</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person X Payroll 16,600. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 Person Payroll 6,000. Noncash \$ X (Complete Part II for noncash contributions.)

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	Accounting & Tax Services						
3							
		\$6,750.	12/31/23				
(a)	<i>"</i> ,	(c)	<i>(</i>))				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I	Description of noncestrapicity given	(See instructions.)	Date received				
	Three Golden Mountain Dogs						
18_							
		\$6,000.	02/17/23				
(a)							
No.	(b)	(c) FMV (or estimate)	(d)				
from	Description of noncash property given	(See instructions.)	Date received				
Part I							
		—					
		\$					
(-)							
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				
Part I							
		—					
		—					
		\$					
(a)	<i>"</i> ,	(c)	<i>(</i>))				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions.)	Butoroconou				
		—					
		 \$					
		*					
(a)		(c)					
No. from	(b)	FMV (or estimate)	(d) Data received				
Part I	Description of noncash property given	(See instructions.)	Date received				
		\$					

Schedule B (Form 990) (2023)

Employer identification number

27-2228933

Schedule B (Form 990) (2023)

BLUE STAR SERVICE DOGS, INC.

Name of organization

Schedule	B (Form 990) (2023)			Page 4				
Name of c	organization			Employer identification number				
BLUE	STAR SERVICE DOGS, INC.			27-2228933				
Part III) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations) that total more than \$1,000 for the year				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of	gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of	gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
	1	1						

~~		Supplementa	al Einancial (Statomonte		OMB No. 1545-0047
	HEDULE D m 990)		2023			
(1 011	11 550)					
	tment of the Treasury I Revenue Service	ı.	Open to Public Inspection			
Nam	e of the organizat	Go to www.irs.gov/Form99				oloyer identification number
_		BLUE STAR SERVICE I		<u></u>		27-2228933
Pa		ations Maintaining Donor Advised		Similar Funds or	Accoun	Its. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		icod fundo	(h) [do and other appounts
	T . i		(a) Donor adv		(b) Fun	ds and other accounts
1		nd of year				
2 3		of contributions to (during year)				
4		at end of year				
5		on inform all donors and donor advisors in v		held in donor advised f	unds	
	•	on's property, subject to the organization's	•			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for	any other purpose con	ferring	
_	impermissible priv					
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "	Yes" on Form 990, Part	IV, line 7.	
1		servation easements held by the organization	· · · · ·	y).		
		n of land for public use (for example, recrea	tion or education)			important land area
		of natural habitat	l	Preservation of a c	ertified his	storic structure
•		n of open space		uibu dia a in daa fauna af a		
2	day of the tax yea	a through 2d if the organization held a qualif ar	led conservation cont	ribution in the form of a	conserva	Held at the End of the Tax Year
а		onservation easements			2a	
b						
c	U U	rvation easements on a certified historic stru				
d		rvation easements included on line 2c acqu				
	on a historic struc	ture listed in the National Register	• •	·	. 2d	
3		rvation easements modified, transferred, rel				during the tax
	year					
4		where property subject to conservation eas	_			
5		ation have a written policy regarding the per	U , 1	ection, handling of		
	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservation	ation ease	ments during the year
7	Amount of overan	 ses incurred in monitoring, inspecting, hand	lling of violations, and	onforcing concernation		to during the year
7	Amount of expens	ses incurred in monitoring, inspecting, nand	ining of violations, and	enorcing conservation	easemen	is during the year
8	Does each conse	 rvation easement reported on line 2d above	satisfy the requireme	nts of section 170(h)(4)(B)(i)	
	and section 170(h	•			,.,	Yes No
9	•	be how the organization reports conservation				
	balance sheet, an	d include, if applicable, the text of the footn	note to the organizatio	n's financial statements	that desc	ribes the
-	organization's acc	counting for conservation easements.		-		. .
Pa		ations Maintaining Collections of		reasures, or Othe	r Simila	r Assets.
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	0	elected, as permitted under FASB ASC 95	•			
		easures, or other similar assets held for pub			erance of p	public
		Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education	, or research in furthera	nce of put	DIIC SERVICE,
	•	ing amounts relating to these items.				¢
		uded on Form 990, Part VIII, line 1 ed in Form 990, Part X				\$\$
2	.,	received or held works of art, historical treater		r assets for financial gai		
-	-	unts required to be reported under FASB A		-	, provide	
	5		5			

а	a Revenue included on Form 990, Part VIII, line	91	\$_
b	Assets included in Form 990, Part X		\$

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

Sche		AR SERVICE						27-22			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check a	any of the f	following tha	t make s	ignificant (use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🔄 L	oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 c	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further th	ne organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	ər similaı	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	rganizatior	n answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for c	ontributior	ns or other as	sets not	included		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble:							
									Amoun	t	
С	Beginning balance						<u>1c</u>				
	Additions during the year										
е	Distributions during the year						. 1 e				
f	Ending balance						1 f		-		
	Did the organization include an amount on F						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	<u></u>		
Par	t V Endowment Funds Complete it							vaara baak	(-) [haali
		(a) Current year	(D) Pr	ior year	(c) Two yea	IS DACK	(d) Three y	Pears Dack	(e) Four	years	DACK
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										
	Administrative expenses										
g	End of year balance		- //:)) la al al a a a						
2	Provide the estimated percentage of the cur			column (a)) neid as:						
a L	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	-^ -									
2-	Are there endowment funds not in the posse		tion that	ara hald ar	ad administa	rad far th					
Ja		ession of the organiza		are neiù ai			le		ſ	Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								50		
_	t VI Land, Buildings, and Equipm			103.							
	Complete if the organization answere). Part IV.	line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or o			t or other			-d	(d) Boo	k value	
	Description of property	basis (investr		.,	(other)		preciation		(4) 000	value	
19	Land	· · · · · ·	,		0,000.				9	0,00	0.
	Buildings				3,779.		48,2	98.		5,00 5,48	
	Leasehold improvements			20			-0,2			- / =(•
	Equipment			5	0,980.		21,6	40.	2.0	9,34	40.
	Other				3,204.		11,1			2,08	
	. Add lines 1a through 1e. (Column (d) must e		V line 10			I				<u>5,9</u> 0	
Tota		<u>qual FUIII 990, Part</u>	<u>_, iiiie 100</u>	. column	(رم)				57	- ,	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X Other Liabilities	л. (D))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Accrued Payroll Taxes			6,05
(3) Accrued Direct Mail Expen	ses		44,82
(4)	565		11,02
(5)			
(6)			
(7)			
(8)			
(9) 			E0 05
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>ы. (В))</u>		50,87

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Ζ. 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

6,050. 44,828.

50,878.

BLUE STAR SERVICE DOGS, INC. Schedule D (Form 990) 2023

Part VII Investments - Other Securities

900 Part IV line 11b See Form 900 Part V line 12 alata if th d "Ve ... oti

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Sche	dule D (Form 990) 2023 BLUE STAR SERVICE DOGS,		27-2228933 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pa	t XIII Supplemental Information		

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

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivitie	es (DMB No. 1545-0047	
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or i organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023	
Department of the Treasury	Department of the Treasury Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization	Iame of the organization Employer identification number BLUE STAR SERVICE DOGS, INC. 27-2228933								
		Complete if the organization answe		'es" or	n Form 990, Part IV, li	ine 17. F	orm 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts t									
or entity (func	draiser)	(ii) Activity	or cor	ustody htrol of utions?	from activity		draiser in col. (i)	to (or retained by) organization	
Total									
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exe	mpt from re	gistration	

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

BLUE STAR SERVICE DOGS, INC.

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

	of fundraising event contributions and g	(a) Event #1	(b) Event #2	vents with gross receip (c) Other events	ots greater than \$5,000.
		Automobile		None	(d) Total events
		Raffle		None	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
al					
Revenue	1 Gross receipts	15,798.			15,798.
Ϋ́					
	2 Less: Contributions	0.			
	3 Gross income (line 1 minus line 2)	15,798.			15,798.
	4 Cash prizes				
	5 Noncash prizes				14,265.
penses	6 Rent/facility costs				
Ulrect Expenses	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 throug				14,265.
	11 Net income summary. Subtract line 10 from	line 3, column (d)			1,533.
Pa	Gaming. Complete if the organization	n answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	_			-
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
eve					
щ	1 Gross revenue				

Direct Expenses	2	Cash prizes					
	3	Noncash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	└── Yes %	│		
	7						
	8						
9 Enter the state(s) in which the organization conducts gaming activities:							
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:						

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

332082 09-13-23

Yes

No

Scł	edule G (Form 990) 2023	BLUE	STAR	SERVICE	DOGS,	INC.	27-	22289	933	Page 3
11	Does the organization conduct gar							۲ 🗌	/es	No
	Is the organization a grantor, benef									
	to administer charitable gaming?							۲ 🗌 ۲	/es	No No
	Indicate the percentage of gaming									
	The organization's facility							13a		%
	• An outside facility							13b		%
14	Enter the name and address of the	person wh	no prepar	es the organizat	tion's gamin	g/special events	books and records:			
	Name									
	Address									
15	Does the organization have a contr	ract with a	third part	ty from whom th	e organizati	on receives gam	ing revenue?	🗆 Y	/es	No No
I	If "Yes," enter the amount of gamir of gaming revenue retained by the			by the organiza	ition \$ 		and the amount			
(: If "Yes," enter name and address of	of the third	party:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	· · ·									
	Director/officer	Emplo	oyee	In	dependent o	contractor				
17	Mandatory distributions:									
i	Is the organization required under s	state law to	o make cł	haritable distribu	utions from t	the gaming proce	eeds to			
	retain the state gaming license?							🗀 Y	/es	No No
I	Enter the amount of distributions re	•			outed to othe	er exempt organi	zations or spent in the			
D	organization's own exempt activitie									
ГС	Supplemental Inform 15b, 15c, 16, and 17b, as a							art III, line	es 9, 9	b, 10b,
	150, 150, 10, and 170, as	applicable.	AISO PIO	vide any additio			10115.			

Schedule G	a (Form 990
Dart IV	Quanta

Part IV	Supplemental information (continued)	

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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



27-2228933

Form 990, Part I, Line 1, Description of Organization Mission:

BLUE STAR SERVICE DOGS, INC.

VETERANS AND FIRST RESPONDERS DIAGNOSED WITH VISIBLE AND INVISIBLE

WOUNDS AND CONTINUE TRAINING THEM TOGETHER TO BE SERVICE DOGS AND

QUALIFIED HANDLERS. DOING THIS WE ARE RESCUING ONE TO HEAL ANOTHER.

Form 990, Part III, Line 1, Description of Organization Mission:

TO HEAL ANOTHER.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Our prison program involved 46 inmate handlers who provided

foundational obedience and pre-task training. Blue Star Service Dogs

trainers visited the prisons weekly to guide handlers, assess each

dog's progress, and support effective training.

In 2023, we proudly celebrated the graduation of 11 service dog teams.

Form 990, Part VI, Section B, line 11b:

The draft copy tax return was emailed to all Directors upon completion for review and comment.

Form 990, Part VI, Section B, Line 12c:

At the annual meeting, all possible conflicts are discussed among the full

board of directors in relation to the policy and appropraite actions are

taken, if necessary.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

Schedule O (Form 990) 2023	Page 2
Name of the organization BLUE STAR SERVICE DOGS, INC.	Employer identification number 27-2228933
Form 990, Part VI, Section C, Line 19:	
Documents will be made available upon request in person,	or in writing
delivered to our corporation address as listed on page 1	of Form 990.