# Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning $JUN~4$ , $2012$ and ending DEC	31, 20	012
В	Check if applicab	le: C Name of organization		ntification number
	<del></del> -1	ess change		
	Name	change GENESIS ASSISTANCE DOGS, INC.	45-52	59950
Σ	Initia		E Telephone nu	
	_	inated P.O. BOX 3101	561-32	29-0277
È	Amer		F Group Exemp	
	_	ation pending WEST PALM BEACH, FL 33402	Number <b>&gt;</b>	
G				if the organization is not
		e: ► HTTP://WWW.GENESISASSISTANCEDOGS.ORG/		tach Schedule B
			•	90-EZ, or 990-PF).
		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gro		
		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction		
		n, be sure to file a complete return.	,	•
L.	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	<b>!.</b>	
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	=	62,460.
P	art I		ctions for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>
	1	Contributions, gifts, grants, and similar amounts received		58,833.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a	[N.2.7]	
		Less: cost or other basis and sales expenses 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than		
eun		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ 9,447. of contributions		
		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b 3,62		
	4	Less: direct expenses from gaming and fundraising events 6c 3,62		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.
		Gross sales of inventory, less returns and allowances 7a	A Section 1	
	b	Less; cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,833.
	10	Grants and similar amounts paid (list in Schedule 0)	10	
	11	Benefits paid to or for members	11	
ses	12	Salaries, other compensation, and employee benefits	12	E FOE
Expenses	13	Professional fees and other payments to independent contractors	13	5,585.
	14 15	Occupancy, rent, utilities, and maintenance	14	792.
	16	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0)  SEE SCHEDULE O	15	28,896.
	17			
	18	Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)	17	35,273. 23,560.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	18	43,300.
SS	1.9	(must agree with end-of-year figure reported on prior year's return)		0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		0.
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u>≥0</u>	23,560.
LH.		Paperwork Reduction Act Notice, see the separate instructions.	P   51	Form <b>990-EZ</b> (2012)

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_	m 990-EZ (2012) GENESIS ASSISTANCE D			<u>45-</u>	<u>52599</u>	50 Pag	ge 2
Pa	Balance Sheets (see the instructions for	•	arta a ta mata manan			r-	
	Check if the organization used Schedule	O to respond to any que		<del></del>		L	_
00	Cook savings and investments	(A) Beginning of year	- 00	(0)	and of year	_	
22	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	. 22		23,56	<u>.</u>
23 24				23 24			
			^	<del></del>		23,56	_
25 26			0	• 25 • 26			0.
20				• 26 • 27		23,56	
	art III Statement of Program Service Accomp	lishments (see the instru	uctions for Part III)	•   Z1	E,	XDenses	<u>v .</u>
L. <u>. •</u>	Check if the organization used Schedule					tor section	
W/hr	at is the organization's primary exempt purpose?SEE SCHED		Stion in this call in	· [	501(c)(3)	and 501(c)(4)	
						ions and section I) trusts; option	
	cribe the organization's program service accomplishments for each of its three larg oner, describe the services provided, the number of persons benefited, and other re		penses. In a clear and concise		for others		iai
	SEE SCHEDULE O						
20	SEE SCHEDOLE O						
	(Grants \$ ) If this amount includes	s foreign grants, check here			28a	35,27	2
29	(Grains \$ ) If this amount includes	s foreight grants, check here			20a	32,41	<u>., .</u>
23	-						
	(Grants \$ ) If this amount includes	toraign grants, aback hara		$\overline{}$	29a		
30	(Grants o ) if this amount includes	s foreign grants, check here			298		
30							
	······						
	(Grants \$ ) If this amount includes	s foreign grants, check here		7	30a		
		storeigh grants, check here			30a		
01		foreign grants, check here			31a		
3.9	Total program service expenses (add lines 28a through 31:					35,27	3
P:	art IV List of Officers, Directors, Trustees, and	a) d Kev Employees List each	one even if not compensated /	coe the	instructions f	for Part IVA	<u> </u>
-	Check if the organization used Schedule		·	1			$\neg$
	onon in the origination does compassion	(b) Average hours			aith benefits,		 3d
	(a) Name and title	per week devoted to	compensation (Forms	contr	ibutions to yee benefit	amount of oth	
	(a) Hamb and the	position	W-2/1099-MISC) (If not paid, enter -0-)	plans,	and deferred pensation	compensation	วก
JF	EFFERY EAGLE				porrout	-	
	RESIDENT	20.00	0.		0.		0.
	AUL GAUCHER						<del></del>
	ICE PRESIDENT	5.00	0.		0.		0.
	ARGO KOHLHOFF	3.00	· ·		<u> </u>	<del>                                     </del>	<u>.</u>
	ECRETARY	30.00	0.		0.	,	0.
	OHN CARR					<u> </u>	•
	REASURER	5.00	0.		0.		0.
	ANIELLE FORD						•
	IRECTOR	20.00	0.		0.	] ,	0.
	DIS MACKEY	20:00			<u> </u>	ļ · · · · · · · · · · · · · · · · · · ·	<u>.</u>
	IRECTOR	1.00	0.		0.		ο.
	EVERLY BROBERG	1.00		ļ		1	<u>.</u>
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	VIIV OUROMED	1.00	· ·		•	<del>                                     </del>	0.
111	ALLY CHESTER						
	IRECTOR	5.00	0.		0.		0.
CH							

Form **990-EZ** (2012)

GENESIS ASSISTANCE DOGS, INC. Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) X 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? 35a N/Ab If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N X 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \_\_\_\_\_ 37a b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 > 0 . ; section 4955 🕨 0. section 4911 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes." complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed > FL Telephone no.  $\triangleright 561-329-0277$ 42 a The organization's books are in care of ▶ JEFFREY EAGLE Located at ▶ P.O. BOX 3101, WEST PALM BEACH, FL ZIP+4 ► 33402 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

Form 990-EZ (2012)

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) .......

Form 990-EZ (2012)

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GENESIS ASSISTANCE DOGS, INC. 45-5259950 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) Is the organization in col. (i) organized in the U.S.? (iv) Is the organization (v) Did you notify the (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary n col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No Nο

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

Schedule A (Form 990 or 990-EZ) 2012

232021

Total

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

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

Calendary yas ( of fiscal years beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total of this general contributions, and memberahij fises received. ((Do not include any "unusual grants.")  2 Tax revenues leviked for the organization without charge  4 Total. Add line of through 3  3 The value of services or facilities turnished by a governmental unit to the organization without charge  4 Total. Add line of through 3  6 The portion of total contributions by each person (other than a governmental unit to the organization without charge  4 Total. Add line of through 3  7 Amounts from in the 4 cased 25% of the arround shown on line 11, column (f)  8 Public gupport. Service has fore line 4  8 Cection B. Total Support  8 Gross income from increast dividends, payments received on securities boars, ents, royalties and increase the arround shown on from increast dividends, payments received on securities boars, ents, royalties and increase the securities boars, ents, royalties and increase the securities boars, ents, royalties of the securities boars, ents, royalties of the post of the securities boars, ents, royalties of the post of the securities boars, ents, royalties of the post of the p	Sec	ction A. Public Support						
memberathip fees received. (Do not include any "unusual grants.")  2 Tax revenues evided for the organization's benefit and other paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11.  Section B. Total Support.  Section B. Total Support.  4 Amounts from sine 4  Section B. Total Support.  6 Public support several line of the first several services and included on securities leans, rents, royalities and included on securities leans, rents, royalities and included on securities leans, rents, royalities and included from similar sources.  9 Not income from unclased business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, act. (see instructions)  12 Gross receipts from related activities, act. (see instructions)  13 First five years. If the Form 560 is for the organization if rest, socond, third, fourth, or fifth tax year as a section SDT(s)(S) organization, check this box and stop here. The organization qualifies as a publicly supported organization.  14 Sublic support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percenta	Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Tax revenues sevied for the organization benefit and either paid to or expended on its behalf.  3 The value of services or facilities turnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit to rubblicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i).  5 Public support. Determine the column of the common	1	Gifts, grants, contributions, and						
2 Tax revenues twind for the organization's benefit and either pict to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines I through 3.  5 The portion of total contributions by such person (other than a governmental unit to publicly aupported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  8 Public support, Salvest lines 5 tem lines.  9 Public support salvest lines 5 tem lines.  1 (a) 2009 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Clareday reys of (rised layer beplaning in) (a) 2009 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Clareday reys of (rised layer beplaning in) solicies.  9 Net income from interest, dividends, payments received on securities loans, entis, royalties and income from armillar solicies.  9 Net income from unreleted business activities, whether or not the business is regularly carried on 10 Other income, Do not include gata or loss from the sale of capital assets (Explain in Part IV)  17 Total support, Add lines 7 through 10 (c) 2009 (c) 2009 (c) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 2012 (f) Tota		membership fees received. (Do not						
2 Tax revenues leviad for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines it through 3 . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Setred line 5 families 4 . 5 Public support supports designed lines 5 families 4 . 5 Public support setred lines 5 families 4 . 5 Public support fines lines 4 . 5 Public support from similar sources a . 6 Gross income from increast, dividends, payments received on securities loans, rents, cryalities and increast and income from similar sources . 9 Not income from increast, dividends, payments received on securities loans, rents, cryalities and increast from similar sources . 9 Not income from unclaided business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part IV). 11 Total support percentage from 2011 Schedule A, Part II, line 14 . 12 Gross receipts from related activities, etc. (see instructions) . 13 First five years, if the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization . 14 Support percentage from 2011 Schedule A, Part II, line 14 . 15 Public support percentage from 2011 Schedule A, Part II, line 14 . 16 33 1/3% support test - 2012. 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 .  17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, fac, or 16b, and line 14 is 10% or more, and if the organization meets the "fact		include any "unusual grants.")					58,833.	58,833.
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,  6 Public support. Subreak line's from line 4  Section B. Total Support  Cellendar year (or fiscal year beginning in)   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on 10 Other Income. Do not include gain or lose from the sale of capital assets (Explain in Part IV.) 11 Total support. Add line 7 through 10  2 Gross racepts from related activities, etc. (see instructions) 12 Gross racepts from related activities, etc. (see instructions) 13 First five years, if the Form 950 is for the organization's first, second, third, fourth, or fifth tax year as a section SOI(o/IS) organization, check this box and stop here  14 Public support percentage from 2011 Schedule A, Part II, line 14  5 Public support percentage from 2011 Schedule A, Part II, line 14  5 Public support percentage from 2011 Schedule A, Part II, line 14  5 Public support percentage from 2011 Schedule A, Part II, line 14  5 Public support percentage from 2012 (line organization did not check the box on line 13, end line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% support test - 2011. 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 IV how the  10 10% facts-and-circumstances test. 2011. If the organization contents the organization contents the facts-and-cir	2	Tax revenues levied for the organ-						<del></del>
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines it through 3		ization's benefit and either paid to	!					
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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	11						[9] 2 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	58,833.
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test - 2012. 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  17 a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. 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 IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	13							
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	ınd see instructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	l					
	include any "unusual grants.")						
2	Gross receipts from admissions,	 					
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	I					
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-	1					
	iness under section 513	I					
4	Tax revenues levied for the organ-						i
•	ization's benefit and either paid to						
	or expended on its behalf	I					
E	The value of services or facilities	<del></del>					
5							
	furnished by a governmental unit to	1					
_	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<del> </del>					
t	) Amounts included on lines 2 and 3 received from other than disqualified persons that	I					
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,	I					
	dividends, payments received on securities loans, rents, royalties	1					
	and income from similar sources	1					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,	1					
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
122	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L				
14	First five years. If the Form 990 is for	<del>-</del>			•	•	·
	check this box and stop here						
	ction C. Computation of Publ	<u></u>			·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2012 (I						%
<u>16</u>	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2012. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2011. If the						
^	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		•				
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Pari	t IV		upp	leme	ntal In	form	ation.	Comp	lete this	part to	provide :	the exp	olanation	s requi	red by F	art II, Iir	ne 10; ₽	art II, line 17:	a or 1	17b;
		ar	nd Pa	rt III, iir	ne 12. Al	so cor	nplete tr	nis pai	rt for an	y additio	nal infor	mation	. (See ins	structio	ns).					
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#### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

GENESIS ASSISTANCE DOGS, INC.

Employer identification number 45 – 5259950

GENESIS ASSISTANCE DOGS, INC.	45-5259950
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	364.
FEES & LICENSES	1,018.
COMPUTER & INTERNET EXPENSES	321.
TRAVEL EXPENSES	409.
INSURANCE	757.
MEDICAL & VET EXPENSES	250.
PURCHASE PRICE OF DOGS	1,500.
VESTS, LEASHES, SUPPLIES	1,077.
BOARDING	6,031.
FOOD & TREATS	2,116.
KENNELS & CARETAKERS	6,961.
TRAINERS	7,883.
TRAINING AIDS	209.
TOTAL TO FORM 990-EZ, LINE 16	28,896.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - GENESIS AS TRAINING PROGRAM PROVIDES QUALIFIED CLIENTS OF VARYING DIS WITH A HIGHLY SKILLED ASSISTANCE DOG IN ORDER TO IMPROVE T OF LIFE AND PROVIDE THEM WITH THE INDEPENDENCE TO REALIZE	IBILITIES HEIR QUALITY
POTENTIAL THROUGH THE DEDICATION, SERVICE AND COMPANIONSHI ASSISTANCE DOG.	P OF AN
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:

GENESIS ASSISTANCE DOGS, INC. ACCEPTS GOLDEN RETRIEVERS

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

Schedule O (Form 990 or 990-EZ) (2012)

#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-FZ.

2012 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number 45-5259950 GENESIS ASSISTANCE DOGS, INC. AND LABRADORS FROM QUALITY BREEDERS WITH A THREE GENERATION PEDIGREE. THE DOGS UNDERGO A COMPLETE PHYSICAL EXAM FOR HEALTH AND TEMPERAMENT ISSUES. STRICK GUIDELINES ARE FOLLOWED FOR BREEDING AND TRAINING. GENESIS CURRENTLY HAS TWO FEMALE ADULT BREEDER DOGS AND THREE FEMALE PUPPIES WHO ARE IDENTIFIED AS FUTURE IN ADDITION, GENESIS HAS ONE MALE BREEDER DOG AND HAS THE AVAILABILITY OF STUD SERVICES FROM SOME TOP NATIONAL BREEDERS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

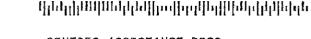
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Department of the Treasury Internal Revenue Service Ogden UT 84201

1-877-829-5500 FAX 801-620-5670 Notice Number: CP211A Date: June 24, 2013

For assistance, call:

Taxpayer Identification Number: 45-5259950 Tax Form: 990 Tax Period: December 31, 2012



GENESIS ASSISTANCE DOGS % JEFFREY EAGLE PO BOX 3101 WEST PALM BCH FL 33402-3101

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004191

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.