	IRS e-file Signature Authorization for an Exempt Organization		13418 Na 1010-1876
Department of the Transport Powerst Inscitute devices	Contraction of the participation of the IRS, Keep for your records. Go to www.irs.gov/Form8879EO for the lotest information.	<u>19</u>	2018
Name of everyour organization	and the second sec	Employe	r lesatification number
PIDDI CO DUIDE	200 100000		
Name and the of officer	DOG FOUNDATION, INC	**-1	***0478
KAREN C. TRIP	0		
CEO	*		
	Return and Return Information (Whole Dolars Only)		
Check the best for the refu	an for which you are using this Form 8879-50 and enter the applicable amount, if any, fro a balan, and the securit on that the form 8879-50 and enter the applicable amount, if any, fro	_	
un she 19, 28, 38, 48, or 6 whichever is applicable, he than one line in San I.	ia, below, and the simulation that the for the return being field with this form was blenk, the lank (do not writer -D). But, if you entered -D, on the return, then enter-D, on the applicable	m the ret ten leave line treb	um If you check the b line 16, 25, 35, 45, or 19, Do not complete m
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VII, column (4), Ine 12:		1 212 10
2a Form 990-57 chook he	b Total recently, if any IForm 980 FZ Imagin		4,246,49
Sa Form 1120/POL check	trete 📂 📖 La Total tax (Prin \$120/POL inte 22)	25 35	
48 Form 990 PF streck te	b Tax based on investment imparts (Tron 601/05 Day of the st	40	
5a Form 5878 chook here	b Balance Due (Form 5568, Ine 3c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
Index penalties of second	I declare that an articler of the above organization and that I have extensined a copy of impanying schedules and statements and to the best of my knowledge and ballet, they are over in Part I shows is the amount shows on the best of my knowledge and ballet, they are		
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

8 **Open to Public** Inspection

OMB No. 1545-0047

Α	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and	ending J	UN 30, 2019		
B	Check if applicat	C Name of organization D Employer identification number				
	Addr	FIDELCO GUIDE DOG FOUNDATION, INC				
	Name	ge Doing business as		**_*	**0478	
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final			860-	243-5200	
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,107,116.	
	Amer returr Appli		H(a) Is this a group re			
	tion pend	F Name and address of principal officer: KAREN C. IKIFF			? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		tempt status: X 501(c)(3) 501(c)() ◄ (insert no.) 4947(a)(1) c ite: ► WWW.FIDELCO.ORG	or 🛄 527		list. (see instructions)	
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 🕨 I State of legal domicile: CT	
	art I				State of legal dominine. C I	
	1	Briefly describe the organization's mission or most significant activities: PROM	OTING	INCREASED I	NDEPENDENCE	
& Governance	1.	TO MEN AND WOMEN WHO ARE BLIND BY PROVID	ING TH	IEM WITH HIG	HEST	
rna	2	Check this box if the organization discontinued its operations or disposed in the organization din the organization din the organization disposed in the organiz	sed of more	e than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			11	
উ	4	Number of independent voting members of the governing body (Part VI, line 1b) _		4	11	
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			69	
Activities	6	Total number of volunteers (estimate if necessary)			350	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.	
		Contributions and suggets (Dout) (III line 1b)		Prior Year 3,891,388.	<u>Current Year</u> 3,760,170.	
anc	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		106,371.	96,130.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		325,372.	278,157.	
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		107,453.	112,038.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,430,584.	4,246,495.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		3,566,119.	3,882,470.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ďX		Total fundraising expenses (Part IX, column (D), line 25) 908,85		0 000 600	0 200 450	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,292,639.	2,300,450.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,858,758.	6,182,920.	
- Si	19	Revenue less expenses. Subtract line 18 from line 12		-1,428,174.	-1,936,425.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		eginning of Current Year 22,051,839.	End of Year 21,761,759.	
Assu	20	Total liabilities (Part X, line 16)		1,501,206.	2,584,266.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20	·····	20,550,633.	19,177,493.	
	art II				, ,	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.		

Sign Here	Signature of officer KAREN C. TRIPP, CEO Type or print name and title			Date
	Print/Type preparer's name	Preparer's signature	Date	
Paid	THOMAS GOLDFUSS			self-employed P01373588
Preparer	Firm's name WHITTLESEY PC			Firm's EIN **-***3326
Use Only	Firm's address 280 TRUMBULL ST	24TH FL		
HARTFORD, CT 06103				Phone no.860.522.3111
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	31-18 I HA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE PURFOSE OF THE FIDELCO GUIDE DOG FOUNDATION IS TO PROVIDE SAFETY, INCREASED MOBILITY AND GREATER INDEPENDENCE TO PEOPLE WHO ARE BLIND (VISUALLY IMPATRED, BY BREEDING AND TRAINING, HIGHLY INTELLIGENT GERM SHEPHERD DOGS WHO ARE THEN MATCHED WITH THESE CLIENTS. THE ORGANIZATION DOES THIS, WITHOUT CHARGE, BY MAINTAINING A SIGNIFICANT SCIENTIFIC BREEDING PROGRAM, ENHANCING THE INTELLIGENCE AND STAMINA (CLIENTS, THE ORGANIZATION IS UNIQUE IN THAT IT PROVIDES "IN-COMMUNIT TRAINING, WHICH MEANS THAT CLIENTS DO NOT NEED TO TRAVEL OR SPEND TIN TAWAY FROM THEIR HOMES AND PLACES OF WORK IN ORDER TO BE TRAINED. OUR HIGHLY SKILLED TRAINING STAFF, EACH OF WHOM HAS EXCELLED IN A THREE-YEAR TRAINING APPRENTICESHIP, TRAVEL TO THE CLIENT'S COMMUNITY (code)(Expenses) [Revenues) (code)(Expenses) [Revenues) (code)(Expenses) [Revenues		990 (2018) FIDELCO GUIDE DOG FOUNDATION, INC **-**0478 Pa
Biology describe the organizations mission: PROMOTING INCREASED INDEPENDENCE TO MEN AND WOMEN WHO ARE BLIND BY PROVIDING THEM WITH HIGHEST QUALITY GUIDE DOGS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 960 or 960 E27 Ives: [] Did the organization undertake any significant program services during the year which were not listed on the prior Form 960 or 960 E27 Ives: [] Did the organization scales conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sectors 501(8)3 and 501(8)4 organizations are required to report the amount of grants and allocations to others, the total sepanses, and rownau, <i>Ling V</i> , for each program service accompletioners to report the mount of grants and allocations to others, the total sepanses, and rownau, <i>Ling V</i> , for each program services accompletioners to report the mount of grants and allocations to others, the total sepanses, and rownau, <i>Ling V</i> , the TDEDCS OF THE PUBLCS OF OPE THE PUBLCS GOT FILE VIEW CARE BLIND CONTENTS OF NORTHER VIEW ARE BLIND CONTENTS of NORTHER VIEW ARE BLIND CONTENTS of NORTHER VIEW ARE BLIND CONTENTS of NORTHER INTERLIGENCE AND STANNINA (THE MEANS THAT CLIENTS DO NOR NEED TO 10 YEARS FROVIDING GUIDANCE TO CONTINUATION COS TIN-COMMUNITY TRAINING, WHITCH MEANS THAT CLIENTS DO NOR NEED TO TO TAVEL OR STANNINA (THERE SUBLICE THEM TO SERVICE SUBLICE OF WORK IN ORDER TO BE TRAINED. OUT HIGHLY INTERLES OF MORE THEN MISCH ARE STAPP, EACH OF WHOR HAS EXCELLED IN A THREE-VEAR TRAINING APPRENTICESHIP. TRAVEL TO THE CLIENT'S COMMUNITY PLANE THE ENCLOSE (Describe in Schodule O) (code:	Par	
PROVDING INCREASED INDEPENDENCE TO MEN AND YOMEN WHO ARE BLIND BY PROVIDING THEM WITH HIGHEST QUALITY GUIDE DOGS. Did the organization undertake any significant program services during the year which were not listed on the prior form 680 or 580-E2? Image: Control of State (Control of State (Check if Schedule O contains a response or note to any line in this Part III
PROVIDING THEM WITH HIGHEST QUALITY GUIDE DOGS. Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 800 E2? □ Ves [2] Did the organization crease conducting, or make significant changes in how it conducts, any program services? □ Ves [2] Did the organization crease conducting, or make significant changes in how it conducts, any program services? □ Ves [2] Did the organization crease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5010(53) and 5010(54) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fan, yrife ceal program services (Could De DoG FOUNDATION IS TO PROVIDE SAFETY INCREASED MOBILITY AND GREATER INDEFENDENCE TO PEOPLIE WHO ARE BLIND (1) VISUALLY IMPAIRED, PM BREADING AND TRAINING, HIGHLY INTELLIGENT GERMA SHEPHERD DOGS WHO ARE THEN MATCHED WITH THENE CLEMPTS. THE ORGANIZATION DOS THIS, WITHOUT CHANGE, EY MAINTAINING A SIGNIFICANT SCIENTIFIC BREEDING PROGRAM, ENHANCING THE INTECLIGENCE AND STATUNA (THE DOGS TO ENALE THE MOS OF DENALE THE WTO STATUNA (STATUNA OF STATUNA (THE ORGANIZATION IS UNIQUE IN THAT IT PROVIDES "IN-COMMUNIT TRAINING, WHICH MEANS THAT CLEAST FO WORK IN ORDER TO BE TRAINED. OUT HIGHLY SKILLED TRAINING APPRENTICESHIP, TRAVEL TO THE CLIENT'S COMMUNITY TRAINING, WHICH MEANS ATAPF, EACH OF WORK IN ORDER TO BE RAINNES (COMMUNITY TRAINING, WHICH MEANS ATAPF, EACH OF WORK IN ORDER TO BE TRAINED. OUT HIRELYEAR TRAINING APPRENTICESHIP, TRAVEL TO THE CLIENT'S COMMUNITY (Community of the could approxi at s	1	
Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-E27		
pror from 990 or 990.E27		PROVIDING THEM WITH HIGHEST QUALITY GUIDE DOGS.
pror from 990 or 990.E27		
pror from 990 or 990.E27		
If "Yes," describe these new services on Schedule 0. Dot the organization cease conducting, or make significant changes in how it conducts, any program services?	2	
Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
If 'Yes,' describe these changes on Schoule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section S01(c) and S01(c) granization are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (code:		
Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revertue, if my forgam service accomplishments of required to report the amount of grants and allocations to others, the total expenses, and revertue, if my forgam service accomplishments of reported the amount of grants and allocations to others, the total expenses, and revertue, if my forgam service accomplishments of reported the amount of grants and allocations to others, the total expenses, and revertue, if my forgam services accomplishments of reported the amount of grants and allocations to others, the total expenses, and reverses, if the PURCSE OF THE FURPCSE OF THEM MATCHED WITH THESE CLIENTS. THE ORGANAL STRAILING IN GUIDE IN THAT IT PROVIDES "IN-COMMUNITY TRAINING, WHICH MEANS THAT CLIENTS DO NOT NEED TO TRAVEL OR SPEND TH AMAY FROM THEIR HOMES AND PLACES OF WORK IN ORDER TO BE TRAINED. OUT HIGHLY SKILLED TRAINING STAFF, EACH OF WHOM HAS EXCELLED IN A THREE-YEAR TRAINING APPRENTICESHIP, TRAVEL TO THE CLIENT'S COMMUNITY (core)(ferences)(ference s)(ference s	3	5 5 5 5 5 5
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Part IV Checklist of Required Schedules

FIDELCO GUIDE DOG FOUNDATION, INC

			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?	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
<u> </u>	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	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			
-	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		X
	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
	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,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	- 17	<u> </u>
19		19		x
20-2	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
	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			37
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
0 -	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		х
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		Х
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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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 in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ A	<u> </u>
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
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FIDELCO GUIDE DOG FOUNDATION, INC

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 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?			Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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 10a			
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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
	If "Yes," complete Form 4720, Schedule O.			

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FIDELCO GUIDE DOG FOUNDATION, INC

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

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 in Schedule O. See instructions.

		1.1	1 -	1	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1:	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1 -	1		
	Enter the number of voting members included in line 1a, above, who are independent		1:			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		•			
	officer, director, trustee, or key employee?			2		_
	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
	Did the organization make any significant changes to its governing documents since the prior Form			4		_
	Did the organization become aware during the year of a significant diversion of the organization's as			5		_
	Did the organization have members or stockholders?			6		_
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or			
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			ļ
	The governing body?			8a	X	
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 re	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	╡
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>			12c	x	
	Did the organization have a written whistleblower policy?			13	Х	1
	Did the organization have a written document retention and destruction policy?			14	Х	1
	Did the process for determining compensation of the following persons include a review and approv					1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	┫
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement w	rith a			
	taxable entity during the year?			16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					ł
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure				-	
	List the states with which a copy of this Form 990 is required to be filed CT , MA , NY , PA , D	FL,N	J			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a			3)s only) avail	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain			. ,		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		,	nd finan	cial	
	statements available to the public during the tax year.		i interest policy, al	u iiial	Ciai	
	State the name, address, and telephone number of the person who possesses the organization's b	ooke an	d records			
	DIANE LINDELAND - 860-243-5200 103 VISION WAY, BLOOMFIELD, CT 06002	ooks an				

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

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

Т

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	. unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st cor yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			e gamenone
(1) KAREN C. TRIPP	1.00		_	_	_	<u> </u>				
CHAIRPERSON		X		X				0.	0.	0.
(2) G. KENNETH BERNHARD, ESQ.	1.00									
VICE CHAIRMAN		X		Х				0.	0.	0.
(3) MARK T. BERTOLINI	1.00									
DIRECTOR		Х						0.	0.	0.
(4) EDWARD H. BUDD	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JOHN H. GOTTA	1.00									-
SECRETARY		х		х				0.	0.	0.
(6) LILIAN F. JOHNSON	1.00									
DIRECTOR		X						0.	0.	0.
(7) STEPHEN H. MATHESON	1.00								0	•
DIRECTOR EMERITUS	1 00	X						0.	0.	0.
(8) KAREN SHAW PETROU	1.00								0	•
DIRECTOR	1 00	X						0.	0.	0.
(9) HONORABLE M. JODI RELL	1.00								0	0
DIRECTOR		X						0.	0.	0.
(10) ELIOT D. RUSSMAN	60.00			37				220 001	0	27 240
PRESIDENT & CEO THRU 4/30/2019	1.00			X				228,881.	0.	37,348.
(11) CHARLES W. SHIVERY DIRECTOR	1.00	x						0.	0.	0.
(12) PETER L. TEDONE	1.00	^						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
								0.	0.	0.
		1								
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	Form 990 (2018) FIDELCO GUIDE DOG FOUNDATION, INC **-**0478 Page 8													
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck	erson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org an	pensa om th anizat d relat anizati	e tion ted
1b	Sub-total								228,881.		0.	3	7,3	48.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····	·····	·····				0. 228,881.		0.			
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed a	bove	e) wł	no r	eceived more than \$100),000 of reportab	le		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	-				-			-			5		x
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation	rom	
	the organization. Report compensation for (A)					with	or w	rithir	(B)			(0		
	Name and business address NONE Description of services								ompe	nsatio	<u>n</u>			
2	Total number of independent contractors (i	ncluding but n	iot lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(0					Form	990 ()	2018)

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Ра	rt VI	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ts, (Arr		Fundraising events		13,487.	-			
Gif ilar	d	Related organizations	1d		-			
ns, Sim		Government grants (contribu			-			
utio	f	All other contributions, gifts, grai						
Oth		similar amounts not included abo		746,683. 54,669.	-			
.uo		Noncash contributions included in line			3,760,170.			
0	<u> </u>	Total. Add lines 1a-1f		Business Code				
e	2 a	SALES OF PRODUC	CTS AND	900099	96,130.	96,130.		
vic	b							
Program Service Revenue	c							
am	d							
ogr	е							
P.	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f			96,130.			
	3	Investment income (including	-		204 400			204 400
	_	other similar amounts)			284,488.			284,488.
	4	Income from investment of ta						
	5	Royalties						
	6 9	Gross rents	(i) Real 69,318.	(ii) Personal	-			
		Gross rents Less: rental expenses			-			
		Rental income or (loss)	51,748.					
		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	51,748.			51,748.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	807,825.					
	b	Less: cost or other basis						
		and sales expenses	814,156.		-			
				•	6 221			6 221
		Net gain or (loss)		····· ►	-6,331.			-6,331.
anı	8 a	Gross income from fundraisir including \$ 13,4	•					
sver		contributions reported on line						
Other Revenue		Part IV, line 18		54,669.				
the	b	Less: direct expenses	b	28,895.				
0		Net income or (loss) from fun		►	25,774.			25,774.
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gar		····· •				
	10 a	Gross sales of inventory, less						
	Ь	and allowances			-			
		Net income or (loss) from sale						
		Miscellaneous Reven		Business Code				
	11 a							
	b							
	с							
	d	All other revenue			34,516.			34,516.
	е	Total. Add lines 11a-11d			34,516.	0.6.4.0.0		200 105
	12	Total revenue. See instructions			4,246,495.	96,130.	0.	
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Part IX Statement of Functional Expenses

FIDELCO GUIDE DOG FOUNDATION, INC

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

D -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	252,277.	75,683.	75,683.	100,911
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,538,659.	1,721,472.	459,371.	357,816
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	798,772.	597,959.	126,607.	74,206
0	Payroll taxes	292,762.	110,955.	87,733.	94,074
1	Fees for services (non-employees):				
а	Management				
b	Legal	93,283.		93,283.	
с	Accounting	25,650.		25,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	93,194.	29,308.	63,886.	
2	Advertising and promotion	75,752.	2,482.		73,270
3	Office expenses	315,168.	105,879.	106,464.	102,825
4	Information technology	8,966.	4,083.	4,883.	
5	Royalties				
6	Occupancy	236,163.	182,621.	29,004.	24,538
7	Travel	204,767.	201,969.		2,798
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
9	Conferences, conventions, and meetings	2,858.	2,414.	444.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	376,893.	313,356.	34,619.	28,918
3	Insurance	146,658.		146,658.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	KENNEL COSTS	299,081.	299,081.		
b		-	-		
с					
d					
e	All other expenses	422,017.	106,705.	265,814.	49,498
5	Total functional expenses. Add lines 1 through 24e	6,182,920.	3,753,967.	1,520,099.	908,854
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Balance Sheet	
Check if Schedule O contains a response or note to any line in this Part X	
	(A)

		Check if Schedule O contains a response of not	e lo ai				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			635,458.	1	1,029,989.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	932,993.	3	125,205.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect	``				
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		F		8	
	9	Prepaid expenses and deferred charges			110,961.	9	156,380.
	10a	Land, buildings, and equipment: cost or other		Г			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	10,987,295.			
	b	Less: accumulated depreciation	10b	5,195,961.	5,999,206.	10c	5,791,334.
	11	Investments - publicly traded securities			14,373,221.	11	14,658,851.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			22,051,839.	16	21,761,759.
	17	Accounts payable and accrued expenses	1,280,132.	17	1,737,146.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
liti		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			221,074.	23	847,120.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,501,206.	26	2,584,266.
		Organizations that follow SFAS 117 (ASC 958		k here ► 🔽 and			
sec		complete lines 27 through 29, and lines 33 an					F 006 000
anc	27	Unrestricted net assets			6,664,986.	27	5,886,398.
Bal	28	Temporarily restricted net assets			2,097,203.	28	1,092,452.
pu	29				11,788,444.	29	12,198,643.
'n		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ └──			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq		F		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			20,550,633.	32	
	33	Total net assets or fund balances				33	19,177,493.
	34	Total liabilities and net assets/fund balances			22,051,839.	34	21,761,759.

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Part X Bala

Form	1990 (2018) FIDELCO GUIDE DOG FOUNDATION, INC	**_**	*0478	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
					~ -	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,240	5,4	$\frac{95}{20}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,182			
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-1,930</u>	,936,42		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,550			
5	Net unrealized gains (losses) on investments	5	130	J,6	73.	
6	Donated services and use of facilities	6				
7	Investment expenses	7	4.2		10	
8	Prior period adjustments	8	43.	2,0	12.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		10 17		0.2	
De	column (B))	10	19,17	/,4	93.	
Pa	rt XII Financial Statements and Reporting				X	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	Yes	No	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	NO	
1	<u> </u>		-			
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0.		х	
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				
	separate basis, consolidated basis, or both:					
Ь	Were the organization's financial statements audited by an independent accountant?		2b	x		
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20			
	consolidated basis, or both:	e Dasis,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c	x		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		20			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
54	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990 (2018)	

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SCHEDULE A	
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1	Form	990	or	990-EZ
1		550		

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of	the organizati	-	- 0					Employer	r identification number	
		FIDE	LCO GUIDE	DOG FOUNDATI	ON, I	NC		*	*-***0478	
Part I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructior	IS.		
The organ	nization is not a	a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)				
1	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3				anization described in s e			ii).			
4				njunction with a hospita				(iii). Enter	the hospital's name,	
	city, and stat									
5			or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6				mental unit described in	section 17	70(b)(1)(A)	(v).			
7 X				antial part of its support f				the general	public described in	
			omplete Part II.)							
8				(1)(A)(vi). (Complete Par	t II.)					
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	a land-grant	college	
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	ge or	
	university:									
10	An organizat	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	
	activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its suppor	t from gross investment	
	income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.	
	See section	509(a)(2). (Cor	mplete Part III.)							
11	An organizat	ion organized a	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).			
12	An organizat	ion organized a	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or	
	more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	
	_lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	id 12g.		
a	📙 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving	
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b 🗌	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
	control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
c 🗆	Type III fui	nctionally inte	egrated. A supportin	ig organization operated	in connec	tion with,	and functiona	ally integrat	ed with,	
_				s). You must complete l						
d 🗌	_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	orted organ	ization(s)	
	that is not	functionally int	tegrated. The organized and the organized and the second sec	zation generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	tiveness	
_	requiremer	nt (see instruct	ions). You must cor	mplete Part IV, Sections	s A and D,	, and Part	۷.			
e 🗆		•		written determination fro			а Туре I, Туре	e II, Type III		
			• •	onally integrated support						
			n about the supporte		(iv) is the orac	anization listed	(.) (6		
	 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)	
	organization			above (see instructions))	Yes	No				
Tatal										
Total									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_01

Schedule A (Form 990 or 990 EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC

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

(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.)

Galedar year (of fiscal year beginning in) \> (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) Total 1 offits, grants, contributions, and prants, ') 5, 326, 061. 4, 648, 749. 2, 975, 724. 3, 891, 386. 3, 760, 170. 20, 612, 092. 2 Tax revenues levide for the organization without charge -	Se	ction A. Public Support								
membership fees received (10 not include any 'unusual grants.') 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 691, 386. 3, 760, 170. 20, 612, 092. 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 691, 386. 3, 760, 170. 20, 612, 092. 3 The value of services or facilities furnished by a governmental unit the organization without charge 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 891, 386. 3, 760, 170. 20, 612, 092. 4 Total. Add lines 1 through 3 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 891, 386. 3, 760, 170. 20, 612, 092. Section B. Total Support. 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 891, 386. 3, 760, 170. 20, 612, 092. Section B. Total Support. Support. Sold of ganization in the success 2% of the amount shown on line 11, column (i) 5, 336, 061. 4, 648, 749. 2, 975, 724. 3, 891, 388. 3, 760, 170. 20, 612, 092. Section B. Total Support. Grass income from interest, dividends, payments received on securities loans, rents, royalits, and income from similar sources. 361, 538. 378, 388. 336, 412. 326, 232. 284, 488. 1, 687, 058.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
Include any "unusual grants." 5,336,061. 4,648,749. 2,975,724. 3,991,388. 3,760,170. 20,632,092. 2 Tax revenues levied for the organization includes any function of total contributions by a governmental unit to the organization without charge in the organization included on ins 1 that exceeds 2% of the amount shown on line 11. 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 9 ween mental unit or publicly supported organization included on ins 1 that exceeds 2% of the amount shown on line 11. 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 9 weet present (beft than a differe paid to organization included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 20,612,092. 3,91,388. 3,760,170. 20,612,092. 9 define support. Reserve the some at securities losines, rest. royaties, and lincome from interest, dividends, payments received on securities losines, rest. royaties, and lincome from interest, dividends payments received on securities losines are relevances. 361,538. 378,388. 336,412. 326,232. 284,488. 1,667,058. 11 Total support. Add lines 7 through 10 12 22,667,735. 12 12 23 22,667,735. 12 doss receipts from related and differe A part II, inte 1 5,316,061. 4,648,749. 2	1	Gifts, grants, contributions, and								
2 Tax revenues levied for the organization vehicles and the paid to or expended on its behalf 3 The value of services or facilities trunshed by a governmental unit to the organization without charge		membership fees received. (Do not								
training bound in the behalf		include any "unusual grants.")	5,336,061.	4,648,749.	2,975,724.	3,891,388.	3,760,170.	20,612,092.		
or 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 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 4 Total. Add lines 1 through 3 support of total contributions by each person (other than a governmental unit or public) support decignization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 6 Public support. Batewattime 5 time tet. 20,612,092. 5 Section B. Total Support column (f) (a) 2014 7 Amounts from line 4 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 8 Gross income from line 4 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 8 Gross income from line 4 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 8 Gross income from line 4 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 9 Net income from similar sources and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part V). 41,849. 34,768. 44,335. 212,964. 54,669. 388,585. 12 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V). 12 3 First five years. If the Form 900 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. 14 90.85 / 15 90.44 %		ization's benefit and either paid to								
function the organization without charge 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 220 of the amount shown on line 11, column (0) 20,612,092. 20,612,092. 6 Public support. Subtractine 3 toom line 4. 20,612,092. (0) (0) (0) 6 Public support. Subtractine 3 toom line 4. 20,612,092. (0) (0) (0) 6 Public support. Subtractine 3 toom line 4. 20,612,092. (0) (0) (0) 7 Amounts from line 4. 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 8 Gross income from interst, dividends, payments received on securities loans, rents, royaling, and income from sinilar sources, activities, whether or not the subule sais regularly carried on 10 361,538. 378,388. 336,412. 326,232. 284,488. 1,687,058. 1 Total support. Add line 7 through 10 12 13 14,849. 34,768. 44,335. 212,964. 54,669. 388,585. 11 Total support. Add lines 7 th		or expended on its behalf								
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4 Total. Add lines 1 through 3 5,336,061 4,648,749 2,975,724 3,691,386 3,760,170 20,612,092 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 20,612,092 20,612,092 6 Public support. Subtactive 5 tron line 4 20,012 (c) 2016 (c) 2017 (c) 2018 (f) Total 7 Amounts from line 4 5,336,061 4,648,749 2,975,724 3,891,388 3,760,170 20,612,092 8 Cestion B, Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 5,336,061 4,648,749 2,975,724 3,891,388 3,760,170 20,612,092 8 Gross income from interest, apyments received on securities loans, ents, royatles, and income from similar sources 361,538 378,388 336,412 326,232 284,488 1,687,058 9 Net income from interest, for point 0 41,849 34,768 44,335 212,964 54,669 388,585 11 Total support. Add lines 7 through 10 41,849 </td <td></td> <td>furnished by a governmental unit to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		furnished by a governmental unit to								
5 The portion of total contributions by each person (dther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20, 612, 092. Section B. Total Support 5, 336, 061. Calendar year (or fiscal year beginning in) > 5, 336, 061. 5, 336, 061. 7 Amounts from line 4 5, 336, 061. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 361, 538. 378, 388. 336, 412. 326, 232. 284, 488. 1, 687, 058. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 41, 849. 34, 768. 44, 335. 212, 964. 54, 669. 388, 585. 11 Total support. Add lines 7 through 10 12 22, 687, 735. 12 12 12 12 12 13 First five gears. If the Form 990 is for the organization's first, second, third, fourth, or rifth tax year as a section 501(c)(3) organization, chack this box and stop here. 14 90. 85 % 19 90. 44 % 16 90. 44 % <td></td> <td>the organization without charge \dots</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		the organization without charge \dots								
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)	4	Total. Add lines 1 through 3	5,336,061.	4,648,749.	2,975,724.	3,891,388.	3,760,170.	20,612,092.		
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supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20,612,092. 6 Public support: subtractive 5 from line 4. 20,612,092. Section B. Total Support amounts from line 4. (a) 2014 (b) 2015 (c) 2016 (d) 2017. (e) 2018 (f) Total 5,336,061. (a) 468,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. Section B. Total Support amounts from line 4. 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 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 ro loss from the sale of capital assets (Explain in Part VI) 361,538. 378,388. 336,412. 326,232. 284,488. 1,687,058. 12 Gross receipts form related activities, etc. (see instructions) 12 13 21,687,735. 14 90.885.985. 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 20 54,669.388,585.98 14 90.841 90.444 90.444 90.444 90.444 90.444 90.444 90.444 90.444 90.444		by each person (other than a								
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amount shown on line 11, column (f) 20,612,092. Section B. Total Support. 20,612,092. Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 5,336,061 4,648,749 2,975,724 3,891,388. 3,760,170. 20,612,092. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from sinter sources. 361,538. 378,388. 336,412. 326,232. 284,488. 1,687,058. 9 Net income from unrelated 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 VI). 41,849. 34,768. 44,335. 212,964. 54,669. 388,585. 11 Total support. Add lines 7 through 10 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 90.85 % 15 90.44 % 90.44 % 15 90.44 % 16 83 1/3% support test - 2018. (It he organization did not check ta box on line 13, and line 14 is 33 //3% or more, check this box and stop here. The organization dualifies as a publicly supported organization sets the "facts-and-circumstances" test. The organization did		supported organization) included								
column (f) 6 Public support. Subtract line 5 from line 4. 20,612,092. Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 5,336,061. 4,648,749. 2,975,724. 3,891,388. 3,760,170. 20,612,092. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources. 361,538. 378,388. 336,412. 326,232. 284,488. 1,687,058. 9 Net income from invelated business activities, whether or not the business is regularly carried on it O Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 41,849. 34,768. 44,335. 212,964. 54,669. 388,585. 12 Gross receipts from related activities, etc. (see instructions) 12 22,687,735. 13 First five years. If the Form 990 is to the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		on line 1 that exceeds 2% of the								
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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										
Schedule & (Form 990 or 990-E7) 2018	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b					

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or 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							
7a Amounts included on lines 1, 2, and							
3 received from disgualified persons							
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	((e) 2018	(f) Total
9 Amounts from line 6						-	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b							
I1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration.
check this box and stop here	-			•		-/(-/ - 3	►
Section C. Computation of Publi	c Support Pe	rcentage					····· · · · · · · · · · · · · · · · ·
15 Public support percentage for 2018 (li			column (f))		15		ç
16 Public support percentage from 2017					16		ç
Section D. Computation of Inves							,
17 Investment income percentage for 20					17		ç
18 Investment income percentage from 2					18		ç
19a 33 1/3% support tests - 2018. If the						4 and line t	
						- 00 1/00/	
more than 33 1/3%, check this box ar		IOL CHECK & DOX O	i line 14 or line 19a				
b 33 1/3% support tests - 2017. If the	-	an have T	and and the second staff.	بالمارية المراجع المراجع	I		
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	ck this box and st						
b 33 1/3% support tests - 2017. If the	ck this box and st			nis box and see in	structio	ons	▶[
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	ck this box and st			nis box and see in	structio	ons	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **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 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
000			Yes	No
-	Ware a majority of the argenization's directors or tructors during the tay year also a majority of the directors		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		<u> </u>
Sec	tion 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		L
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 in (2), 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	5).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> Za</u>		
D				
	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	a .		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A (Form 990 or 990-EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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		
С	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		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI				UNDATIO		**-**0478 P
	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4	rovide the expla	nations requi	red by Part II, lir	ne 10; Part II, line	ince 1 and 2: Part III, line 12;
	line 1; Part IV, Section A, lines 1, 2, 3b, 3c, 2	ib, 4c, 5a, 6, 9a, 3 [.] Part IV Sectio	90,90,11a, n F lines 1c	2a 2b 3a and	3b Part V line 1	Part V Section B line 1e Part V
	Section D, lines 5, 6, and 8; and Part	V, Section E, line	es 2, 5, and 6	. Also complete	this part for any	additional information.
	(See instructions.)	, ,	, ,	I	, ,	
2022 10 11 1	2					chedule A (Form 990 or 990-EZ
2028 10-11-1	2			20	50	

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2018

number

Name of the organization	on la constante de la constante	Employer identification
	FIDELCO GUIDE DOG FOUNDATION, INC	**-**0478
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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. 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

📙 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

X 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 or 990-EZ), 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

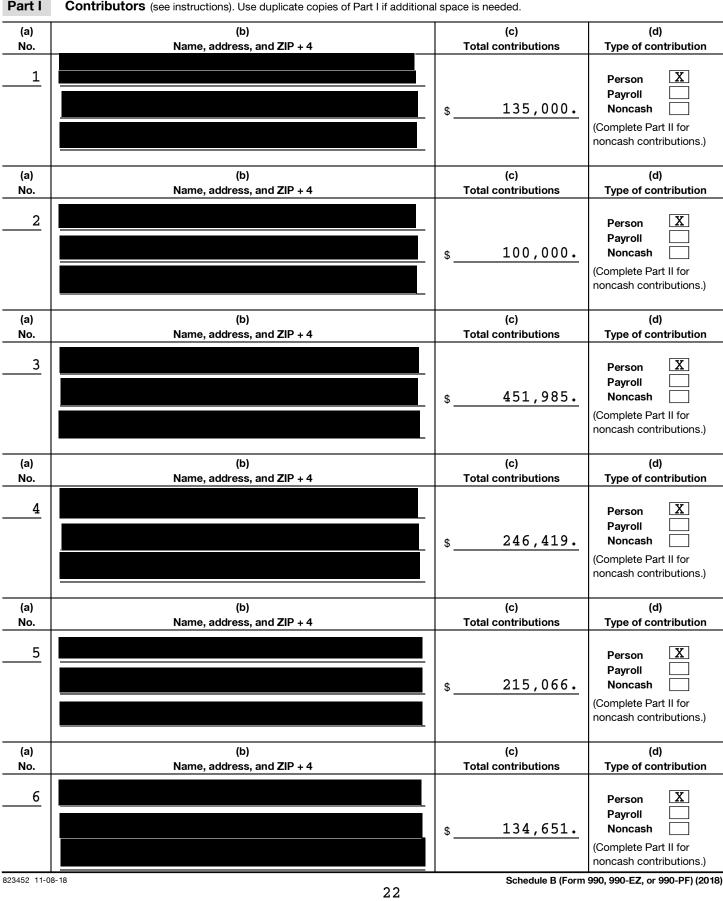
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify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

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

Employer identification number

-*0478

FIDELCO GUIDE DOG FOUNDATION, INC



2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_01

12330326 756208 10322.001

Name of organization

Employer identification number

-*0478

FIDELCO GUIDE DOG FOUNDATION, INC

Part 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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-08-18	23	Schedule B (Form	990, 990-EZ, or 990-PF

	nization GUIDE DOG FOUNDATION	, INC	Employer identification number **-**0478
fi c	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a ompleting Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description 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) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
823454 11-08-18	756208 10322.001		Schedule B (Form 990, 990-EZ, or 990-PF) (2018 GUIDE DOG FOUNDATIO 10322_01

12330326 756208 10322.001

SCHEDULE D

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

12330326 756208 10322.001

FIDELCO GUIDE DOG FOUNDATION, INC Employer identification number **-***0478

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Other Similar Fun	us or A	ACCOUNTS. Complete if the	
	organization answered Tes On Tonn 350, Fall IV, III	-	onor advised funds	((b) Funds and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor ad	vised fun	nds	_
	are the organization's property, subject to the organization's	exclusive leg	al control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in wri	iting that grant funds can b	be used o	only	
	for charitable purposes and not for the benefit of the donor of	or donor advis	sor, or for any other purpos	se confei	rring	_
	impermissible private benefit?					No
Pa		-), Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e	education)			y important land area	
	Protection of natural habitat		Preservation of a ce	ertified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	ation contribution in the for	m of a co		
	day of the tax year.				Held at the End of the Tax	rear
	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
	Number of conservation easements on a certified historic str				2c	
d	Number of conservation easements included in (c) acquired					
~	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, re	leased, exting	guisned, or terminated by t	ine orgar	nization during the tax	
	year					
4	Number of states where property subject to conservation ea			_		
5	Does the organization have a written policy regarding the pe					7
~	violations, and enforcement of the conservation easements i					_ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of v	lolations, and enforcing co	onservati	ion easements during the year	
7	Amount of our anona included in monitoring, increasing, how					
7	Amount of expenses incurred in monitoring, inspecting, hand	Jing of violati	ions, and emorcing conser	valionea	asements during the year	
8	\$	vo satisfy tho	requirements of section 1	70/6\///		
0	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservati					
5	include, if applicable, the text of the footnote to the organization		•			
	conservation easements.				gamzation's accounting for	
Pa	t III Organizations Maintaining Collections o	of Art. Hist	orical Treasures. or	Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form					
- 1a	If the organization elected, as permitted under SFAS 116 (AS			ement a	nd balance sheet works of art.	
	historical treasures, or other similar assets held for public exl					XIII,
	the text of the footnote to its financial statements that descri					,
b	If the organization elected, as permitted under SFAS 116 (AS			ent and b	palance sheet works of art. histo	orica
	treasures, or other similar assets held for public exhibition, e					
	relating to these items:	,	·			
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under SFAS 1			J,		
а	Revenue included on Form 990, Part VIII, line 1				▶ \$	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990)	201
	1 10-29-18				(
-			25			

2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_01

		GUIDE DOG			-			**_**			age 2
Par	t III Organizations Maintaining C				-					,	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the fo	ollowing tha	t are a si	ignificant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d			ange progra						
b	Scholarly research	e	└── Other_								
С	Preservation for future generations										
4	Provide a description of the organization's co	-	-		-			ose in Par	t XIII.		
5	During the year, did the organization solicit of								٦		٦
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the organi	zation	answered "	'Yes" on	Form 990	J, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7.2		٦.,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						A		
_	De significa la deserva						4		Amount	[
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance								N		
	Did the organization include an amount on F							······ ∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
1 0				-	(c) Two year			/ears back	(a) Four	Voare	back
10	Beginning of year balance	(a) Current year 16,768,387.	(b) Prior yea 16,130,1		17,303			54,829.	(e) Four		428.
	Contributions	384,812.	1,839,			7,760.		40,282.			253.
	Net investment earnings, gains, and losses	597,875.	948,2			2,172.		28,141.	,		171.
	Grants or scholarships		, , ,		1,002	., . ,		20,111.			±/±•
	Other expenditures for facilities										
e		2,079,632.	2,150,3	309	3 400	0,082.	3 7	67,963.	4	415	304.
f	and programs Administrative expenses	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2,980.		95,096.	-,		719.
	End of year balance	15,671,442.	16,768,3	387	16,130	-		61,505.	19		698.
2	Provide the estimated percentage of the cur				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,0	•=,••••		, ,	
	Board designated or quasi-endowment	15.19	%	1111 (a)							
	Permanent endowment 84.81	%	/0								
	Temporarily restricted endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		tion that are h	old on	d administa	rad for th	ho organi [.]	zation			
Ja	by:		ation that are n	eiu an	u aurimiste		ne organi	Lation	Г	Yes	No
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations										X
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on Schedul	△ R2					3b		
4	Describe in Part XIII the intended uses of the			en:					30		
<u> </u>	t VI Land, Buildings, and Equipm		wittent fullus.								
	Complete if the organization answere		. Part IV. line 1	1a. Se	e Form 990	Part X.	line 10.				
	Description of property	(a) Cost or of			or other		ccumulate	he	(d) Bool	< valu	
	Description of property	basis (investm	• • •	asis (c			preciation		(u) D001	(valu	C
1a	Land	· · · · ·	,	,),000.				1,15	0.0	00.
	Buildings				9,136.	3.0	904,8		4,45		
	Leasehold improvements				9,642.		49,6		_, 15	_,5	0.
	Equipment		1		3,517.	1.2	$\frac{19,0}{241,5}$		18'	7,0	$\frac{10}{10}$
	Other				, , , , , , ,	- , 2	,5			.,.	
-	Add lines 1a through 1e. (Column (d) must e		X column (R)	line 10					5,79	1.3	34.
Total		yuun onn 330, Fall.	х, сошти (В), Г					Schedule	-	-	
								Jonedule	- (i 0ili)	2010

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Schedule D	(Form 990) 2018	FIDELCO GUI	DE DOG	FOUNDA	TION,	INC		**-***0478	Page 3
Part VII		Other Securities.							0
	Complete if the org	anization answered "Yes"	on Form 990	, Part IV, line	11b. See F	orm 990, F	Part X, line 12.		
(a) Descrip		Ory (including name of security)	(b) Boo					or end-of-year market v	value
(1) Financia	al derivatives								
.,									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(E) (F)									
(G)									
(H)									
	h) must equal Form 990	, Part X, col. (B) line 12.) 🕨							
		Program Related.							
i art viii	-	-	on Form 000	Dort IV line	110 000 0	огт 000 Г	Dout V line 12		
	(a) Description of	anization answered "Yes"	(b) Boc	k value		onn 990, F	luation: Cost of	or end-of-year market v	alue
(4)	(a) Description of	investment	(6) 800					or end or year market v	aluc
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		, Part X, col. (B) line 13.) 🕨							
Part IX	Other Assets.								
	Complete if the org	anization answered "Yes"		, Part IV, line	11d. See F	orm 990, F	Part X, line 15.	() 5 -	
		(a)	Description					(b) Book va	llue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		orm 990, Part X, col. (B) line	ə 15.)					🕨	
Part X	Other Liabilitie	S.							
		anization answered "Yes"	on Form 990				990, Part X, li	ne 25.	
1.	(a) De	escription of liability			(b) Book va	alue			
(1) Fed	leral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal Fo	orm 990, Part X, col. (B) lin	e 25.)						
		sitions. In Part XIII, provide		ne footnote tr	the organ	ization's fir	nancial statem	ents that reports the	
-		certain tax positions under			-			-	
5. gui nzi								Schedule D (Form 9	

-*0478 Page 3

Sche	dule D (Form 990) 2018 FIDELCO GUIDE DOG FOUNDATIO	DN,	INC	**_	-***0478 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts V			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,595,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	130,673.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		217,940.		
е	Add lines 2a through 2d			2e	348,613.
3	Subtract line 2e from line 1			3	4,246,495.
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			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,246,495.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents	With Expenses per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			-	
1	Total expenses and losses per audited financial statements			1	6,211,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	28,895.		
е	Add lines 2a through 2d			2e	28,895.
3	Subtract line 2e from line 1			3	6,182,920.
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			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,182,920.
Pa	t XIII Supplemental Information.				
Drov	do the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lino	s 1b and 2b; Part V, line	1. Dor	t V line 2: Dort VI

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.

PART V, LINE 4:

THE ORGANIZATION INTENDS TO USE THE ENDOWMENT TO FUND FUTURE PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	28,895.
PENSION BENEFITS RELATED CHANGES	189,045.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	217,940.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

SPECIAL EVENTS EXPENSES

28,895.

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12330326 756208 10322.001

	(Form 990) 2018	FIDELCO	
Part XIII	Supplemental	Information (continu	ed)

			Sched	lule D (Form 990
2055 10-29-18		29		
30326 756208 10322.001	2018.05060 B	IDELCO GUIDE	DOG FOUNDAT	IO 10322

SCHEDULE G	Suppleme	ntal Infor	matior	n Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)							Part IV, line 17, 18, c rm 990-EZ, line 6a.		, or if the	2018
Department of the Treasury		-		ch to Form 990						Open to Public
Internal Revenue Service		to www.irs.	.gov/For	m990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organizatio		GUIDE	DOG	FOUNDAT	ION	, I	NC		Employer ide **-**(entification number
	sing Activities complete this par		the orga	anization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitation Mail solicitation Internet and c Phone solicitation In-person solicitation In-person solicitation In-person solicitation 	ne organization rais tions l email solicitations tiations blicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds thr s or oral agreer art VII) or ent viduals or ent	nent witl tity in co tities (fur	e Solicitat f Solicitat g Special h any individual nnection with p	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and addres or entity (fund			(ii) Activ	vity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes	No				
Total 3 List all states in wh	ich the organizatio					b utions	s or has been notified	d it is	exempt from r	egistration
or licensing.										
LHA For Paperwork R	eduction Act Not	ice, see the	Instruct	tions for Form	990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

30 12330326 756208 10322.001 2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_01

of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	ross income on Form 990	-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIDE FOR		NONE	(add col. (a) through
			INDEPENDENCE	MARATHON	0	col. (c)
Ð			(event type)	(event type)	(total number)	
enu						
Revenue	1	Gross receipts	64,533.	3,623.		68,156.
-			0.004	2 (22		12 407
	2	Less: Contributions	9,864.	3,623.		13,487.
	~		54,669.			54,669.
	3	Gross income (line 1 minus line 2)	54,009.			54,009.
	4	Cash prizes				
	-	Cash phzes				
	5	Noncash prizes	47.			47.
es	Ũ					
ens	6	Rent/facility costs	8,765.	604.		9,369.
БХр						
Direct Expenses	7	Food and beverages	1,595.	235.		1,830.
Dire		-				
	8	Entertainment				
	9	Other direct expenses	14,183.	3,466.		17,649.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	28,895.
		Net income summary. Subtract line 10 from				25,774.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			1
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
	1	Gross revenue				
	2	Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses	Ŭ					
rect	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		►	
9		ter the state(s) in which the organization cond	· · -			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
	vve	ere any of the organization's gaming licenses r Yes," explain:			year?	YesNo
a	14 10					
	lf "	res, explain.				
	lf "					
	lf "	тоо, охраан				
3320		D-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

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<u>Sche</u>	edule G (Form 990 or 990-EZ) 2018 FIDELCO GUIDE DOG FOUNDATION, INC **-	***0478 P	<u>ac</u>
	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
		Yes	
		13a	
		13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
С	IT "Yes," enter name and address of the third party:		
	Name		
	Address ►		
6	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	□ Director/omcer □ Employee □ Independent contractor		
7	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spont in the		
5			
Pai		art III lines Q Qh	1
u		are in, inico 9, 90,	,
	Does the organization conduct gaming activities with nonmembers? is the organization gaming activities of a trust, or a member of a partnership or other entity formed is administer charatable gaming? indicate the percentage of gaming activities of a trust, or a member of a partnership or other entity formed is derivation to again a partner, beneficiary or trustee of a trust, or a member of a partnership or other entity formed is derived facility if the organization statily An ottside facility if the organization have a contract with a third party from whom the organization receives gaming revenue? if "Yes," other name and address of the third party: if was," other name and address of the third party: ware ▶		
2200	2 10.02.19 Sebadula C /Ear	n 990 or 990-E7	-
,200			-/
30	326 756208 10322.001 2018.05060 FIDELCO GUIDE DOG FOUNDAT	IO 10322	
	$\sim \sim $		

					Schedule G (For	m 990 or 990-EZ)
832084 04-01-18		33				
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SCI	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IU	,
Depar	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
_		FIDELCO GUIDE DOG FOUNDATION, INC	**_*	**047	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
_						
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study ther organizations X Approval by the board or compensation or				
		ther organizations	committee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	0	e payment or change-of-control payment?		4a	х	
		ceive payment from, a supplemental nonqualified retirement plan?		·····		X
		ceive payment from, an equity-based compensation arrangement?				X
•		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	e e			5a		Х
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	-	~		6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2018

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ELIOT D. RUSSMAN	(i)	228,881.	0.	0.		37,348.		0.
PRESIDENT & CEO THRU 4/30/2019	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

18

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

FIDELCO GUIDE DOG FO

Employer identification number
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UNDATION,	INC		
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Pai	rt I Types of Property								
		(a)	(b)	(c)	ution	(d)			
		Check if applicable	Number of contributions or	Noncash contrib amounts reporte		Method of de noncash contribu			c
		applicable		Form 990, Part VIII,		Honeash contribu	ation an	iounta	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (PROGRAM SUPPL)	Х	2	54,	669.				
26	Other 🕨 (
27	Other ► ()								
28	Other 🕨 (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
				_				Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines	1 through	n 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required	d to be use	ed for			
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard	contributi	ons?	31		Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell ı	noncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is checl	ked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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Strife to the full	Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M (Form 990)2		
2012 10-4 10 Schedule M (Form 990) 2		
22%2 10.16-16 Schedule M (Form 990) 2		
20142 16-16-19		
20142 10.19. 19 Schedule M (Form 990) 2		
20142 1D.16.16		
20142 10.18.19		
20142 10-18-18 Schedule M (Form 990)2		
20142 10-18-18 Schedule M (Form 990) 2		
22142 10-18-18 Schedule M (Form 990) 2		
28/14/2 10-15-15		
2112 10-18-18 Schedule M (Form 990) 2		
22142 10-18-13 Schedule M (Form 990) 2		
2142 10-18-18 Schedule M (Form 990) 2		
2142 10-18-18 Schedule M (Form 990) 2		
2142 10-18-18 Schedule M (Form 990) 2		
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38 30326 756208 10322.001 2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_0	30326	

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Employer identification number **-***0478

FIDELCO GUIDE DOG FOUNDATION, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY GUIDE DOGS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMPLETE TRAINING. THE ORGANIZATION ALSO PROVIDES ANNUAL FOLLOW UP

MEETINGS AND A 24/7 HEALTH AND EMERGENCY HOT-LINE. FIDELCO PROVIDES

SUCCESSOR DOGS WHEN THE NATURAL LIFESPAN OF THE GUIDE DOG COMES TO ITS

CONCLUSION.

THE ORGANIZATION MAINTAINS A CLOSE AND COLLABORATIVE RELATIONSHIP WITH

THE INTERNATIONAL GUIDE DOG COMMUNITY, SHARING BEST PRACTICES AND

CONTRIBUTING TO THE ENHANCEMENT OF THE GUIDE DOG COLONY.

THE ORGANIZATION IS SUPPORTED BY THOUSANDS OF VOLUNTEERS WHO CONTRIBUTE

THEIR TIME TO DAILY OPERATIONS AND, IMPORTANTLY, TO THE FOSTER CARE OF

PUPPIES FOR THE FOURTEEN MONTHS NEEDED TO ALLOW THEM TO REACH THEIR

MATURITY AND READINESS TO BE TRAINED AS GUIDE DOGS. THIS TRAINING

AVERAGES 6-8 MONTHS FOR EACH DOG.

FIDELCO GUIDE DOG FOUNDATION HAS TWO CAMPUSES, WHICH INCLUDE KENNELS,

VETERINARY CARE, TRAINING AND ADMINISTRATIVE AREAS. OVER 1500 GUIDE

DOG TEAMS HAVE BEEN ENABLED, AND AN INCREASING NUMBER OF CLIENTS ARE

VETERANS.

FIDELCO GUIDE DOG TEAMS ARE AN OUTSTANDING EXAMPLE OF THE CAPABILITIES

OF BLIND PEOPLE PARTNERED WITH SPECIALLY-TRAINED GERMAN SHEPHERD DOGS

TO LIVE INDEPENDENTLY, WITH SAFETY AND DIGNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE PROVIDED TO THE CEO,

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018) Page							
Name of the organization FIDELCO GUIDE DOG FOUNDATION, INC	Employer identification number **-**0478						
CHAIR OF THE BOARD AND AUDIT COMMITTEE IN DRAFT FORM. TH	EY REVIEW THE						
DOCUMENTS AND, ONCE APPROVED, THEY ARE PRESENTED TO THE E	NTIRE BOARD. UPON						
THEIR APPROVAL, THESE ARE AVAILABLE FOR DISTRIBUTION AND	FILING.						

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, THE CORPORATE GOVERNANCE COMMITTEE DELIVERS THE CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER AND FOUNDATION OFFICERS. THE POLICY IS READ BY EACH MEMBER OF THE BOARD AMD FOUNDATION OFFICERS, AND THEY ARE REQUESTED TO SIGN AN ACCEPTANCE FORM FOR THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CEO, WHO REVIEWS SALARIES OF VARIOUS NON-PROFIT ORGANIZATIONS AND OTHER MARKET APPLICABLE DATA. THE PRINCIPAL OFFICER DETERMINES THE ACTUAL COMPENSATION AND/OR RAISE. COMPENSATION FOR THE CEO IS ALSO REVIEWED USING SALARIES OF VARIOUS NON-PROFIT ORGANIZATIONS AND OTHER MARKET APPLICABLE DATA, AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO AVAILABLE IN THE SECRETARY OF STATE'S OFFICE WHERE FILED AND ON THE INTERNET.

 FORM 990, PART XII, LINE 2C

 THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

 AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT

 Schedule O (Form 990 or 990-EZ) (2018)

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 2018.05060 FIDELCO GUIDE DOG FOUNDATIO 10322_01

Schedule O (Fo Name of the org	ganization				EOINTRA				Employer ic	Pa lentification num * * 0 4 7 8
		FIDEI	LCO GUIDI	E DOG	FOUNDA	TION,	INC		^	**04/8
CHANGED	DURING	THE	YEAR.							
								<u> </u>		990 or 990-EZ) (2
32212 10-10-18						41				
30326 7	56208 1	L0322	.001	2018	.05060	FIDEL	CO GUII	DE DOG	FOUNDAT	10322_

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

►	File a	a senarate	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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

				Enter file	er's identify	ing number	
Type or print	Name of exempt organization or other filer, see instru	Employe	r identificatio	on number (EIN) or			
	FIDELCO GUIDE DOG FOUNDATION, INC					*0478	
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s			Social se	Social security number (SSN)		
	eturn. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD, CT 06002						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
ls For		Code	Is For	Code			
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
box ▶ 1 II tr	s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the org calendar year or . X tax year beginningJUL 1, 2018 the tax year entered in line 1 is for less than 12 months, c . Change in accounting period	and atta	$\frac{1000}{1000} + \frac{1000}{1000} + \frac{1000}{10000} + \frac{1000}{1000} + \frac{1000}{100$	f all memb	pers the extension organization		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and		- -		
	stimated tax payments made. Include any prior year over			Зb	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	Ο.	
Caution instruct	n: If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice.			3453-EO a		79-EO for payment 3868 (Rev. 1-2019)	