327**890-PF** 

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service Open to Public Inspection

		endar year 2017 or tax year beginning	, 2017	, and ending		, 20
	Name of	foundation		A Employe	er identification numbe	or
٧	esley J	. Kline Foundation for Pet Therapy			31-1636010	
-	Númber a	and street (or P.O. box number if mail is not delivered to street address)	Room/:	suite B Telephoi	ne number (see instructi	ons)
1	708 48ti	h St	ł	ļ	(515)681-4321	1
_	City or to	wn, state or province, country, and ZIP or foreign postal code	C If exemp	tion application is pend		
D	es Moir	nes, IA 50310-1948				_
			n of a former public	charity D 1. Foreig	n organizations, check i	here ▶ 🗍
		☐ Final return ☐ Amended			in organizations meeting	_
		☐ Address change ☐ Name char	nge		here and attach compu	
F	Chec	ck type of organization:  Section 501(c)(3) exempt p	rivate foundation	E if private	foundation status was	terminated under 📃
	] Sect	ion 4947(a)(1) nonexempt charitable trust   Other tax	cable private founda	ation	607(b)(1)(A), check here	· · · · •
Ī	Fair	market value of all assets at J Accounting method	: 🗹 Cash 🗌 Ac	crual F If the four	ndation is in a 60-mont	h termination
		of year (from Part II, col. (c), Other (specify)		under se	ction 507(b)(1)(B), check	chere ▶ 🔲
	line 1	16) ► \$ 1538 (Part I, column (d) must be	on cash basis.)			
1	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investment income	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions).)	books		<u></u>	(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	0			
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments	0	0	0	
	4	Dividends and interest from securities	0	0	0	
	5a	Gross rents	0	0	0	
	b	Net rental income or (loss)0				
1	ម្ន 6a	Net gain or (loss) from sale of assets not on line 10	0			1
į		Gross sales price for all assets on line 6a	ECEIVED			!
	<b>8</b> 7	Capital gain net income (from Part IV, line 2) .	ILOLI	730 °		
•	<b>E</b> 8	Net short-term capital gain	2018	<u> </u>  ŏ	0	
	9	Net short-term capital gain	MAY 1 6 2018	<u>  છ</u>	0	
	10a	Gross sales less returns and allowances				
	b		DGDEN, UT			1
	0		0		0	
	11	Other income (attach schedule)	0	0	0	
_	12	Total. Add lines 1 through 11	0	0	0	
	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 15 15	Other employee salanes and wages	0	0	0	0
	15	Pension plans, employee benefits	0	0	0	0
	K I Iba	• •	0	0	0	0
		(	O	0	0	0
1	17 18 19 20 21		0	0	0	0
}	17	Interest	0		0	0
	18	Taxes (attach schedule) (see instructions)	0	0	0	0
֓֟֟֝֟֟֝֟֝֟֝֟֟֝֟֝֟֝֟֟֝֟֝֟֝֟֝֟֟֝֟֝֟֝֟֝֟֝֟	E 19	Depreciation (attach schedule) and depletion	0	0	0	
	20	Occupancy	0	0	0	0
	21	Travel, conferences, and meetings	0	0	0	0
	22	Printing and publications	0	0	0	0
רי	B 23	Other expenses (attach schedule)	4	6	0	4
1	E 24	Add lines 13 through 23		_		_
	5 25		4		0	4
うしん Operating and	25	Contributions, gifts, grants paid	70	<del></del>		70
-	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12;	74	0	0	74
	27		- <u> </u>			
	a		-74	<del> </del>		<u> </u>
		Net investment income (if negative, enter -0-) .  Adjusted net income (if negative, enter -0-)	<del></del>		<del> </del>	
	C	· Aujusteu net income (ii negative, enter -u-)	1		1 01	

Cat. No. 11289X

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

Par	ŧΠ	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	<del></del>
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ļ	1	Cash—non-interest-bearing	1612	1538	
	2	Savings and temporary cash investments	0	0	
- }	3	Accounts receivable ▶0			
- İ		Less: allowance for doubtful accounts ▶0	0	0	
- }	4	Pledges receivable ▶0			
		Pledges receivable ► 0  Less: allowance for doubtful accounts ► 0	0	0	
- }	5	Grants receivable	0	0	
	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons (attach schedule) (see instructions)	0	o	
	7	Other notes and loans receivable (attach schedule) ▶ 0			
Ì		Less: allowance for doubtful accounts ▶ 0	0		
23	8	Inventories for sale or use	0	0	
Assets	9	Prepaid expenses and deferred charges	0	0	
¥	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	
	b	Investments—corporate stock (attach schedule)		0	<del></del>
	C	Investments—corporate bonds (attach schedule)	0	0	<del> ,</del>
	11	Investments—land, buildings, and equipment: basis ▶0			·
- }		Less: accumulated depreciation (attach schedule) ▶ 0			
	12	Investments—mortgage loans		0	
- 1	13	Investments—other (attach schedule)	0	0	
	14	Land, buildings, and equipment: basis ▶0	<del>-</del>		
Ì		Less: accumulated depreciation (attach schedule) ▶ 0			
	15	Other assets (describe >	0	0	
- 1	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item l)	4040	4500	450
-+	17	Accounts payable and accrued expenses	1612	1538	1531
	18	Grants payable			
es	19	Deferred revenue			
# I	20	Loans from officers, directors, trustees, and other disqualified persons	U		
<u>چ</u> ا	20 21	Mortgages and other notes payable (attach schedule)	<u> </u>	<u>U</u>	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	21 22		0	0	
- 1	22 23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)		0	
-	23	<del></del>		0	
ဖွ		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.			
alances	04	Unrestricted			
اق	24 05	The same and the second second second			
8	25 26	Temporarily restricted	<del></del>		
ᅵဋ	26	Permanently restricted	<del></del>		
or Fund B		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
֡֝֝ <del>֡</del> ֡֞	07	-	_		
SZ	<b>27</b>	Capital stock, trust principal, or current funds	0	0	
w,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
ا <u>بخ</u>	29	Retained earnings, accumulated income, endowment, or other funds	0_	0	
<u> </u>	30	Total net assets or fund balances (see instructions)	0	0	
žΙ	31	Total liabilities and net assets/fund balances (see			
		instructions)	1612	1538	
	t III	Analysis of Changes in Net Assets or Fund Balances	(-) P 65 (		
7		Il net assets or fund balances at beginning of year—Part II, colur		- 1	
_		of-year figure reported on prior year's return)		<del></del>	1612
2		er amount from Part I, line 27a		2	7/
3	Othe	er increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	1538
5	Decr	reases not included in line 2 (itemize) ▶		5	
6	Tota	reases not included in line 2 (itemize) > If net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	30 6	1538

Part	V Capital Gains and	d Losses for Tax on Investm	nent Income			· · · · · · · · · · · · · · · · · · ·
		ind(s) of property sold (for example, real eause; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	NONE					
<u>b</u>			·		· · · · · · · · · · · · · · · · · · ·	
<u>c</u>					<del></del>	<del></del>
<u>d</u> e			<u>.</u>		·	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		iain or (loss) is (f) minus (g))
a	NONE		-			<del></del>
b						
<u>C</u>						
<u>d</u>						
е	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) . (j), if any	col. (k), but	Col. (h) gain minus not less than -0-) <b>or</b> s (from col. (h))
a						
b						
<u>c</u>			· · · · · · · · · · · · · · · · · · ·			
<u>d</u>			<del> </del>			
ее		( If gain	also enter in Pa	rt Lline 7		· · · · · · · · · · · · · · · · · · ·
2	Capital gain net income o		, enter -0- in Pa		2	0
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- in (		
Part		ler Section 4940(e) for Redu			3	0
		ivate foundations subject to the				
Was t		re this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			ase period?	☐ Yes ☑ No
1	Enter the appropriate amo	ount in each column for each yea	ar; see the instru	uctions before ma	king any entrie	3.
Cale	(a) Base penod years andar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value o	(c) f nonchantable-use as:		(d) Distribution ratio D) divided by col. (c))
	2016		0		1588	0
	2015		0		1588	0
	2014		100	<del>'</del>	1785	.056
	2013 2012	+	200	<del></del>	1785 1964	0
2 3	Total of line 1, column (d) Average distribution ratio	)			. <b>2</b>	.1018
4	·	ncharitable-use assets for 2017 for	·			.0316
5	Multiply line 4 by line 3				. 5	49.99
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	)		. 6	0
7	Add lines 5 and 6				. 7	49.99
8		ons from Part XII, line 4 ater than line 7, check the box ir			. <b>8</b> nat part using a	74 1% tax rate. See the

Part		instru	ction	าร)	_		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				: ! נ		
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b				<u>)</u>		
С							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				<u>)</u>		
3	Add lines 1 and 2			0	-		
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  4  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0				-		
6	Credits/Payments:				!		
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   0						
b	Exempt foreign organizations—tax withheld at source 6b 0				i		
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0						
d	Backup withholding erroneously withheld 6d 0	_	_ [		ş		
7	Total credits and payments. Add lines 6a through 6d			0	1		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8				<u>)</u>		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0	Ĩ		
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10  Enter the amount of line 10 to be. Credited to 2018 estimated tax > Refunded > 11				-		
	Enter the amount of line 10 to be. Credited to 2018 estimated tax ► Refunded ► 11    VII-A Statements Regarding Activities				-		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Γ	Yes	No	-		
	participate or intervene in any political campaign?	1a		7	•		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b			•		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				Ì		
	published or distributed by the foundation in connection with the activities.	ĺĺ					
C	Did the foundation file Form 1120-POL for this year?	1c		✓	_		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0				ĺ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		✓_	Ī		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<b>√</b>	)		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓	_		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>√</b>	Ì		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or     By state legislation that effectively emends the governing instrument as that he mandatony directions that	[	{		!		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	_,-		1		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	<b>√</b>		-		
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	<del>                                     </del>		<del></del> -			
	IOWA	] ]	ļ				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	. }	-			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	=					
	names and addresses	10	-	✓			
		ليتنا					

Part	t VII-A Statements Rega	rding Activities (continued)			
				Yes	No
11	meaning of section 512(b)(13)?	did the foundation, directly or indirectly, own a controlled entity within the If "Yes," attach schedule. See instructions	11		<b>√</b>
12		tribution to a donor advised fund over which the foundation or a disqualified? If "Yes," attach statement. See instructions	12		1
13	• • • •	ne public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► NONE				
14	The books are in care of ▶ Lin	nda Kline Telephone no. ► (51	5_681		
	Located at ► 1708 48th St, Des	Moines, IA ZIP+4 ► 50	0310-1		
15	and enter the amount of tax-ex-	charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here empt interest received or accrued during the year <b>  15</b>			▶⊔
16		ar 2017, did the foundation have an interest in or a signature or other authority		Yes	No
		r financial account in a foreign country?	16		1
	the foreign country ▶				
Part		rding Activities for Which Form 4720 May Be Required			
	_	checked in the "Yes" column, unless an exception applies.		Yes	No
1a		tion (either directly or indirectly):			
		nge, or leasing of property with a disqualified person? ☐ Yes ☑ No money to, or otherwise extend credit to (or accept it from) a			
	• •				
	· ·	facilities to (or accept them from) a disqualified person? Yes No			
		y or reimburse the expenses of, a disqualified person? Yes			
		ets to a disqualified person (or make any of either available for			į
	the benefit or use of a disqu				ļ
		perty to a government official? (Exception. Check "No" if the			
	termination of government s	te a grant to or to employ the official for a period after service, if terminating within 90 days.)			
b	section 53.4941(d)-3 or in a curre	s), did any of the acts fail to qualify under the exceptions described in Regulations ent notice regarding disaster assistance? See instructions	1b		
		ent notice regarding disaster assistance, check here			
С	were not corrected before the f	a prior year in any of the acts described in 1a, other than excepted acts, that irst day of the tax year beginning in 2017?	1c		1
2	operating foundation defined in	ncome (section 4942) (does not apply for years the foundation was a private section 4942(j)(3) or 4942(j)(5)):			
а		d the foundation have any undistributed income (lines 6d and inning before 2017?			
	If "Yes," list the years ► 20				
ь		a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
-		of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" an	nd attach statement see instructions.)	2b		
C	If the provisions of section 4942  ▶ 20 , 20 , 20 , 2	2(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a		han a 2% direct or indirect interest in any business enterprise			
b	If "Yes," did it have excess but	siness holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May	26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	
		943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			[
	· · · · · · · · · · · · · · · · · · ·	phase holding period? (Use Schedule C, Form 4720, to determine if the			
<b>A</b> -		s holdings in 2017.)	3b		
4a b		the year any amount in a manner that would jeopardize its charitable purposes? vestment in a prior year (but after December 31, 1969) that could jeopardize its	4a		<b>/</b>
U		been removed from jeopardy before the first day of the tax year beginning in 2017?	4h		

Dane	f
raue	•

Par	VIES Statements Regarding Activities	s tor w	nich Form	4/20	мау ве н	equire	a (contil	nuea)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? .   Yes  No										
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	section 4945(d)(4)(A)? See instructions							[7] No.			
	(5) Provide for any purpose other than religious							✓ No			
	purposes, or for the prevention of cruelty to o							√ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							_			
	Regulations section 53.4945 or in a current notice								5b		
	Organizations relying on a current notice regards	ng disa	ster assistan	ce, che	ck here .			▶ 🗆			
C	If the answer is "Yes" to question 5a(4), does t										
	because it maintained expenditure responsibility		-				☐ Yes	☐ No		- 1	
_	If "Yes," attach the statement required by Regula										
6a	Did the foundation, during the year, receive any		-	-							
	on a personal benefit contract?						Yes	_ ✓ No			
Ь	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, aire	ctly or indire	ctiy, on	a personal	penem	contract	7.	6b		<del></del>
72	At any time during the tax year, was the foundation a	a narh/ t	to a prohibited	l tay she	elter transac	tion?	Yes	√No			-
	If "Yes," did the foundation receive any proceeds						_		7b		
Par	VIII Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid En	nploy	ees,	
	and Contractors										
_1	List all officers, directors, trustees, and found										
	(a) Name and address	hou	e, and average rs per week	∷(Hfn	npensation ot paid,	emplo	Contribution yee benefit	plans '	e) Expe	nse acc illowan	
 inda	(line	devot	ed to position	en	ter -0-)	and dere	erred compe	ensation			
		Preside	ent 0 hrs		0			0			0
	541 - 547 - 545 - 141 -	1105100	, it 0 iii 0								<del>_</del>
2	Compensation of five highest-paid employed	e loth	er than tho	e incli	ided on li	ne 1	see instr	uctions	) If n	nne d	-nter
~	"NONE."	sa (otii	ei ulali ulo.	) IIIOI	uded on n	iic i — .	see mgu	dodons	<i>,.</i>	J.10, (	SHICH
			(b) Trtle, and a	verane			(d) Contrib	utions to			
	a) Name and address of each employee paid more than \$50,00	00	hours per v	veek	(c) Compe	nsation	employee plans and	deferred	e) Expe other a	nse acc Illowan	
			devoted to p	J31011			compen	sation			
ONE							:	ł			
			ļ					ļ			
				<del></del>			<u> </u>				
								j			
			<del>                                     </del>		<del></del>			-			
				-							
			<u> </u>		L						
rotal	number of other employees paid over \$50,000.	• -		· ·				. ▶ □		0	
								F	om <b>99</b>	0-PF	(2017)

Part VIII	and Contractors (continued)	nployees,
3 Five h	ghest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
IONE		
<del></del>		<del></del>
		-
	<del></del>	<del> </del>
		<del> </del>
		1
		<del> </del>
		Ì
otal number	of others receiving over \$50,000 for professional services	0
		<del></del>
Part IX-A	Summary of Direct Charitable Activities	
List the found organizations	lation's four largest direct charitable activities during the tax year, Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
		}
3		
4		
<b>7</b>		Ì
	·	ļ.
Part IX-B	Summary of Program-Related Investments (see instructions)	<del></del>
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE		
		<u> </u>
2		}
All other ====	warm valated investments. Can instructions	<del> </del>
	ram-related investments. See instructions.	
3 NONE		
		[
otal, Add lin	es 1 through 3	
	<u>, no martino de la companya del companya de la companya del companya de la companya del la companya de la comp</u>	Form <b>990-PF</b> (2017

Form 9	90-PF (2017)		Page 8
Part	Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	gn four	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	1606
С	Fair market value of all other assets (see instructions) ,	1c	0
ď	<b>Total</b> (add lines 1a, b, and c)	1d	1606
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	)	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1606
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	24
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1582
6	Minimum investment return. Enter 5% of line 5	6	79
Part	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	oundati	ons
1	Minimum investment return from Part X, line 6	1	79
2a	Tax on investment income for 2017 from Part VI, line 5 2a 0		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	79
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	79
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	79
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	74
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific chantable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	74
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<b>,</b>	
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

Form 9	90-PF (2017)				Page 9
Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	(d) 2017
•	Undistributed income, if any, as of the end of 2017				
2 a	Enter amount for 2016 only		İ	 70	
b	Total for prior years: 20 ,20 ,20	L—————————————————————————————————————	0		
3	Excess distributions carryover, if any, to 2017:				
a	From 2012 0				;
b	From 2013				į
С	From 2014 0				1
ď	From 2015				,
е	From 2016				1
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
a	Applied to 2016, but not more than line 2a .			70	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		!
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2017 distributable amount				4
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2017	0			0
	(If an amount appears in column (d), the same		H	ļ	į.
6	amount must be shown in column (a).)  Enter the net total of each column as indicated below:				
_					
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				,
	amount—see instructions		0		
е	Undistributed income for 2016. Subtract line				<b>!</b>
	4a from line 2a. Taxable amount—see instructions				 
f	Undistributed income for 2017. Subtract lines			0	
•	4d and 5 from line 1. This amount must be				
	distributed in 2018				75
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				'
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)	0			
8	Excess distributions carryover from 2012 not		[	İ	•
_	applied on line 5 or line 7 (see instructions) .	0			<del></del>
9	Excess distributions carryover to 2018.  Subtract lines 7 and 8 from line 6a		Ì		
40	Analysis of line 9:	0			<del></del>
10	Excess from 2013	•	1		
a b	Excess from 2014			ĺ	
c	Excess from 2015				
ď	Excess from 2016	1			
е	Excess from 2017		Į Į		

Page	1	0
rage		•

Part					)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					2 12 12 12 12
b	Check box to indicate whether the four		operating foundat		ction 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	, <b>(d)</b> 2014	
	each year listed	<u> </u>	<del></del>			
	85% of line 2a					
С	line 4 for each year listed			,		
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter		,			
	(1) Value of all assets		,			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		/			
С	"Support" alternative test—enter:	J	V			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	Ű				
Part		on (Complete th	is part only if t	he foundation h	ad \$5,000 or me	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation before the close of any tax year (but o	who have contributionly if they have co	ontributed more than 29	% of the total cont nan \$5,000). (See s	ection 507(d)(2).)	by the foundation
b						rge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater int	erest.	
			<del> </del>			
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the f complete items 2a, b, c, and d. See in	only makes controundation makes	ributions to prese	elected charitable		
а	The name, address, and telephone no	ımber or email add	dress of the perso	on to whom applica	itions should be a	ddressed:
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
С	Any submission deadlines:	*				
d	Any restrictions or limitations on av	wards, such as b	v geographical a	reas, charitable fi	elds, kinds of ins	titutions, or other
•	factors:		, 39.mp///ou/ w			

Part XV Supplementary Information (co	ntinued)				
3 Grants and Contributions Paid During	g the Year or Approv	ed for Fu	ture Payment	•	
Recipient	If recipient is an individual, show any relationship to any foundation manager		Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	osinibalo	1	
a Paid during the year				)	
Therapy Dogs International 88 Bartley Rd, Flanders, NJ 07836		PC	Promote benefits of Pet Therapy	70	
		}		[	
		1			
		Ì			
		ļ			
				1	
		-		}	
				{	
				•	
		ļ			
		ļ			
				<u> </u>	
		}			
	}	Ì		ļ	
		ļ		}	
		<u> </u>			
	<del></del>	<del></del>	▶ 3a	70	
<b>b</b> Approved for future payment		1			
				ł	
		1			
				1	
			İ	1	
			(		
				j	
				]	
				Į	
	}				
	}				
			}	Į.	
	1	}	}		
Total		<del></del>		<del> </del>	

:nter gross ai	mounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e)  Related or exempt function income (See instructions.)
1 Program	service revenue:	Business code	7 47104111	Exolucion coup		(See instructions.)
a NON	<u> </u>		0			
b						
С						<u> </u>
d						
е		[			·	
f		L				
g Fees	and contracts from government agencies		0		<u> </u>	
2 Member	ship dues and assessments		0			
3 Interest of	on savings and temporary cash investments	<u> </u>	0		<del> </del>	<u> </u>
4 Dividend	Is and interest from securities		0			<u> </u>
5 Net renta	al income or (loss) from real estate:					
<b>a</b> Debt	-financed property		0			
<b>b</b> Not o	debt-financed property		0			
6 Net renta	al income or (loss) from personal property		0			
7 Other in	vestment income		0			
8 Gain or (I	oss) from sales of assets other than inventory		0			
9 Net inco	me or (loss) from special events		0	l		
10 Gross pi	ofit or (loss) from sales of inventory		0			
11 Other re	venue: a NONE		0			
b						
c						
d						<u> </u>
е						
	. Add columns (b), (d), and (e)	[	0	<u></u>		
13 Total. A	dd line 12, columns (b), (d), and (e)				13	0
<b>13 Total.</b> A See workshe	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	ıs.)			13	0
13 Total. A See workshe Part XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		
13 Total. A See workshe Part XVI-B Line No.	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) ccomplishme	nt of Exemp	t Purposes		importantly to the uctions.)

Part	X V II	Organization		siers to and Trans	sacuon	s and n	eiauonsnip	S WILL	voncnai	ntabit	e exe	mp
1	Did th			engage in any of the f	following	with any	other organ	ization de	escribed		Yes	No
			ther than section	501(c)(3) organization	ons) or	in section	n 527, rela	ating to	political			
	_	nizations?										
a	Trans	fers from the rep	porting foundation to	a nonchantable exe	mpt orga	enization of	of:			-		- <del>-</del>
	(1) C	ash								1a(1)		✓
	• •	ther assets .				· • •				1a(2)		<b>✓</b>
		transactions:										-
				mpt organization .						1b(1)		<b>✓</b>
				ble exempt organiza						1b(2)		<b>√</b>
				rassets						1b(3)		<b>√</b>
										1b(4)	_	1
		_		ip or fundraising solid					• •	1b(5) 1b(6)	_	<b>√</b>
				its, other assets, or p						1c		<del>*</del>
				s," complete the folio							fair m	
				ces given by the repo								
				ement, show in colum								
(a) Line		b) Amount involved		antable exempt organization			otion of transfer					
			······	·								
							<del></del>					
-												
							······					
	_		<del> </del>									
			<del></del>	<del></del>								
	-+		<del></del>									
	-+								<del></del>			
		<del></del>	·		<del></del>							
22	le the	foundation dire	ectly or indirectly aff	iliated with, or relate	d to on	e or mor	a tay-ayamr	t organiz	ations			
				ction 501(c)(3)) or in s						7 Vac	. [7]	No
			following schedule.	5 55 . (5)(5)/ 5 5					٠ . ـ	] 163	· Œ1	NO
(a) Name of organization		<del></del>	(b) Type of organization			(c) Description of relationship						
						······································			· · · ·			
				<del></del>								
							<del></del>		·—			
							<del></del>					
	Unde	r penalties of penury, I	declare that I have examine	d this return, including accord	npanying sc	hedules and	statements, and	to the best o	f my knowled	ge and I	belief, it	is true
Sign	corre	ct, and complete Decia	aration of preparer (other tha	han taxpayer) is based on all information of which preparer has any kno-				viedge.	May the II	RS discu	iss this	return
Here	1 ( X mida C. Klin E   5/10/18 Pres				Pres	esident with the preparer shings See instructions.						
	Sign	ature of officer or trus	stee	Date	Title				556 1150 0			11.40
Paid		Print/Type preparer	's name	Preparer's signature			Date	Che	k ∏ if F	PTIN		
Prepa	arer			<u> </u>			<u> </u>		employed			
Use C		Firm's name ▶						Firm's EIN	<u> </u>			
		Firm's address ▶					i	Phone no	<u></u>			
									-	OO	O. DE	10047