

Short Form

Form **990-EZ**

Return of Organization Exempt From Income Tax

2015

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization: **K9'S 4 MOBILITY, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **11805 CAMPSTOOL ROAD**

City or town, state or province, country, and ZIP or foreign postal code: **CHEYENNE, WY 82007**

D Employer identification number: **45-4748121**

E Telephone number: **307-214-1248**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.K9S4MOBILITY.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **154,523.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	126,109.
2	Program service revenue including government fees and contracts	26,214.
3	Membership dues and assessments	
4	Investment income	SEE SCHEDULE O
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ 33,600. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less: direct expenses from gaming and fundraising events	1,316.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-1,316.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	153,207.
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	38,600.
13	Professional fees and other payments to independent contractors	3,350.
14	Occupancy, rent, utilities, and maintenance	SEE SCHEDULE O
15	Printing, publications, postage, and shipping	902.
16	Other expenses (describe in Schedule O)	SEE SCHEDULE O
17	Total expenses. Add lines 10 through 16	112,753.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	40,454.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	142,459.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	182,913.

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

Form **990-EZ** (2015)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

X

Yes No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with 3 columns: Question ID, Yes, No. Row 33: 33, Yes, X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with 3 columns: Question ID, Yes, No. Row 34: 34, Yes, X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with 3 columns: Question ID, Yes, No. Row 35a: 35a, Yes, X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with 3 columns: Question ID, Yes, No. Row 35b: 35b, N/A, Yes

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with 3 columns: Question ID, Yes, No. Row 35c: 35c, Yes, X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with 3 columns: Question ID, Yes, No. Row 36: 36, Yes, X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question ID, Yes, No. Row 37b: 37b, Yes, X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with 3 columns: Question ID, Yes, No. Row 38a: 38a, Yes, X

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with 3 columns: Question ID, Yes, No. Row 40b: 40b, Yes, X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with 3 columns: Question ID, Yes, No. Row 40e: 40e, Yes, X

41 List the states with which a copy of this return is filed

NONE

42a The organization's books are in care of THE ORGANIZATION Telephone no. 307-214-1248 Located at 11805 CAMPSTOOL ROAD, CHEYENNE, WY ZIP + 4 82007

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with 3 columns: Question ID, Yes, No. Row 42b: 42b, Yes, X

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with 3 columns: Question ID, Yes, No. Row 42c: 42c, Yes, X

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 3 columns: Question ID, Yes, No. Row 44a: 44a, Yes, X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 3 columns: Question ID, Yes, No. Row 44b: 44b, Yes, X

c Did the organization receive any payments for indoor tanning services during the year?

Table with 3 columns: Question ID, Yes, No. Row 44c: 44c, Yes, X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with 3 columns: Question ID, Yes, No. Row 44d: 44d, Yes, X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with 3 columns: Question ID, Yes, No. Row 45a: 45a, Yes, X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with 3 columns: Question ID, Yes, No. Row 45b: 45b, Yes, X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

	Yes	No
46		X

If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer MICHELLE WOERNER, EXECUTIVE DIRECTOR Date

Paid Preparer Use Only Print/Type preparer's name WAYNE R. HERR Preparer's signature Date 06/23/16 Check self-employed if PTIN P00189027 Firm's name MCGEE, HEARNE & PAIZ, LLP Firm's EIN 83-0331229 Firm's address P. O. BOX 1088 CHEYENNE, WY 82003 Phone no. 307-634-2151

May the IRS discuss this return with the preparer shown above? See instructions

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4562

Depreciation and Amortization (Including information on Listed Property) 990EZ

OMB No. 1545-0047

2015

Attachment Sequence No. 179

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Business or activity to which this form relates

Identifying number

K9'S 4 MOBILITY, INC.

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45-4748121

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 2 columns: Line number and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Line number and Amount. Includes line 17 for MACRS deductions.

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Class life, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Amount. Includes lines 21-23 for summary totals.