Form <b>990</b>
Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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



AF	or th	e 2010 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre chang Name				
	chang	e Doing Business As		30-0	559037
	Initial return	,	Room/suite		
	Termi ated	5050 WINFIELD KORD, NW		202-	741-5428
	Amen	City or town, state or country, and ZIP + 4		<b>G</b> Gross receipts \$	586,570.
	Applie distance	WASHINGTON, DC 20007		H(a) Is this a group re	
	pendi	F Name and address of principal officer: MICHAEL HOROWITZ		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		te: > WWW.LUCKYDOGANIMALRESCUE.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2009	State of legal domicile: DC
Pa	rt I				
é	1	Briefly describe the organization's mission or most significant activities:	PART ]	III, LINE 1.	
anc					
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispo			_
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			5
ن مە		Number of independent voting members of the governing body (Part VI, line 1b)			3
ies	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			0
ivit		Total number of volunteers (estimate if necessary)			1000
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		37,361.	149,615.
ent	9	Program service revenue (Part VIII, line 2g)		269,282.	427,444.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	6,212.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		306,644.	583,271.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)  2,8		0.05 0.00	205 405
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		235,083.	385,485.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		235,083.	385,485.
	19	Revenue less expenses. Subtract line 18 from line 12		71,561.	197,786.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		80,142.	281,465.
atA	21	Total liabilities (Part X, line 26)		8,581.	8,061.
Ž, D	22	Net assets or fund balances. Subtract line 21 from line 20		71,561.	273,404.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	

<u>.</u>	Signature of officer			Date				
Sign	olghadard of official			Buto				
Here	▲ MICHAEL HOROWITZ, CHAI	RMAN						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid				self-employed				
Preparer	Firm's name 🕞 GELMAN, ROSENBER	<b>RG &amp; FREEDMAN</b>		Firm's EIN 🕨				
Use Only	nly Firm's address 4550 MONTGOMERY AVE., SUITE 650 NORTH							
BETHESDA, MD 20814-2930 Phone no. (301) 951-					1) 951-9090			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2010) LUCKY DOG ANIMAL RESCUE	30-0559037	Pag
Pai	rt III Statement of Program Service Accomplishments		Г
	Check if Schedule O contains a response to any question in this Part III		[
1	Briefly describe the organization's mission: LUCKY DOG ANIMAL RESCUE IS A NON-PROFIT ORGANIZATION DE		
	RESCUING HOMELESS AND ABANDONED ANIMALS, PRIMARILY DOGS		
	SHELTERS AND OWNERS WHO CAN NO LONGER CARE FOR THEM. BY		
	COMMITTED VOLUNTEERS, FOSTER HOMES, LOCAL VETERINARIANS	5, TRAINERS,	ANI
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X
_	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.		X
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	. 107	<u> </u>
4a	ADOPTION PROGRAM: LUCKY DOG ANIMAL RESCUE'S CENTRAL PRO		
	ADOPTION PROGRAM. IN 2010, LUCKY DOG SAVED 1,417 ANIMAL		7 1 1
	EUTHANASIA IN HIGH-KILL SHELTERS THROUGHOUT SOUTH CAROL	-	011
	CAROLINA, VIRGINIA, WEST VIRGINIA, AND MARYLAND. THE VA		
	THESE DOGS WERE PLACED IN CAREFULLY SCREENED, LOVING AI		
	THOSE THAT WERE NOT ADOPTED IN 2010 REMAINED IN FOSTER		
	WHERE THEY STAYED UNTIL THEY FOUND THEIR OWN ADOPTIVE H		
	LUCKY DOG HAD A 100% SUCCESS RATE, MEANING THAT EVERY I		VAS
	SUCCESSFULLY ADOPTED OR PLACED IN A LONG-TERM FOSTER SI	TUATION.	
	FOSTER PROGRAM: LUCKY DOG'S FOSTER PROGRAM IS CRITICAL	דידתג מוזה חח	
	TO SAVE DOGS FROM HIGH KILL SHELTERS. BECAUSE LUCKY DOG		цпт
4b	(Code:) (Expenses \$ including grants of \$) (	Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 356,937.	]	
ᅲ		Form <b>9</b>	90 r
3200: 2-21-			20 (2
11	104 745960 21576 2010.04050 LUCKY DOG ANIMAL RE	SCUE 215	76_

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	-		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	А
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u></u>
u	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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	4.41-		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? 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 assistance to individuals	10		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<b>_</b> _
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

032003 12-21-10

16511104 745960 21576

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	24a		X
	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) and 501(c)(4) 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	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

032004 12-21-10

16511104 745960 21576

Pa	Statements Regarding Other IRS Filings and Tax Compliance     Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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 and section 509(a)(3) supporting organizations. Did the supporting $N/A$	_		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a		9a		
	<b>,</b> , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A   11a			
a b	Gross income from members or shareholders <b>11a</b> Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	104		
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			
c	Enter the amount of reserves on hand			
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		

Form **990** (2010)

032005 12-21-10

Form 990 (2010)

### LUCKY DOG ANIMAL RESCUE

Form 990 (2	2010)
Part VI	Go

#### LUCKY DOG ANIMAL RESCUE

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

Check if Schedule O contains a response to any question in this Part VI
---

	i.
57	
I X I	
27	L

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
	MIRAH HOROWITZ - 202-654-7857			
_	3636 WINFIELD ROAD, NW, WASHINGTON, DC 20007			_
		Form	<b>990</b> (	2010)
032006				

6 2010.04050 LUCKY DOG ANIMAL RESCUE

21576\_\_1

#### LUCKY DOG ANIMAL RESCUE

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per	(cl		Pos	ition	app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MICHAEL HOROWITZ										
CHAIRMAN OF THE BOARD	10.00	Х		Х				0.	0.	0.
MIRAH HOROWITZ EXECUTIVE DIRECTOR	30.00	x		x				0.	0.	0.
JONATHAN SMITH										
DIRECTOR	5.00	x						0.	0.	Ο.
JANINE CASTORINA										
DIRECTOR	5.00	X						0.	0.	Ο.
MARGARET MULQUEEN										
DIRECTOR	5.00	х						0.	0.	0.
		•	•		•		•			Form <b>990</b> (2010)

16511104 745960 21576

2010.04050 LUCKY DOG ANIMAL RESCUE

21576 1

	990 (2010) LUCKY										30-05	590	)37	Pa	age <b>8</b>
Par	t VII Section A. Officers, Director	s, Trustees	, Key Er	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	Av hou	<b>(B)</b> erage Irs per veek			<b>(C</b> Posi	<b>;)</b> ition	I		(D) (E) Reportable Reportable compensation compensatio from from related			<b>(F)</b> Estimated amount of other		
		(de hou re orgar in So	scribe urs for lated nizations chedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	oensa om the anizati I relate nizatio	e ion ed
												_			
1b	Sub-total			<u> </u>						0.		0.			0.
d	Total from continuation sheets to P Total (add lines 1b and 1c)									0.0.		0. 0.			0.
2	Total number of individuals (including compensation from the organization		ted to tr	lose	liste	ed at	SOVe	e) wr	no re	eceived more than \$100	1,000 in reportable			Yes	0 No
3	Did the organization list any <b>former</b> of line 1a? <i>If</i> "Yes," <i>complete Schedule</i> .									nighest compensated er			3		x
4 5	For any individual listed on line 1a, is and related organizations greater than Did any person listed on line 1a receiv	n \$150,000	? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual			4		X
	rendered to the organization? <i>If "Yes,</i> tion B. Independent Contractors												5		Х
1	Complete this table for your five higher the organization. NONE	est compen	sated ind	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	oensa	ition fr	rom	
	(A) (B) Description of services						Сс	(C omper	) Isatior	<u>ו</u>					
2	Total number of independent contract		•	iot lii	miteo	d to		se lis	sted	l above) who received n	nore than				
	\$100,000 in compensation from the o	rganization						5				F	Form §	<b>990</b> (2	2010)

032008 12-21-10

Form	990	(201	0)

# Form 990 (2010) LUCKY DOG ANIMAL RESCUE Part VIII Statement of Revenue

30-0559037 Page 9

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1 a	Federated campaigns	1a					,
Contributions, gifts, grants and other similar amounts		Membership dues						
ng B		Fundraising events		5,983.				
ar a		Related organizations						
s, S		Government grants (contributi						
ion	f	All all an a static strate all the second	· ·					
put	•	similar amounts not included abov		143,632.				
dd		Noncash contributions included in lines		2,815.				
aÖ	-	Total. Add lines 1a-1f			149,615.			
				Business Code				
e	2 a	ADOPTION FEES		900099	427,444.	427,444.		
in Zi	k				,			
Program Service Revenue	c							
eve eve	c							
P B G	e							
۲ ۲	f	All other program service reve	nue					
		<b>Total.</b> Add lines 2a-2f			427,444.			
	3	Investment income (including						
		other similar amounts)		►				
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	a Gross Rents						
	k	Less: rental expenses						
	c	Rental income or (loss)						
	c	Net rental income or (loss)		►				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		l Net gain or (loss)		····· ►				
e	8 8	Gross income from fundraising						
/en		-	83. of					
Other Reven		contributions reported on line	-	C 047				
er		Part IV, line 18		6,047.				
ŧ		Less: direct expenses		0.	C 047			C 047
		Net income or (loss) from fund		····· ►	6,047.			6,047.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 8	a Gross sales of inventory, less		3,366.				
	L	and allowances Less: cost of goods sold		3,299.				
					67.	67.		
ł		Net income or (loss) from sales Miscellaneous Revenue		Business Code	07•	07•		
ŀ	11 -	MISCELLANEOUS	6	900099	98.			98.
	l i e k							
	с С							<u> </u>
		All other revenue					<u></u>	<u> </u>
		• Total. Add lines 11a-11d			98.			
	12	Total revenue. See instructions.			583,271.	427,511.	0.	6,145.
03200 12-21				►		,		Form <b>990</b> (2010)
!					9			- ( ) - )

16511104 745960 21576

2010.04050 LUCKY DOG ANIMAL RESCUE

21576\_\_1

Form 990 (2	2010)
-------------	-------

#### LUCKY DOG ANIMAL RESCUE Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and		·		•
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	7,428.		7,428.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	299,906.	299,906.		
12	Advertising and promotion	1,213.		1,213.	
13	Office expenses	18,432.	6,912.	11,520.	
4	Information technology				
15	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	551.	551.		
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	451.		451.	
3	Insurance	3,595.		3,595.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	PET SUPPLIES	31,959.	31,959.		
a b	VOLUNTEER EVENTS	17,609.	17,609.		
c c	FUNDRAISING	2,845.	_,,		2,845
d	REGISTRATION & PERMITS	655.		655.	2,010
u e	SEMINARS & TRAINING	425.		425.	
f	All other expenses	416.		416.	
5	Total functional expenses. Add lines 1 through 24f	385,485.	356,937.	25,703.	2,845
. <u>5</u> 6	Joint costs. Check here  if following SOP	,			_,010
J	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

16511104 745960 21576

2010.04050 LUCKY DOG ANIMAL RESCUE

10

Form 990 (2010) 21576\_\_1

16511104 745960 21576

Cash - non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net
Accounts receivable, net

	2	Savings and temporary cash investments			77,404.	2	256,150.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	lete Part II				
		of Schedule L			5		
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c	)(3)(B), an	d contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru			6		
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other				-	
			10a	2,871.			
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	451.	Ο.	10c	2,420.
	11	Investments - publicly traded securities				11	· ·
	12	Investments - other securities. See Part IV, line				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 equ	80,142.	16	281,465.		
	17	Accounts payable and accrued expenses			8,581.	17	8,061.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
Se	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director	s, trustee	s, key employees,			
iabi		highest compensated employees, and disqualifi	ed persor	ns. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			8,581.	26	8,061.
		Organizations that follow SFAS 117, check he	ere 🕨 🛛	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
ance	27	Unrestricted net assets			71,561.	27	273,404.
a	28	Temporarily restricted net assets				28	
Fund B	29	Permanently restricted net assets			29		
Б		Organizations that do not follow SFAS 117, c	e ▶ └── and				
o.		complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
et	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			71,561.	33	273,404.
	34	Total liabilities and net assets/fund balances			80,142.	34	281,465.
							Form <b>990</b> (2010)

**(B)** End of year

22,895.

**(A)** Beginning of year

2,738.

1

1

Form 990 (2010) LUCKY DOG ANIMAL RESCUE 30-05590								
Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	1	583,271						
2	Total expenses (must equal Part IX, column (A), line 25)	2			85.			
3	Revenue less expenses. Subtract line 2 from line 1	3			86.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			61.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			57. 04.			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6								
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	b Were the organization's financial statements audited by an independent accountant?							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
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 S	<b>990</b> ()	2010)			

032012 12-21-10

21576\_\_1

SCHEDULE A

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

Open to Public Department of the Treasury Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number LUCKY DOG ANIMAL RESCUE 30-0559037 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I c Type III - Functionally integrated dL Type III - Other aL By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than ρ foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (v) Did you notify the (iv) Is the organization (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 aoverning document? (i) of your support? U.S.? above or IRC section

		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									
	<b>B</b> 1 11 <b>A</b> 1 <b>A</b> 1						<u> </u>	A /F	

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

OMB No. 1545-0047

#### Schedule A (Form 990 or 990-EZ) 2010

Part II	Supp

(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.)

Calendar year (of fiscal year beginning in) \>       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         I offits, grants, contributions, and under a paid to or expended on its behalt       Image: control total and the paid to or expended on its behalt       Image: control total and the paid to or expended on its behalt       Image: control total and the paid to or expended on its behalt       Image: control total and the paid to or expended on its behalt       Image: control total and the paid to or expended on its behalt       Image: control total and the paid total and total and the paid total and total	Sec	ction A. Public Support						
membership fees received. (Bo not include any 'urusual grants.')       2         2       Tax revenues levide for the organ- ization's benefit and ether paid to or expended on its behalt	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
include any "unusual grants.")       2         2 Tax revenues levied for the organization is behalf	1	Gifts, grants, contributions, and						
2 Tar versues levied for the organization is behalf in the role of the organization without charge 3 The value of services or facilities fumished by a governmetal unit to the organization without charge by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Bottom tests excetion B. Total Support Clefted year beginning (ii)		membership fees received. (Do not						
Iteration's benefit and either paid to or expended on its behalf       Iteration's benefit and either paid to or expended on its behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge       Iteration         4 Total. Add lines 1 through 3       Iteration         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Iteration (Iteration)         6 Public support.       Governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Iteration (Iteration)         Callerdary year (of fisal year beginning in) by each ones income from interest, dividends, payments received on socurities loads, rents, royaties and income from interest, dividends, payments received on socurities loads, rents, royaties and income from include gain or loas from the sale of capital assets (Expluidity carried on 11 Other income. Do not include gain or loas from the sale of capital assets (Expluidity carried on 12 Cross receives from releade abusiness activities, whether or not the business is contribution of Public Support Percentage       Itel 12         16 Gas support percentage for 2010 (Itel 6, column (f) divided by line 11, column (f))       14       9         17 Total support percentage for 2010 (Itel 6, column (f) divided by line 11, column (f))       14       9         16 Bubic support percentage for 2010 (Itel 6, column (f) divided by line 11, column (f))       14       9		include any "unusual grants.")						
are 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       1         4 Total. Add lines 1 through 3		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge       Image: Strate		or expended on its behalf						
the organization without charge   4 Total. Add lines 1 through 3   5 The portion of total contributions   by each person (other than a   governmental unt or publicly   supported organization) included   on line 1 that exceeds 2% of the   amount shown on line 11,   column (i)   6 Public support. Subvective 5 throm level   Section B. Total Support   Cleindar year (of fisal year beginning in) b   (a) 2006   (b) 2007   (c) 2008   (d) didends, paymethr sceleved on   securities loans, rents, royatiles   and income from similar sources   and income from similar source	3	The value of services or facilities						
4       Total. Add lines 1 through 3         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 256 of the amount shown on line 11, column (f)         6       Public support. Subtract line 5 from line 4.         8       Cestion B. Total Support         10       Check support. Subtract line 5 from line 4.         9       Net income from interest, divided support. Subtract line 5 from line 4.         10       Other income from interest, divided support. Add lines 7 through 10         11       Total support. Add lines 7 through 10         12       Cross receipts from related activities, etc. (see instructions)         12       Cross receipts from related activities, etc. (see instructions)         12       Torss receipts from related activities, etc. (see instructions)         13       First five years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, courn (f) divided by line 11, column (f))       14         14       Signal Part IV.         15       Signal Part IV.         16a 33 1/3% support test - 2009. If the organization is first, second, third, fourth, or fifth tax year as a sechos 501(c)(3) organization, check this box and stop heree		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f)       Image: the support subtractine to 5 from line 4.         6 Public support. Subtract the 5 from line 4.       Image: the support subtractine to 5 from line 4.       Image: the support subtract the 5 from line 4.         2 Amounts from line 4.       Image: the support subtract the 5 from line 4.       Image: the support subtract the 5 from line 4.         8 Gross income from interest, divideds, payments received on securities loans, rents, royatiles and income from similar sources in securities loans, rents, royatiles and income from similar sources in the sale of capital assets (Explain in Part IV) image: the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here support excentage for 2010 (inc 6, column (f) divided by line 11, column (f))       14       %         16 a 33 1/3% support text - 2010. (f) the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here - the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here - the organization did not check the box on line 13, fifth, and line 15 is 31/3% or more, check this box and stop here - the organization qualifies as a publicly supported organization meats the "facts and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization meats the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization did not check a box on line 13, fifth, box (Tat, and line 14 is 10% or more, an		the organization without charge						
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) 6 Public support. Subtract line 3 tom line. Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (b) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (b) 2006 (c) 2008 (c) 2008 (c) 2009 (c) 2010 (f) Total  Calendar year (of fiscal year beginning in)  (c) 2008 (c) 2008 (c) 2009 (c) 2008 (c) 2009 (c) 2010 (f) 2010 (c) 2010 (f) 2010 (	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       i         6 Public support. Subtract line 5 from line 4.       i         2alendar year (of fiscal year beginning in) ►       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       i       i       i       i       i       i         8 Gross income from interest, dividends, payments received on securities const, rents, royalties and income from similar sources activities, whether on on the business is regularly carried on or loss from the sale of capital asserts (Explain in Part IV)       i       i       i         10 Other income. Do not include gain or loss from the sale of capital asserts (Explain in Part IV)       i       i       i       i         12 Gross receipts from related activities, etc. (see instructions)       12       i       i       i       i         13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       i	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: Column (f)         6       Public support: Subtract line 5 from line 4.       Image: Column (f)         Calendar year (or fisal year beginning in) ►       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7       Amounts from line 4.       Image: Column (f)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7       Amounts from line 4.       Image: Column (f)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7       Amounts from line 4.       Image: Column (f)       Image: Column (f)       Image: Column (f)       (f) Total         8       Gross income from initerest, dividends, payments received on securities (and, carried on the ose for monielated business activities, whether or not the business is regularly carried on to loss from the sale of capital assets (Explain in Part IV)       Image: Column (f) Column (f)       Image: Column (f)       Image: Column (f)         10       Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       Image: Column (f)       Image: Column (f)       Image: Column (f)         12       Cross receipts from related activities, etc. (see instructions)       Image: Column (f)       Image: Column		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 1, column (f)		• • •						
amount shown on line 11, column (f)       amount shown on line 11, column (f)       amount shown on line 11, column (f)         6       Public support. Subset live 5 from line 4.       amount shown on line 14.         7       Amounts from line 4.       amount shown on live 4.         8       Gross income from line 4.       amount shown on live 4.         9       Net income from interest, dividends, payments received on securities loans, enets, royatties and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.)       amount shown on the form similar sources         10       Other income. Do not include gain or loss from related activities, etc. (see instructions)       12         11       Total support. Add lines 7 through 10       assets (Explain in Part IV.)         12       Gross receipts from related activities, etc. (see instructions)       12         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.       amount (f) divided by line 11, column (f)         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       9//         15       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       9//         14       Public support percentage for 201		supported organization) included						
column (f)       6       Public support. Subtract line 5 from line 4.         Section B. Total Support       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       6       6       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources       1       1       1         9 Net income from invelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.)       1       12       12         11 Total support. Add lines 7 through 10       12       12       12         12 Gross receipts from related activities, etc. (see instructions)       12       12       12         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       >         14 Public support percentage from 2009 Schedule A, Part II, line 14       15       9         15 Public support percentage from 2009 Schedule A, Part II, line 14       15       9         16 a3 1/3% support test - 2001. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facta		on line 1 that exceeds 2% of the						
6       Public support. Subtract line 6 from line 4.         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7       Amounts from line 4		amount shown on line 11,						
Section B. Total Support         Calendar year (or fiscal year beginning in) (a)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         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 IV)       11       Total support. Add lines 7 through 10       12       12         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       14       %         14 Public support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly support organization       14       %         15 al 1/3% support test - 2009. If the organization did not check a box on line 13, r16a, an 16b, and line 14 is 10% or more, and if the org		column (f)						
Section B. Total Support         Calendar year (or fiscal year beginning in) (a)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         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 IV)       11       Total support. Add lines 7 through 10       12       12         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       14       %         14 Public support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly support organization       14       %         15 al 1/3% support test - 2009. If the organization did not check a box on line 13, r16a, an 16b, and line 14 is 10% or more, and if the org	6	Public support. Subtract line 5 from line 4.						
7       Amounts from line 4         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV)         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14         15       Public support percentage for 2039 Schedule A, Part II, line 14       15         16       33 1/3% support test - 2001.If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       1         17       10% -facts-and-circumstances test - 2001.If the organization did not check a box on line 13, 16a, or 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances"	-			•				
7       Amounts from line 4         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources         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 IV)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage from 2009 Schedule A, Part II, line 14         15       Public support test - 2010.If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17       10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test - 2009.If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organizatio	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       9         9       Net income from unrelated business activities, whether or not the business is regularly carried on       10         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7	Amounts from line 4						
securities loans, rents, royalties and income from similar sources 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 IV, ) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)	-	r						
securities loans, rents, royalties and income from similar sources 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 IV, ) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)		dividends, payments received on						
and income from similar sources       Image: sources <td></td> <td>securities loans, rents, royalties</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		securities loans, rents, royalties						
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).</li> <li>11 Total support. Add lines 7 through 10</li> <li>12 Gross receipts from related activities, etc. (see instructions)</li> <li>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.</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).</li> <li>15 (from test - 200.) If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.</li> <li>17a 10% -facts-and-circumstances test - 200. If the organization did not check a box on line 13, flaa, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization is a publicly supported organization.</li> <li>17a 10% -facts-and-circumstances test - 200. If the organization qualifies as a publicly supported organization is a publicly supported organization.</li> <li>17a 10% -facts-and-circumstances test - 200. If the organization did not check a box on line 13, flaa, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>17a 10% -facts-and-circumstances test - 200. If the organization did not check a box on line 13, flaa,</li></ul>								
business is regularly carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         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         24       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14         15       Public support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16a       33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2001.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-	9	Net income from unrelated business						
business is regularly carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         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         24       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14         15       Public support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         16a       33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2001.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-		activities, whether or not the						
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       Image: transmission of the sale of capital assets (Explain in Part IV.)         11       Total support. Add lines 7 through 10       Image: transmission of the sale of capital assets (Explain in Part IV.)         12       Gross receipts from related activities, etc. (see instructions)       Image: transmission of the sole organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         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       Image: transmission of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       Image: transmission of the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 201.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 14 9% 15 Public support percentage for 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the orga	10	· · · · · · · · ·						
assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  14 9  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009. If the organization did not check a box on line 13, not line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test the organization qua		Ŭ						
11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (fi)) 14 9 9 14 9 14 9 15 9 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances"								
12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14         15       Public support percentage from 2009 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       10         17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       10         17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more,	11							
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14         15 Public support percentage from 2009 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       1         b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       1         17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization         b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" t			etc. (see instruct	ions)			12	
organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support percentage from 2009 Schedule A, Part II, line 14       15       %         16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Column (f)       Image: Column (f)         17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a pub			•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			on 501(c)(3)	
Section C. Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support percentage from 2009 Schedule A, Part II, line 14       15       %         16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                        %                  %                 %                %                  %                %                %                %              %                %              %              %              %              %              %              %              %              %              %                %              %              %              %              %              %              %              %              %              %              %								
<ul> <li>15 Public support percentage from 2009 Schedule A, Part II, line 14</li></ul>	Sec	ction C. Computation of Publi	ic Support Pe	ercentage				
<ul> <li>16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	14	Public support percentage for 2010 (li	ine 6, column (f) c	livided by line 11,	column (f))		14	%
<ul> <li>16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>	15	Public support percentage from 2009	Schedule A, Parl	II, line 14			15	%
<ul> <li>b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization</li> </ul>							more, check th	is box and
and stop here. The organization qualifies as a publicly supported organization <b>&gt;</b> <b>17a 10% -facts-and-circumstances test - 2010</b> . If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2009</b> . If the organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2009</b> . If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			
<ul> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>	b	33 1/3% support test - 2009. If the or	ganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, che	ck this box
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization quali	fies as a publicly	supported organiz	zation			
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
<ul> <li>b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> </ul>		and if the organization meets the "fact	ts-and-circumstar	nces" test, check t	this box and <b>stop</b>	here. Explain in Pa	art IV how the o	organization
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	upublicly supporte	ed organization		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances test	t - 2009.If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 1	5 is 10% or
		more, and if the organization meets th	e "facts-and-circu	umstances" test, o	heck this box and	d <b>stop here.</b> Explai	in in Part IV ho	w the
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		organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	ganization	►
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	7b, check this box	and see instru	ctions

Schedule A (Form 990 or 990-EZ) 2010

032022 12-21-10

16511104 745960 21576

#### Schedule A (Form 990 or 990-EZ) 2010 LUCKY DOG ANIMAL RESCUE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				37,361.	149,615.	186,976.
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				269,282.	427,444.	696,726.
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				306,643.	577,059.	883,702.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						883,702.
	Public support (Subtract line 7c from line 6.) ction B. Total Support						005,702.
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(4) 2009	(e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(6) 2007	(6) 2000	(d) 2009 306,643.	577,059.	883,702.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1.		1.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is				1.	6,047.	1.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital					98.	<u> </u>
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)				306,644.		889,848.
	First five years. If the Form 990 is for	r the organization's	s first second thi	I rd fourth or fifth	•	-	-
	check this box and stop here	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (			column (fl)		15	%
	Public support percentage from 2009					16	<u> </u>
	ction D. Computation of Inve	,	,				//0
	Investment income percentage for 20				)	17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2010. If the						
-	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2009.</b> If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box o	n line 14 or line 1	9a, and line 16 is mo	ore than 33 1/3%, a	
20	Private foundation. If the organization						
	23 12-21-10					edule A (Form 99	
511	L104 745960 21576	201	L0.04050	15 LUCKY DOO	G ANIMAL RI	ESCUE	215761

16511104 745960 21576

#### (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047	
2010	
Open to Public Inspection	

Employer identification number

Name of the organization	Name	of the	organization
--------------------------	------	--------	--------------

	LUCKY DOG ANIMAL RESCUE	30-0559037
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
	year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🛛 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	organization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts
	relating to these items:	
	(i) Revenues included in 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 treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	🕨 \$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2010
32051 2-20-		
	16	

2010.04050 LUCKY DOG ANIMAL RESCUE

		OG ANIMAL						055903	
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures,	or Other	Similar A	ssets (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	at are a sig	nificant use o	of its collectio	n items
	(check all that apply):								
а	Public exhibition	c			hange progra				
b	Scholarly research	e	• ∟o	ther					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how the	ey further th	ne organizati	ion's exem	pt purpose in	n Part XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical treas	sures, or oth	er similar a	assets		
	to be sold to raise funds rather than to be m	aintained as part of	the organi	ization's cc	llection?			Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" to F	orm 990, Parl	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other as	ssets not ir	ncluded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:					
								Amoun	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	└── No
	If "Yes," explain the arrangement in Part XIV								
Pa	<b>t V</b> Endowment Funds. Complete	if the organization ar							
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two yea	rs back <b>(c</b>	<b>)</b> Three years t	back <b>(e)</b> Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year		as:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for the	e organization	۱ ۲	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedu	ule R?				3b	
4	Describe in Part XIV the intended uses of the								
Par	rt VI   Land, Buildings, and Equipn	nent. See Form 990	0, Part X, I	line 10.					
	Description of investment	<b>(a)</b> Cost or c basis (investr		<b>(b)</b> Cost basis (		• • •	cumulated eciation	( <b>d)</b> Boo	k value
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
e	Other				2,871.		451.		2,420.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	0(c).)				2,420.

Schedule D (Form 990) 2010

032052 12-20-10

Schedu	le D	(Form	990)	201	(

## Schedule D (Form 990) 2010 LUCKY DOG ANIMAL RESCUE Part VII Investments - Other Securities. See Form 990. Part X. line 12.

	ee ronn 990, Fait A, i			
(a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security)		(	Cost or end-of-year mar	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	See Form 990, Part X,	line 13.		
(a) Description of investment type	<b>(b)</b> Book value	(	(c) Method of valua Cost or end-of-year marl	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)			
Part X Other Liabilities. See Form 990, Part X				
1. (a) Description of liability	,	(b) Amount		
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)				
(7)				
(8)				
			-	
(9)			-	
(10)			-	
(11) Total (Column (b) must could form 990, Part X, col (P) lin	× 25)		-	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	to the organization's financia	I statements that reports the or	ganization's liability for uncertai	n tax positions under
2. FIN 48 (ASC 740). 032053 12-20-10				
12-20-10		18	Sche	edule D (Form 990) 2010
		<b>-</b> •		

Sche	dule D (Form 990) 2010 LUCKY DOG ANIMAL RESCUE			30-	-0559037 Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial S	Stateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		583,271
2	Total expenses (Form 990, Part IX, column (A), line 25)				385,485
3	Excess or (deficit) for the year. Subtract line 2 from line 1				197,786
4	Net unrealized gains (losses) on investments				,
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				4,057
8	Other (Describe in Part XIV.)				,
9	Total adjustments (net). Add lines 4 through 8				4,057
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				201,843
	t XII Reconciliation of Revenue per Audited Financial Statemer			ber Retu	
1	·		•		588,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	2,3	08.	
	Recoveries of prior year grants	2c	•		
	Other (Describe in Part XIV.)		3,2	99.	
	Add lines 2a through 2d		-		5,607
3	Subtract line <b>2e</b> from line <b>1</b>				583,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	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	583,271
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements			1	391,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,3	08.	
b	Prior year adjustments	2b			
	Other losses	2c			
d		2d	3,2	99.	
е	Add lines <b>2a</b> through <b>2d</b>			2e	5,607
3	Subtract line 2e from line 1				385,485
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			
	Other (Describe in Part XIV.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	385,485
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a	a and 4; Part IV, I	ines 1b and	d 2b; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				
PA	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL A	CCOU	NTING ST	ANDARI	DS BOARD
<i>.</i>				~ ~	
(F)	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	5, TH	IAT PROVI	DES GU	JIDANCE FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	IE YE	AR ENDED	DECEI	MBER 31,
203	LO, LUCKY DOG HAS DOCUMENTED ITS CONSIDERAT	ION	OF FASB	ASC 74	40-10 AND
DE	TERMINED THAT NO MATERIAL UNCERTAIN TAX POS	<u>SITIC</u>	NS QUALI	FY FOI	REITHER
RE	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	ATEM	IENTS.		

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2010

032054 12-20-10

Schedul	le D (For	m 99	0) 2010	)					ANIM	AL R	ESCU	E					3(	)-05	5903	87 <sub>Р</sub>	age <b>5</b>
Part )	KIV Su	pple	ement	tal Inf	rorm	ation	l (cont	tinued)													
COST	OF	GOC	DS	SOLI	) NI	ETTI	ED A	AGAI	NST	REVE	NUE	ON	FIN	ANC	LAL					3,2	99.
STAT	EMEN'	TS	AND	SHC	OWN	AS	EXI	PENS	E ON	FOR	м 99	0,	PAR	r v	[],	LIN	E _1	L0B.			
	VTT	т	T T NT	 די סי		0,007	סיקנ	<u>א</u> רי ד	TICIM		•										
PART																					
COST	OF	GOC	DS	SOLI	) NI	ETTI	ED A	AGAI	NST	REVE	NUE	ON	FINZ	ANC	IAL					3,2	99.
STAT	EMEN	TS	AND	SHC	OWN	AS	EXI	PENS	E ON	FOR	м 99	0,	PAR	r v	UII,	LIN	E 1	L0B.			
																	6-	hodula	D (For	m 000	1 2010
032055 12-20-10											• •						30	neuule	יט (רט	111 990	<i>, 2</i> 010
51110	)4 74	159	60 2	2157	6			201	10.04	4050	20 LUCK	Y I	DOG	ANI	MAL	RESC	UE		21	576_	1

LUCKY DOG ANIMAL RESCUE

30-0559037 Page 5

16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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. OMB No. 1545-0047

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

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

BOARDING FACILITIES, WE ARE ABLE TO RESCUE HUNDREDS OF ANIMALS EVERY

YEAR, PROVIDE THEM WITH LOVING TEMPORARY CARE, AND FIND THEM

WELL-MATCHED, CAREFULLY SCREENED FOREVER HOMES. WE ALSO SERVE AS A

RESOURCE TO OUR COMMUNITY AND ALL PET OWNERS BY PROVIDING EDUCATION AND

INFORMATION ON RESPONSIBLE PET OWNERSHIP, INCLUDING THE IMPORTANCE OF

SPAY/NEUTER, POSITIVE BEHAVIOR TRAINING, AND GOOD NUTRITION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OF OUR OWN, THE NUMBER OF DOGS WE CAN PULL OUT OF THE SHELTERS IS DIRECTLY DEPENDENT ON THE NUMBER OF FOSTER HOMES WE HAVE TO PLACE THEM IN. IN 2010, WE SUCCESSFULLY BUILT UP OUR FOSTER PROGRAM, RECRUITING AND TRAINING OVER 200 NEW FOSTERS. FOSTERING A LUCKY DOG REQUIRES A SPECIAL COMMITMENT, OPENING YOUR HOME UP TO A NEW DOG, PROVIDING HIM OR HER FOOD AND SHELTER, ATTENDING ADOPTION EVENTS, AND HELPING YOUR PUP FIND THE RIGHT HOME.

VOLUNTEER PROGRAM: WITHOUT LUCKY DOG'S VOLUNTEER PROGRAM, THE ORGANIZATION COULD NOT OPERATE. THROUGHOUT 2010, VOLUNTEERS CONTINUED TO MAINTAIN THE WEBSITE, ORGANIZE ADOPTION EVENTS AND FUNDRAISERS, DRIVE DOGS FROM THE SHELTERS TO WASHINGTON D.C., TRANSPORT DOGS TO AND FROM ADOPTION EVENTS, HANDLE DOGS AT ADOPTION EVENTS, FOSTER DOGS, AND COMPLETE ALL THE ADMINISTRATIVE WORK THAT MAKES THE ORGANIZATION RUN. IN 2010, LUCKY DOG ADDED MORE THAN 300 VOLUNTEERS TO ITS ROSTER, INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHICH IS A REAL TESTAMENT TO THE SUCCESS OF THE RESCUE.

 

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2010)

 032211 01-24-11
 21

 Name of the organization

21576\_\_1

LUCKY DOG ANIMAL RESCUE

EDUCATION PROGRAM: LUCKY DOG NOT ONLY STRIVES TO PLACE PETS IN LOVING FOREVER HOMES, WE ARE COMMITTED TO EDUCATING THE DC COMMUNITY ABOUT RESPONSIBLE PET OWNERSHIP. IN 2010, LUCKY DOG HOSTED MORE THAN 20 EDUCATIONAL SEMINARS FOR BOTH ITS VOLUNTEERS AND THE PET COMMUNITY IN GENERAL. IN ADDITION, WE ADDED A SIGNIFICANT AMOUNT OF RESOURCES TO OUR WEBSITE ADDRESSING EVERYTHING FROM TRAINING TO NUTRITION TO COMMON VETERINARY AILMENTS.

FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF THE BOARD AND EXECUTIVE DIRECTOR ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD OF DIRECTORS REVIEWED THE 990 AT A BOARD MEETING BEFORE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY CIRCUMSTANCE A BOARD MEMBER BELIEVES COULD CONTRIBUTE TO A CONFLICT. PRIOR TO A BOARD ACTION ON A TRANSACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER SHALL DISCLOSE ALL THE FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES. THE MEMBER SHALL NOT VOTE ON THE TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE ORGANIZATION. 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) 22 16511104 745960 21576 2010.04050 LUCKY DOG ANIMAL RESCUE

Name of the organization LUCKY DOG	ANIMAL RESCUE	Employer identification numb 30-0559037
FORM 990, PART XI, LINE	5, CHANGES IN NET AS	SETS:
PRIOR PERIOD ADJUSTMENT	S:	4,05
032212 01-24-11	23	Schedule O (Form 990 or 990-EZ) (20
511104 745960 21576	2010.04050 LUCKY	DOG ANIMAL RESCUE 21576

Page 2

Schedule O (Form 990 or 990-EZ) (2010)

Form 8868 (Rev. 1-2011)					Page <b>2</b>
• If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this t	юх		X
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously file	d Form 8	868.	
• If you are filing for an Automatic 3-Month Extension, comp	plete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies ne	eeded).	
e or Name of exempt organization			Employer identification number		
			20	0550027	
LUCKI DOG ANIMAL RESCUE			50	)-0559037	
due date for 3636 WINFIELD ROAD, NW	, see instruc	tions.			
	. <b>f</b>				
return. See City, town or post office, state, and ZIP code. For a instructions. WASHINGTON, DC 20007	a toreign add	iress, see instructions.			
Enter the Detrum and for the active that this explication is for	(file				01
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			
Application	Return	Application		Return	
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a previo	usly filed	d Form 8868.	
MIRAH HOROWIT					
• The books are in the care of  3636 WINFIELD	ROAD,	NW - WASHINGTON, D	<u>C 200</u>	07	
Telephone No. ► 202-654-7857		FAX No. 🕨			
• If the organization does not have an office or place of busin					
• If this is for a Group Return, enter the organization's four dic					
box $\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$ .		ach a list with the names and EINs of a	ll membe	ers the extension is	for.
4 I request an additional 3-month extension of time until	NOVEM.	BER 15, 2011			
5 For calendar year 2010, or other tax year beginning, and ending, and ending					
6 If the tax year entered in line 5 is for less than 12 months	, check reas	on: L Initial return	Final re	turn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS REQUIRED	TO FIL.	E A COMPLETE AND AC	CURAI	TE RETURN.	
<b>9a</b> If this application is far Farm 000 PL 000 PF 000 T 470	0 0* 6060 0	nter the tentetive tex less any			
8a If this application is for Form 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.	0, 01 0009, 8	inter the teritative tax, less any	8a	\$	0.
	antor any	refundable credits and estimated	Od	φ	
	, ,				
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.			8b	\$	0.
	navment wit	the this form if required by using		φ	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.
		d Verification		Ψ	
Under penalties of perjury, I declare that I have examined this form, incl it is true, correct, and complete, and that I am authorized to prepare this	luding accomp		ne best of	my knowledge and b	elief,
	► CPA		Date		

Form 8868 (Rev. 1-2011)

16511104 745960 21576