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Form	330

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

AI	or th	e 2018 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identifi	cation number
	Addre				
	Name Chang	e Doing business as		30-0	559037
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 5159 LEE HIGHWAY	Room/suite	E Telephone numbe	r 741-5428
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,171,823.
	Amen			H(a) Is this a group re	
	_lreturn ∏Appli			for subordinates	
L	tiòn pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$	or 527		
		te: WWW.LUCKYDOGANIMALRESCUE.ORG			list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	A State of legal domicile: DC
	art I	Summary			State of legal dominine. DC
	T 1	Briefly describe the organization's mission or most significant activities: SEE	ר ידסגס		
Governance	1	Breny describe the organization's mission or most significant activities:			
nan					
veri	2	Check this box b if the organization discontinued its operations or dispo		1	8
ĝ	3				6
٥ð	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			2000
Activities	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		
				Prior Year 602,900.	Current Year 1,043,872.
an	8	Contributions and grants (Part VIII, line 1h)			
Revenue	9	Program service revenue (Part VIII, line 2g)		633,677.	692,026.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		58,481.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,421.	57,950.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,310,479.	1,877,800.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150.	6,914.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		397,343.	373,716.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	2,803.
ц.	b	Total fundraising expenses (Part IX, column (D), line 25) 172, 1	/6.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		562,956.	615,676.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	····· –	960,449.	999,109.
	19	Revenue less expenses. Subtract line 18 from line 12		350,030.	878,691.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)	·····	2,052,501.	2,745,299.
et A Ind	21	Total liabilities (Part X, line 26)	······	28,083.	26,785.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,024,418.	2,718,514.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatam	anta and to the heat of m	v knowledge and balief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and beller, it is
uue	, cone	I, and complete. Decial ation of preparer (enter man officer) is based on an information of w	illeli prepare	10/9/19)
C :~		Signature of officer		Date	<i></i>
Sig Her		MIRAH HOROWITZ, EXECUTIVE DIRECTOR			
пе	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	H	RICHARD J. LOCASTRO, CPA	Ti	10/09/19 if	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	NICo	Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
200	,	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Max	/ tho !	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 12-0		ions		Form 990 (2018)
0326	12-	the separate instruction Activation, see the separate instruct			

		ANIMAL RESCUE	30-05590)37 Page
Pai	t III Statement of Program Service	ce Accomplishments		
	Check if Schedule O contains a respo	nse or note to any line in this Part III .		Σ
1			OWERED NONPROFIT DEDICAT	
	•		NED ANIMALS FROM CERTAIN ER HOMES. WE EDUCATE THE	
			BLE PET PARENTING, INCLU	JDING
2			which were not listed on the	Yes X N
~	If "Yes," describe these new services on Sc		duate and an an isa a	Yes X
3	Did the organization cease conducting, or m If "Yes," describe these changes on Schedu	ıle O.		
4	•	-	e largest program services, as measured by ex	-
			f grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service rep	oorted.	6 014	
4a	ADOPTION PROGRAM: LUCK		6,914.) (Revenue \$6,914.) E'S CENTRAL PROGRAM IS C GREW SUBSTANTIALLY THIS	
			PROGRAM FOR CATS AND IN	
			RTS FOLLOWING HURRICANES	
			DOG SAVED 1,886 ANIMALS	
			THROUGHOUT SOUTH CAROLI	
			S, MISSISSIPPI, FLORIDA,	, AND
			NIMALS FROM THE PATH OF	
			PLACED ANIMALS IN ITS AF	
	AS WELL AS IN THE AFTE	RMATH OF HURRICANE	MICHAEL. WE ALSO CONTI	INUED
			IN THAILAND, JORDAN, ANI	
	KOSOVO. LUCKY DOG HAS	NOW SAVED MORE TH	AN 14,000 ANIMALS SINCE	OUR
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$) (Revenue \$	
4d	Other program services (Describe in Schedu			
ти				
4.0		uding grants of \$ 711,839.) (Revenue \$	
4e	Total program service expenses	1		
		SEE SCHEDULE O FO		Form 990 (20
32002	2 12-31-18		CONTINUATION (D)	
11	000 745060 21576		DOG ANTWAT DECOTE	21 E 7 C
тΤ	009 745960 21576	2010.04030 LUCKY	DOG ANIMAL RESCUE	21576

Form	aan	(201	8)

			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	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
Ũ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, 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,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u>л</u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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 and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	144		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (20	018)	LUCKY	DOG	ANIMAL	R
Part IV	Checklist of	Required S	chedu	lles (continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		_ <u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28				
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
	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		v	
00000	(gambling) winnings to prize winners?	1 c	X 990	(2018)
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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		x	
a	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		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
ا م	to file Form 8282?	7c		- 23
		- 7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
Ŭ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	 16	
	If "Yes," complete Form 4720, Schedule O.		

Form **990** (2018)

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Form 990	(2018)
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LUCKY DOG ANIMAL RESCUE

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

	Check if Schedule O contains a response or note to any line in this Part VI				2
Sec	tion A. Governing Body and Management			r	-
		1 1	0	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form				Γ
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Τ
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Γ
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				┢
			7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
			0-	x	
	The governing body?			X	╀
	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			-
				Yes	
	Did the organization have local chapters, branches, or affiliates?		. 10 a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{.}$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy before filing the form?	' 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. 12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?			Х	Γ
4	Did the organization have a written document retention and destruction policy?			Х	T
5	Did the process for determining compensation of the following persons include a review and approv				
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		
					┢
b	Other officers or key employees of the organization		150		
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10		I
	taxable entity during the year?		. 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC , VA				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c))(3)s only) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records 🕨			
U	MIRAH HOROWITZ - 202-246-3332	·			
0					
0	5159 LEE HIGHWAY, ARLINGTON, VA 22207				
	5159 LEE HIGHWAY, ARLINGTON, VA 22207		Form	1 990	(2
			Form	1 990	(2

(^)

(E)

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

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

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

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

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

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

(D)

• 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.

(D)

Check this box if neither the organization no	or any related	organization compensat	ed any current officer.	director, or trustee

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	'ustee	trust		ee	npen		(00-2/1099-00150)		organization and related
	below	lual tr	tional		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.94
(1) MICHAEL HOROWITZ	2.00		_		-		-			
PRESIDENT		X		X				0.	Ο.	0.
(2) MIRAH HOROWITZ	40.00									
VICE PRESIDENT - EXECUTIVE DIRECTOR		X		X				25,000.	0.	0.
(3) KAREN WHITT	2.00									
TREASURER		X		X				0.	0.	0.
(4) KATHY WAINWRIGHT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SUZY BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) NOEL SAMUEL	2.00									_
BOARD MEMBER		х						0.	0.	0.
(7) MARSHA MARSH	2.00									
BOARD MEMBER		х						0.	0.	0.
(8) MAUREEN VOLLMER	2.00									
BOARD MEMBER		X						0.	0.	0.
		1								
832007 12-31-18										Form 990 (2018)

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2018.04030 LUCKY DOG ANIMAL RESCUE

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	990 (2018) LUCKY DOO									30-05	559	037	Pa	age 8
Par	t VII Section A. Officers, Directors, Trustees, Key Em (A) (B) Name and title Average hours per week		(do not check more than one box, unless person is both an officer and a director/trustee)				than o	one 1 an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	(E) portable pensation		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Key employee Highest compensated Former			Highest compensated employee	Former	the organization organization (W-2/1099-MI (W-2/1099-MISC)			compensation			
1b	Sub-total								25,000.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 25,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportable	e		N	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual			·				• ·			3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
Sec	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										ipens	ation	irom	
	(A) Name and business	-		ONI					(B) Description of s		С)) compe	C) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organized stress of the o	•	ot lii	mite	d to	tho: (se lis)	stec	above) who received n	nore than		Form	990 (2	2019

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	990 (2	/		MAL RESC	UE		30-0559	037 Page 9
Par	rt VII	Statement of Revenu	е					
		Check if Schedule O contair	ns a response	or note to any lin		(B)	(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		46,486.				
iar Gif		Related organizations						
Sim's		Government grants (contribution	·					
utio	f	All other contributions, gifts, grants,		997,386.				
ĘĘ		similar amounts not included above		16,886.				
and	-	Noncash contributions included in lines 1a. Total. Add lines 1a-1f			1,043,872.			
<u> </u>				Business Code				
e l	2 a	ADOPTION FEES		900099	692,026.	692,026.		
ه کز	b				-			
a n	с							
Several Se	d							
Program Service Revenue	е							
•	f	All other program service revenu		·				
		Total. Add lines 2a-2f			692,026.			
	3	Investment income (including div			27,132.			27,132.
	4	other similar amounts) Income from investment of tax-e			27,152.			27,152
	5	Royalties						
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	7 a	2	(i) Securities	(ii) Other				
		· · ·	10,300.					
	a	Less: cost or other basis and sales expenses 2	53,480.					
	c	Gain or (loss)	56,820.					
		Net gain or (loss)			56,820.			56,820.
a		Gross income from fundraising e			-			
nue		including \$ 46,48	6 . of					
3ev		contributions reported on line 10						
Other Revenue		Part IV, line 18		98,493.				
Ð		Less: direct expenses		40,543.				
		Net income or (loss) from fundra	-	▶	57,950.			57,950.
	эa	Gross income from gaming activ Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming						
		Gross sales of inventory, less re						
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales of	of inventory					
ļ		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c d							
	d o	All other revenue						
	12	Total revenue. See instructions			1,877,800.	692,026.	0.	141,902.
				····· 🔽	,	, - = - •		Form 990 (2018

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LUCKY DOG ANIMAL RESCUE

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	C 014	C 014		
_	and domestic governments. See Part IV, line 21	6,914.	6,914.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	25,000.		25,000.	
~	trustees, and key employees	23,000.		23,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	318,295.	181,022.	31,431.	105,842
7 0	Other salaries and wages Pension plan accruals and contributions (include	510,255.	101,022.	JI, IJI.	105,042
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,251.	1,714.	534.	1,003
9 0	· · · · · · · · · · · · · · · · · · ·	27,170.	14,327.	4,466.	8,377
1	Payroll taxes Fees for services (non-employees):	27,170.	11,527.	4,400.	0,511
	Management				
a b					
		24,869.		24,869.	
с С	6 F	21/0051		21/0051	
u e	Lobbying Professional fundraising services. See Part IV, line 17	2,803.			2,803
f	Investment management fees	270031			2,003
g					
y	column (A) amount, list line 11g expenses on Sch 0.)	27,108.	14,294.	4,456.	8,358
2	Advertising and promotion	8,979.	4,728.	1,486.	2,765
23	Office expenses	15,400.	8,230.	2,353.	4,817
4	Information technology		• , = • • •		-,
5	Royalties				
6	Occupancy	39,939.	21,060.	6,565.	12,314
7	Travel	22,394.	11,809.	3,681.	6,904
8	Payments of travel or entertainment expenses	,	,	- ,	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	87.		87.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,674.	4,574.	1,426.	2,674
3	Insurance	19,425.	10,243.	3,193.	5,989
4	Other expenses. Itemize expenses not covered		-		
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VETERINARY	285,510.	285,510.		
b	PET SUPPLIES	37,162.	37,162.		
с	DOG WALKING	31,230.	31,230.		
d	BOARDING	26,937.	26,937.		
е	All other expenses	67,962.	52,085.	5,547.	10,330
5	Total functional expenses. Add lines 1 through 24e	999,109.	711,839.	115,094.	172,176
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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10 2018.04030 LUCKY DOG ANIMAL RESCUE

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	LUCKY	DOG	ANIMAL	RESCUE	
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Par	נא	Balance Sneet					
		Check if Schedule O contains a response or not	e to any line in th	nis Part X			L
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,497.	1	602,226
	2	Savings and temporary cash investments		1,145,147.	2	78,273	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			501.	4	1,634
	5	Loans and other receivables from current and fo					,
	•	trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit			Ŭ		
	Ŭ	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ω		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				3,871.	9	6,381
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		·····	570710	9	0,001
	IUa	basis. Complete Part VI of Schedule D	100	98,250.			
	h			51,902.	14,122.	10c	46,348
		Less: accumulated depreciation			857,563.	11	2,007,637
	11	Investments - publicly traded securities			057,505.	12	2,007,037
	12	Investments - other securities. See Part IV, line 1					
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		2,800.	14	2,800	
	15	Other assets. See Part IV, line 11			2,052,501.	15	2,745,299
	16	Total assets. Add lines 1 through 15 (must equa			18,653.	16 17	26,785
	17	Accounts payable and accrued expenses		10,055.		20,705	
	18	Grants payable		18			
	19 00	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
		key employees, highest compensated employee	• •	· · ·		- 00	
ГІА		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			9,430.	05	0
	~~	Schedule D			28,083.	25	26,785
	26	Total liabilities. Add lines 17 through 25			20,003.	26	20,705
		Organizations that follow SFAS 117 (ASC 958					
Fund Balances	~ 7	complete lines 27 through 29, and lines 33 an			2,024,418.	07	2,718,514
	27	Unrestricted net assets			2,024,410.	27	2,710,514
Da	28	Temporarily restricted net assets				28	
	29					29	
2		Organizations that do not follow SFAS 117 (As					
Net Assets of		and complete lines 30 through 34.			00		
200	30	Capital stock or trust principal, or current funds				30	
£	31	Paid-in or capital surplus, or land, building, or eq				31	
let	32	Retained earnings, endowment, accumulated inc			2 0 2 4 4 1 0	32	0 710 E14
-	33	Total net assets or fund balances			2,024,418. 2,052,501.	33	2,718,514 2,745,299
	34	Total liabilities and net assets/fund balances				34	<u> </u>

Form 990 (2018)
Part X Balance Sh

Form	1 990 (2018) LUCKY DOG ANIMAL RESCUE	30-05	59037	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,877					
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>09.</u> 91.			
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5	-184	1,5	95.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,718	3,5	14.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line 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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
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 Schedule O.							
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	iired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

I	2018
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

		LUCK	Y DOG ANIM	AL RESCUE				3	0-0559037
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:							
10	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		☐ Type III functionally inte						lly integrate	ed with,
	_	its supported organization					-		
d		Type III non-functionally						-	
		that is not functionally int	0	e ,			•	d an attent	iveness
	_	requirement (see instruct		•					
е		☐ Check this box if the orga					a Type I, Type	II, Type III	
	E.t.	functionally integrated, or		nally integrated support	ing organi	zation.			
		er the number of supported over the following information	-	d organization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other
		organization	((described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))					
Tota									
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	832021 10-	11-18 Schee	dule A (For	m 990 or 990-EZ) 2018

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π	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
	(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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
_	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	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 VI.)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities.	etc. (see instructi	ons)			12		
	First five years. If the Form 990 is fo		,					
	organization, check this box and stop	-						
Se	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%	
	Public support percentage from 2017					15	%	
	33 1/3% support test - 2018. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies							
b	b 33 1/3% support test - 2017. 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 qual	lifies as a publicly s	supported organiz	ation				
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-	-	-		
k	10% -facts-and-circumstances tes	•	•		•			
	more, and if the organization meets the							
	organization meets the "facts-and-cire							
18	Private foundation. If the organization		-		• • • •		<u>s</u>)	
						dulo A /Earm 000		

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	305,731.	330,146.	405,152.	602,900.	1,043,872.	2,687,801.
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	449,676.	417,058.	515,063.	633,677.	692,026.	2,707,500.
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	755,407.	747,204.	920,215.	1,236,577.	1,735,898.	5,395,301.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			5,000.	5,000.	11,473.	21,473.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b			5,000.	5,000.	11,473.	21,473.
	Public support. (Subtract line 7c from line 6.)						5,373,828.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	755,407.	(b) 2015 747,204.	920,215.	1,236,577.	1,735,898.	5,395,301.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,112.	14,414.	14,555.	15,789.	27,132.	77,002.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	5,112.	14,414.	14,555.	15,789.	27,132.	77,002.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				15,421.	57,950.	73,371.
12	Other income. Do not include gain or loss from the sale of capital	150.				-	150.
13	assets (Explain in Part VI.)	760,669.	761,618.	934,770.	1,267,787.	1,820,980.	5,545,824.
	First five years. If the Form 990 is for	-		-		, ,	
	check this box and stop here	J	,,	. ,	,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (line 8, column (f), c	livided by line 13,	column (f))		15	96.90 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	98.30 %
Sec	ction D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20					17	1.39 %
18	Investment income percentage from a	2017 Schedule A,	Part III, line 17			18	1.11 %
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
83202	23 10-11-18			15	Sche	edule A (Form 990	or 990-EZ) 2018
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1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018 LUCKY DOG ANIMAL RESCUE Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d		11a		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
~	organization of the period of the period any supported organization of the supported organization of the support of the suppor			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
a b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	liucion	Yes	No
a			163	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>za</u>		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83000	5 10-11-18 Schedule A (Form 9)0-F7	2019
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V)

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	ns	2		
3 Other gross income (see instruction	ns)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses pair	d or incurred for production or			
collection of gross income or for m	anagement, conservation, or			
maintenance of property held for p	production of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lin	nes 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all r	ion-exempt-use assets (see			
instructions for short tax year or a	ssets held for part of year):			
a Average monthly value of securitie	S	1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exe	mpt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or	other			
factors (explain in detail in Part VI)				
2 Acquisition indebtedness applicat	le to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use	e. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use asse	ts (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distribution	ns	7		
8 Minimum Asset Amount (add line	e 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year	(from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior ye	ear (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract li	ne 5 from line 4, unless subject to			
emergency temporary reduction (s	ee instructions)	6		
	ar is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Supplemental Information. Provide the explanations required by Part II, the 170, Part II, Ihen 172, Part II, Section JL, Bert II, Bert JL, Bert II, Bert JL, Bert II, Section JL, Bert II, Bert JL, Ber	Schedule A (Form 990 or 990-EZ) 2018 L	UCKY DOG	ANIMAL	RESCUE		30-0559037 Page 8
220 Schedule A (Form 990 or 990-EZ) 201	Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; ar	tion. Provide th 3b, 3c, 4b, 4c, 5a 5 2 and 3; Part IV	ne explanations a, 6, 9a, 9b, 9c, /, Section E, line	required by Part II, line 11a, 11b, and 11c; Pa as 1c, 2a, 2b, 3a, and 3	rt IV, Section B, lines 1 3b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

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Organization type (check or	ne):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page 2
Employer identification number

30-0559037

LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>61,904.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$43,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 823452 11-08	3-18	\$Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
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2018.04030 LUCKY DOG ANIMAL RESCUE

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

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LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-08		\$\$, 149.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
J204J2 11-08	23	Schedule D (FORM	550, 550-LZ, 01 550-PT) (2018

2018.04030 LUCKY DOG ANIMAL RESCUE

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page 2
Employer identification number

30-0559037

LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,046.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	-18 24	Schedule B (Form	990, 990-EZ, or 990-PF) (2018

21576__1

2018.04030 LUCKY DOG ANIMAL RESCUE

Name of organization

21576__1

Employer identification number

30-0559037

LUCKY DOG ANIMAL RESCUE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

16211009 745960 21576

2018.04030 LUCKY DOG ANIMAL RESCUE

Page 4

	DOG ANIMAL RESCUE			30-0559037
art III	from any one contributor. Complete columns (a) thr	ough (e) and the following line e	ntry For organizations	
	completing Part III, enter the total of exclusively religious, chari Use duplicate copies of Part III if additional spa	table, etc., contributions of \$1,000 o	less for the year. (Enter this info	o. once.) ► \$
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
	-			
ŀ		(e) Transfer of gi		
		(0) 112110101 01 3		
	Transferee's name, address, and a	ZIP + 4	Relationship of	transferor to transferee
a) No. from			()	
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of gi	ft	
ŀ	Transferee's name, address, and a	ZIP + 4	Relationship of	transferor to transferee
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I				
-		··		
		(e) Transfer of gi	rt -	
	Transferee's name, address, and a	ZIP + 4	Relationship of	transferor to transferee
ſ			•	
		[
a) No. from	() D			
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
f		(e) Transfer of gi	ft	
ŀ	Transferee's name, address, and a	ZIP + 4	Relationship of	transferor to transferee

Department of the Treasury

90)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Employer identification number 30-0559037

Pa			ls or Acco	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(6) [undo and other appounts
		(a) Donor advised funds	(0)	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's of			Yes No
6	Did the organization inform all grantees, donors, and donor ad		-	
	for charitable purposes and not for the benefit of the donor of	· · · ·	0	
Pa				
			, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a ce	rtified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conse	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic stru			;
d	Number of conservation easements included in (c) acquired a			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organizat	ion during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation e	asements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easem	ients during the year
0	► \$	a action the requirements of a stion 17	(h)(4)(D)(i)	
8	Does each conservation easement reported on line $2(d)$ above and postion $170(h)(4)(D)(ii)$			Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	- · ·			
	include, if applicable, the text of the footnote to the organizat conservation easements.	ion s intancial statements that describe	s the organiz	
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or (Other Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and b	alance sheet works of art.
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ		and of pairs	
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balan	ice sheet works of art historical
~	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶	\$
	AND A A A A A A A A A A			· \$ · \$
2	If the organization received or held works of art, historical trea		ial gain prov	*
<u>-</u>	the following amounts required to be reported under SFAS 1		a gan, pro	
9	Revenue included on Form 990, Part VIII, line 1		►	• \$
	Assets included in Form 990, Part X			• \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018
	1 10-29-18			

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27 2018.04030 LUCKY DOG ANIMAL RESCUE

Sche		OG ANIMAL						0-05			age 2
Pa	t III Organizations Maintaining (Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	< any of the	following that	t are a sig	nificant u	se of its	collectio	n item	s
	(<u>check</u> all that apply):										
а	Public exhibition	c	ı 🛄 ı	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizati	on's exerr	npt purpos	se in Par	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets		-		-
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Pa	t IV Escrow and Custodial Arrar		ete if the	organizatio	on answered '	'Yes" on I	⁻ orm 990,	Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo								7		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 00	Ending balance Did the organization include an amount on F						_ _ 1f		Yes		Na
	-						• • • • • • • • • • • • • • • • • • • •				∐ No]
Pa	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two year		d) Three yea	ars back	(e) Fou	r vears	back
1a	Beginning of year balance	(a) ourient year		nor year						youro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu		ce (line 1	g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	e organiza	ition			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize				•				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Fai	t VI Land, Buildings, and Equipm			/ line 11e (ina 10				
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr			t or other (other)	• •	cumulated reciation		(d) Boo	k valu	e
	Land										
	Buildings									<u> </u>	
	Leasehold improvements			3	3,112.		28,39			<u>4,7</u>	
d	Equipment				5,148.		$\frac{4,41}{10,00}$				34.
	Other				9,990.		19,09	<u>U.</u>		0,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line i	10c.)				4	6,3	48.

Schedule D (Form 990) 2018

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 LUCKY DOG ANIMAL RESCUE			30-	0559037 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents Witl			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,733,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-184,595.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		40,543.		
е	Add lines 2a through 2d			2e	-144,052.
3	Subtract line 2e from line 1			3	1,877,800.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,877,800.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	1,039,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		40,543.		
е	Add lines 2a through 2d			2e	40,543.
~					
3	Subtract line 2e from line 1			3	999,109.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	999,109.
				3	999,109.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	999,109.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c	0.
4 a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER	31,	2018,	LUCKY	DOG	HAS	DOCUMENTED	ITS	
-----------------------------	-----	-------	-------	-----	-----	------------	-----	--

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL

40,543.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,

LINE 8B.

832054 10-29-18

20 0550027

Schedule D (Form 990) 2018 LUCKY DOG ANIMAL RESCUE Part XIII Supplemental Information (continued)	30-0559037 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL	40,543.
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VII	I,
LINE 8B.	
832055 10-29-18	Schedule D (Form 990) 2018
31	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2018
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	I the latest informat	ion.		Inspection ntification number
		OG ANIMAL RESCUE					30-0559	
	complete this par	Complete if the organization answe t.	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
 a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in whi or licensing.	ch the organizatic	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 8	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	events with gross receip (c) Other events	(d) Total events
		CASINO NIGHT	BARREL OAK	4	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	113,944.	25,716.	5,319.	144,979
2	Less: Contributions	38,857.	7,629.		46,486
3	Gross income (line 1 minus line 2)	75,087.	18,087.	5,319.	98,493
4	Cash prizes				
5	Noncash prizes	461.			461
6	Rent/facility costs	3,250.			3,250
6	Food and beverages	22,280.	1,905.		24,185
8			400.		6,424 6,223
	Other direct expenses	4,193.	1,846.	184.	6 223
9	Other direct expenses		=, • = • •		
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	40,543
10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or r		40,543 57,950
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization	h 9 in column (d) line 3, column (d)			40,543 57,950 (d) Total gaming (add
10 11	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from III Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add
10 11 art 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add col. (a) through col. (c
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add
10 11 art 1 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	40,543 57,950 (d) Total gaming (add
10 11 art 1 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	h 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	40,543 57,950 (d) Total gaming (add

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes L b If "No," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

No

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or truste of a trust, or a member of a partnership or other entity formed 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility 13a 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶	Schedule G (Form 990 or 990-EZ) 2018 LUCKY DOG ANIMAL RESCUE	30-0)559037	Page 3
12 Is the organization a grant to, thereficiary or tustee of a tout, or a member of a pathemaphy or other entry formad Ive a low of the contractable grant of the provided in: 13 Indicate the preventage of pathing activity conducted in: Is the organization solution: Is the organization solution: 14 Indicate the preventage of pathing activity conducted in: Is the organization solution: Is the organization solution: 14 Indicate the preventage of pathing activity conducted in: Is the organization solution: Is the organization have a contract with a third party from whom the organization receives granting revenue? Ive of the amount of grant of grant of party be organization in the organization receives granting revenue? Ive of grant of grant of grant of grant of party be organization in the organization receives granting revenue? Ive of grant of grant of grant of grant of party be organization in the organization receives grant of grant o	11 Does the organization conduct gaming activities with nonmembers?			
13 Indicate the precentage of gaming activity conducted in: 14 In constraints facility 15 In constraints facility 16 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name				
13 Indicate the percentage of gaming activity conducted in: 13a 9a 14 The organization facility 13b 9a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address >	to administer charitable gaming?		Yes	No No
b An outside facility	13 Indicate the percentage of gaming activity conducted in:			
b An outside facility	a The organization's facility		13a	%
Name	b An outside facility		13b	%
Address \	14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:		
Address \				
ISE Does the organization have a contract with a third party from whom the organization receives gaming revenue? └ Yes \No Is 'I''es,'' enter the amount of gaming revenue received by the organization \> \$ and the amount of gaming revenue received by the third party:	Name			
ISE Does the organization have a contract with a third party from whom the organization receives gaming revenue? └ Yes \No Is 'I''es,'' enter the amount of gaming revenue received by the organization \> \$ and the amount of gaming revenue received by the third party:				
b if 'Yes,' enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If 'Yes,' enter name and address of the third party: Name ▶	Address			
b if 'Yes,' enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If 'Yes,' enter name and address of the third party: Name ▶				
of gaming reveue retained by the third party ▶ \$	15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?	L Yes	L No
of gaming reveue retained by the third party ▶ \$				
<pre>c if "Yes," enter name and address of the third party: Name ▶</pre>		the amount		
Name				
Address IG Gaming manager information: Marrie / Gaming manager compensation / S	c If "Yes," enter name and address of the third party:			
Address IG Gaming manager information: Marrie / Gaming manager compensation / S	Name N			
6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	Name			
6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶				
Name	Address			
Name	16 Coming manager information:			
Gaming manager compensation ▶ \$				
Gaming manager compensation ▶ \$	Name			
Description of services provided ▶				
Description of services provided ▶	Gaming manager compensation b \$			
Director/officer Employee Independent contractor Andatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
Director/officer Employee Independent contractor Andatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Description of services provided			
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 2005 2005 2005 2005 2005 2005 2005				
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 2005 2005 2005 2005 2005 2005 2005				
17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 2005 2005 2005 2005 2005 2005 2005				
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Director/officer Employee Independent contractor			
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 32085 10-03-18 Schedule G (Form 990 or 990-EZ) 2018	17 Mandatory distributions:			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	retain the state gaming license?		📖 Yes	└── No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 32083 10-03-18	b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the		
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
32083 10-03-18 Schedule G (Form 990 or 990-EZ) 2018		i) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		chedule C (Eorr	n 990 or 900	-F7\ 2019
				2010

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2018.04030 LUCKY DOG ANIMAL RESCUE 21576__1

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						Interested						//B No.		
(Form 990 or 990-EZ)	Complete if t	he or				s" on Form 990, Pa EZ, Part V, line 38			6, 27,	, 28a,		20	31	5
Department of the Treasury						990 or Form 990-E		1051			0	pen T	o Pub	lic
Internal Revenue Service	► Ge	o to w	/ww.irs.gov/Fo	orm99	0 for ir	nstructions and the	e lat	est information.	-			spect		
Name of the organization		~~~							-	-	ident		on nu	ımber
			ANIMAL			ion 501(c)(4), and 5	01/-				590	37		
						art IV, line 25a or 25) h			
1			elationship betv			lified					<i>.</i>	(d)	Corre	cted?
(a) Name of disqualified	l person	()	person and or		•	((c) D	escription of tran	sactic	n		· · · ·	es	No
												_		
												_		
												_		
2 Enter the amount of tax	x incurred by t	he or	ganization man	agers	or disc	qualified persons du	uring	the year under						
	-		-	-			-	-		▶ \$				
3 Enter the amount of tax	x, if any, on lin	e 2, a	bove, reimburs	ed by	the or	ganization				▶ \$				
Part II Loans to an	od/or Erom	Inte	reated Day											
					-				- 00-					
reported an an	•					, Part V, line 38a or	For	n 990, Part IV, IIn	e ∠o;	or if tr	ie orga	Inizati	on	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	oan to or	(e) Original	6	f) Balance due	(q)	In	(h) Ap		(i) V	/ritten
interested person	with organiz	ation	of loan		n the ization?	principal amount		.,	defa		bý bo comm		agree	ement?
				То	From				Yes	No	Yes	No	Yes	No
						、 .								
Total Part III Grants or A	ssistance	Ben	efiting Inter	reste	d Pe	> \$								
Complete if the			-											
(a) Name of interested) Relationship		-	(c) Amount of		(d) Type	of		(e) Purp	ose o	f
			interested pers	son an		assistance		assistan			•	assist		
			the organiza	ation										
								1						

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

	Business					
Schedule I	. (Form 990 or 9	990-F7) 2018	LUCKY	DOG	ANIMAL	RESCUE

Complete if the organization answered "Yes" on Form 990. Part IV. line 28a, 28b, or 28c.

	103 011 0111 000, 1 art 10, iiile 20a, 2	00, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
GELMAN, ROSENBERG & FREEDM	SUBSTANTIAL CONTRIB	16,569.	GRF PROVIDE		Х
MICHAEL HOROWITZ	BOARD MEMBER/PRESID	25,000.	MICHAEL HOR		Х
	1				

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GELMAN, ROSENBERG & FREEDMAN (GRF)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: GRF PROVIDED AUDIT AND TAX SERVICES TO

LUCKY DOG FOR 2018, IN THE AMOUNT OF \$16,569 AND IS A SUBSTANTIAL

CONTRIBUTOR ON SCHEDULE B.

(A) NAME OF PERSON: MICHAEL HOROWITZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/PRESIDENT

(D) DESCRIPTION OF TRANSACTION: MICHAEL HOROWITZ HAS A FAMILY

RELATIONSHIP WITH MIRAH HOROWITZ WHO RECIEVED \$25,000 FROM THE

ORGANIZATION FOR HER SERVICES AS VP/EXEC.DIRECTOR.

Schedule L (Form 990 or 990-EZ) 2018

21576__1

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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



30-0559037

LUCKY DOG ANIMAL RESCUE

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

THE IMPORTANCE OF SPAY/NEUTER, OBEDIENCE TRAINING, AND GOOD NUTRITION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOUNDING IN MAY 2009. THE VAST MAJORITY OF THESE DOGS AND CATS WERE PLACED IN CAREFULLY SCREENED, LOVING ADOPTIVE HOMES. THOSE THAT WERE NOT ADOPTED IN 2018, REMAINED IN FOSTER CARE INTO 2019, WHERE THEY STAYED UNTIL THEY FOUND THEIR OWN ADOPTIVE HOMES. IN 2018, LUCKY DOG HAD A 100% SUCCESS RATE, MEANING THAT ALL ADOPTABLE DOGS AND CATS RESCUED WERE SUCCESSFULLY ADOPTED OR PLACED IN A LONG-TERM FOSTER SITUATION.

FOSTER PROGRAM: LUCKY DOG'S FOSTER PROGRAM IS CRITICAL TO OUR ABILITY TO SAVE DOGS FROM HIGH KILL SHELTERS. BECAUSE LUCKY DOG HAS NO FACILITY OF ITS OWN, THE NUMBER OF DOGS AND CATS WE CAN OUT OF THE SHELTERS IS DIRECTLY DEPENDENT ON THE NUMBER OF FOSTER HOMES WE HAVE TO PLACE THEM IN. IN 2018, WE CONTINUED OUR SUCCESSFUL FOSTER PROGRAM, RECRUITING AND TRAINING OVER 250 NEW FOSTERS. FOSTERING A LUCKY DOG OR CAT REQUIRES A SPECIAL COMMITMENT, OPENING YOUR HOME UP TO THE ANIMAL, PROVIDING HIM OR HER FOOD AND SHELTER, ATTENDING ADOPTION EVENTS, AND HELPING YOUR DOG OR CAT FIND THE RIGHT HOME.

VOLUNTEER PROGRAM: WITHOUT LUCKY DOG'S VOLUNTEER PROGRAM, THEORGANIZATION COULD NOT OPERATE. THROUGHOUT 2018, VOLUNTEERS CONTINUEDTO, ORGANIZE ADOPTION EVENTS AND FUNDRAISERS, DRIVE DOGS FROM THESHELTERS TO WASHINGTON D.C., TRANSPORT DOGS TO AND FROM ADOPTIONLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.832211 10-10-183816211009 745960 215762018.04030 LUCKY DOG ANIMAL RESCUE21576 1

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037
EVENTS, HANDLE DOGS AT ADOPTION EVENTS, FOSTER DOGS, MAIN	TAIN THE
WEBSITE, AND COMPLETE ALL THE ADMINISTRATIVE WORK THAT MA	KES THE
ORGANIZATION RUN. IN 2018, LUCKY DOG ADDED MORE THAN 500	VOLUNTEERS TO
ITS ROSTER, INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHIC	H IS A REAL
TESTAMENT TO THE SUCCESS OF THE 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 2018, LUCKY DOG HOSTED 15 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.

YOUTH PROGRAM: LUCKY DOG WORKS HARD TO ENSURE THAT THE NEXT GENERATION OF PET OWNERS LEARN EARLY ABOUT THE VALUE OF ADOPTION, HOW TO PROPERLY CARE FOR DOGS AND CATS, AND THE IMPORTANCE OF VOLUNTEERISM. OUR YOUTH PROGRAM ENGAGES CHILDREN OF ALL AGES IN EDUCATIONAL WORKSHOPS, IN VOLUNTEER ACTIVITIES, AND IN BAKE SALES. IN ADDITION, OUR VOLUNTEERS VISIT SCHOOLS, GIRL SCOUT AND BOY SCOUT TROOPS AND OTHER YOUTH GROUPS TO MAKE PRESENTATIONS AND GET OUR YOUTH ENGAGED. OUR YOUTH HAVE EVEN FORMED "LUCKY DOG CLUBS" IN THEIR SCHOOLS!

FORM 990, PART VI, SECTION A, LINE 2:

1

MICHAEL HOROWITZ AND MIRAH HOROWITZ HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI	I, SECTION B, LINE 11B:
THE FORM 990 WAS	PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)
L6211009 745960 215	39 76 2018.04030 LUCKY DOG ANIMAL RESCUE 21576_1

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Employer identification LUCKY DOG ANIMAL RESCUE 30-0559037	number
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 AND STAFF COMPLETE A CONFLICT OF INTEREST	
DISCLOSURE FORM IDENTIFYING ANY CIRCUMSTANCE A BOARD OR STAFF MEMBER	
BELIEVES COULD CONTRIBUTE TO A CONFLICT. PRIOR TO A BOARD ACTION ON A	

TRANSACTION INVOLVING A CONFLICT OF INTEREST, A BOARD OR STAFF MEMBER

DISCLOSES ALL THE FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH

DISCLOSURES ARE REFLECTED IN THE MINUTES. THE MEMBER DOES NOT VOTE ON THE

TRANSACTION.

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST

POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE ORGANIZATION.