

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

| ΑF            | or the                               | e 2022 calendar year, or tax year beginning and e                                                          | ending              |                                     |                               |
|---------------|--------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|-------------------------------|
|               | Check if<br>opplicable               | C Name of organization                                                                                     |                     | D Employer identifi                 | cation number                 |
| Г             | Addre                                | LUCKY DOG ANIMAL RESCUE                                                                                    |                     |                                     |                               |
|               | Name<br>chang                        |                                                                                                            |                     | 30-05590                            | 37                            |
|               | Initial<br>return<br>Final<br>return | 5159 LANGSTON BLVD                                                                                         | Room/suite          | E Telephone numbe 202-741-          |                               |
|               | termin<br>ated                       |                                                                                                            | G Gross receipts \$ | 5,704,505.                          |                               |
|               | Amend                                | ARLINGION, VA 22207                                                                                        |                     | H(a) Is this a group re             | eturn                         |
|               | Applic<br>tion<br>pendir             | F Name and address of principal officer: MIRAH HOROWIIZ                                                    |                     | for subordinates                    | ·····= =                      |
|               |                                      | SAME AS C ABOVE                                                                                            |                     | <b>H(b)</b> Are all subordinates in |                               |
|               |                                      | empt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) 0                                                | or 527              | 1                                   | list. See instructions        |
|               | Nebsit                               |                                                                                                            | 1. 1/2.22           | H(c) Group exemption                |                               |
|               | art I                                | organization: X Corporation Trust Association Other  Summary                                               | L Year              | of formation: 2009                  | M State of legal domicile: DC |
|               |                                      | Briefly describe the organization's mission or most significant activities: SEE F                          | PART I              | II, LINE 1.                         |                               |
| Governance    |                                      |                                                                                                            |                     | •                                   |                               |
| rnai          | 2                                    | Check this box if the organization discontinued its operations or dispose                                  | ed of more          | than 25% of its net ass             | sets.                         |
| ove           | 3                                    | Number of voting members of the governing body (Part VI, line 1a)                                          |                     | 3                                   | 5                             |
|               |                                      | Number of independent voting members of the governing body (Part VI, line 1b)                              |                     |                                     | 4                             |
| Activities &  |                                      | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                               |                     |                                     | 13                            |
| ĭ             |                                      | Total number of volunteers (estimate if necessary)                                                         |                     |                                     | 2000                          |
| Act           |                                      | Total unrelated business revenue from Part VIII, column (C), line 12                                       |                     |                                     | 0.                            |
|               | b                                    | Net unrelated business taxable income from Form 990-T, Part I, line 11                                     | ·····               | Prior Year                          | 0. Current Year               |
|               | 8                                    | Contributions and grants (Part VIII, line 1h)                                                              |                     | 2,438,501.                          | 3,224,568.                    |
| ine           | l                                    | D 11/11/11 0.)                                                                                             |                     | 956,426.                            | 1,070,710.                    |
| Revenue       | I .                                  | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) |                     | 426,653.                            | 2,973.                        |
| æ             |                                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                   |                     | 98,230.                             | 12,335.                       |
|               | 1                                    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                         |                     | 3,919,810.                          | 4,310,586.                    |
|               |                                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                           |                     | 0.                                  | 15,593.                       |
|               | 1                                    | Benefits paid to or for members (Part IX, column (A), line 4)                                              |                     | 0.                                  | 0.                            |
| S             | 45                                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                          |                     | 774,680.                            | 837,043.                      |
| Expenses      | 16a                                  | Professional fundraising fees (Part IX, column (A), line 11e)                                              |                     | 0.                                  | 0.                            |
| <u>6</u>      | b                                    | Total fundraising expenses (Part IX, column (D), line 25)163,35                                            | 3.                  |                                     |                               |
| û             | 17                                   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                               |                     | 1,095,918.                          | 1,126,973.                    |
|               | 18                                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                  |                     | 1,870,598.                          | 1,979,609.                    |
|               | 19                                   | Revenue less expenses. Subtract line 18 from line 12                                                       |                     | 2,049,212.                          | 2,330,977.                    |
| Net Assets or |                                      |                                                                                                            | Be                  | ginning of Current Year             | End of Year                   |
| Sset          | 20                                   | Total assets (Part X, line 16)                                                                             |                     | 6,825,603.                          | 8,659,666.                    |
| et A          | 21                                   | Total liabilities (Part X, line 26)                                                                        |                     | 132,203.                            | 152,854.                      |
| Z:<br>D:      | 22<br>art II                         | Net assets or fund balances. Subtract line 21 from line 20                                                 |                     | 6,693,400.                          | 8,506,812.                    |
|               |                                      | Ities of perjury, I declare that I have examined this return, including accompanying schedules             | and stateme         | ents, and to the hest of my         | knowledge and helief it is    |
|               |                                      | et, and complete. Declaration of preparer (other than officer) is based on all information of whi          |                     |                                     | knowledge and belief, it is   |
|               | ,                                    | ,                                                                                                          | p p                 |                                     |                               |
| Sig           | n                                    | Signature of officer                                                                                       |                     | Date                                |                               |
| Her           |                                      | MIRAH HOROWITZ, EXECUTIVE DIRECTOR                                                                         |                     |                                     |                               |
|               |                                      | Type or print name and title                                                                               |                     |                                     |                               |
|               |                                      | Print/Type preparer's name Preparer's signature                                                            | _                   | Date Check C                        | PTIN                          |
| Paid          |                                      | RICHARD J. LOCASTRO, CPA Culoud J. Locas                                                                   | No                  | 6/26/23 self-employ                 |                               |
|               | arer                                 | Firm's name GELMAN, ROSENBERG & FREEDMAN                                                                   |                     | Firm's EIN 5                        | 2-1392008                     |
| Use           | Only                                 | Firm's address 4550 MONTGOMERY AVE SUITE 800N                                                              |                     |                                     | 1 051 0000                    |
|               |                                      | BETHESDA, MD 20814-2930                                                                                    |                     | Phone no. 30                        | 1-951-9090                    |
| May           | / the IF                             | RS discuss this return with the preparer shown above? See instructions                                     |                     |                                     | X Yes No                      |

| Pai | Statement of Program Service Accomplishments                                                                                                 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|
|     | Check if Schedule O contains a response or note to any line in this Part III                                                                 |
| 1   | Briefly describe the organization's mission:                                                                                                 |
|     | LUCKY DOG ANIMAL RESCUE IS A VOLUNTEER-POWERED NONPROFIT DEDICATED TO                                                                        |
|     | RESCUING HOMELESS, NEGLECTED, AND ABANDONED ANIMALS FROM CERTAIN                                                                             |
|     | EUTHANASIA AND FINDING THEM LOVING FOREVER HOMES. WE EDUCATE THE                                                                             |
|     | COMMUNITY AND ALL PET OWNERS ON RESPONSIBLE PET PARENTING, INCLUDING                                                                         |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|     | prior Form 990 or 990-EZ?                                                                                                                    |
|     | If "Yes," describe these new services on Schedule O.                                                                                         |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                        |
|     | If "Yes," describe these changes on Schedule O.                                                                                              |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|     | revenue, if any, for each program service reported.                                                                                          |
| 4a  | (Code:) (Expenses \$ 1,463,645. including grants of \$ 15,593. ) (Revenue \$ 1,070,710. )                                                    |
|     | ADOPTION PROGRAM: LUCKY DOG ANIMAL RESCUE'S CENTRAL PROGRAM IS OUR                                                                           |
|     | ADOPTION PROGRAM. LUCKY DOG'S ADOPTIONS REMAINS THE CORE OF OUR ANIMAL PROGRAMS. LUCKY DOG HAD A VERY STRONG ADOPTION YEAR IN 2022. WE       |
|     |                                                                                                                                              |
|     | ADOPTED OUT 2,069 DOGS AND 1,066 CATS - 3,135 ANIMALS IN TOTAL. DURING THAT TIME, WE SAVED 3,132 ANIMALS FROM HIGH KILL SHELTERS THROUGHOUT  |
|     | THAT TIME, WE SAVED 3,132 ANIMALS FROM HIGH KILL SHELTERS THROUGHOUT SOUTH CAROLINA, NORTH CAROLINA, VIRGINIA, MARYLAND, TEXAS, MISSISSIPPI, |
|     | FLORIDA, AND PUERTO RICO. BY THE END OF 2022, LUCKY DOG HAD SAVED MORE                                                                       |
|     | THAN 24,000 ANIMALS SINCE OUR 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 2022, REMAINED IN FOSTER                                                                      |
|     | CARE INTO 2023, WHERE THEY STAYED UNTIL THEY FOUND THEIR OWN ADOPTIVE                                                                        |
|     | HOMES. IN 2022, LUCKY DOG HAD A 100% SUCCESS RATE, MEANING THAT ALL                                                                          |
| 4b  | (Code:) (Expenses \$                                                                                                                         |
| 75  | (Code) (Expenses #                                                                                                                           |
|     |                                                                                                                                              |
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|     |                                                                                                                                              |
|     |                                                                                                                                              |
|     |                                                                                                                                              |
| 4c  | (Code:) (Expenses \$ including grants of \$) (Revenue \$)                                                                                    |
|     |                                                                                                                                              |
|     |                                                                                                                                              |
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|     |                                                                                                                                              |
|     |                                                                                                                                              |
| 4-1 | Other program comitions (Describe on School de O.)                                                                                           |
| 4d  | Other program services (Describe on Schedule O.)                                                                                             |
| 4e  | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,463,645.                                               |
| -70 | Form <b>990</b> (2022)                                                                                                                       |

10020626 745960 21576

# Form 990 (2022) LUCKY DOG ANIMAL RESCUE Part IV Checklist of Required Schedules

|             |                                                                                                                                                                                                                          |             | 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_          | X   |                |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                          | 2           | X   |                |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                          |             |     |                |
|             | public office? 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           |     | Х              |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                  | 5           |     | Х              |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                | L,          |     |                |
|             | 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,                                                                                                                | ۰           |     | <del></del>    |
| '           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                     | 7           |     | X              |
|             | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>                                                                               | <b>-</b> '- |     | 1              |
| 8           | , ,                                                                                                                                                                                                                      |             |     | x              |
| •           | Schedule D, Part III                                                                                                                                                                                                     | 8           |     |                |
| 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?                                                                                                |             |     | 3,7            |
|             | If "Yes," complete Schedule D, Part IV                                                                                                                                                                                   | 9           |     | <u> </u>       |
| 10          | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                             |             |     |                |
|             | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                            | 10          |     | <u> </u>       |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,                                                                                        |             |     |                |
|             | as applicable.                                                                                                                                                                                                           |             |     |                |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                              |             |     |                |
|             | Part VI                                                                                                                                                                                                                  | 11a         | X   |                |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                                                                                             |             |     |                |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                              | 11b         |     | X              |
| С           | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                                                                                              |             |     |                |
|             | 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         |     | Х              |
| 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                                                                                                      | <u> </u>    |     |                |
|             | Schedule D, Parts XI and XII                                                                                                                                                                                             | 12a         | Х   |                |
| h           | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                | I Lu        |     |                |
| D           |                                                                                                                                                                                                                          | 12b         |     | x              |
| 13          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13          |     | X              |
|             | Did the appropriation projection of the control of the Light of the Light of the Light of the Control                                                                                                                    |             |     | X              |
| 14a         | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,     | 14a         |     | <del>  ^</del> |
| b           |                                                                                                                                                                                                                          |             |     |                |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                               | 4.41.       |     | x              |
| 45          | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                   | 14b         |     |                |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                                                                                | 4-          |     | <sub>v</sub>   |
| 40          | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                     | 15          |     | <u> </u>       |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                                                                                                 | ا           |     |                |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                              | 16          |     | <u> X</u>      |
| 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. See instructions                                                                                                                                     | 17          |     | X              |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                             |             |     |                |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                        | 18          | X   | —              |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                   |             |     | l _            |
|             | complete Schedule G, Part III                                                                                                                                                                                            | 19          |     | X              |
| <b>20</b> a | 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          | X   |                |

232003 12-13-22

Form 990 (2022) LUCKY DOG ANIMAL RESCUE
Part IV Checklist of Required Schedules (continued)

| 22 Did the organization report more than \$5.00 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 (if "Yes," complete Schedule I, Part I and III 22 X 23 Did the organization answer "Yes" to Part IVI, Section A, line 3,4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule IV was a section of the organization have a tax exempt bond ssue with an outstanding principal amount of more than \$100,000 as of the list day of the way, that was issued after Decomber 31, 2002? If Yes, "answer lines 26b intropp Act and complete Schedule IV, If Yes, "the year is the list of the organization have a tax exempt bond several proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26d Did the organization any proceeds of tax-exempt bonds beyond a temporary period exception?  27c Did the organization any proceeds of tax-exempt bonds beyond a temporary period exception?  28d Did the organization any proceeds of tax-exempt bonds beyond a temporary period exception?  28d Did the organization any proceeds of tax-exempt bonds beyond a temporary period exception?  28d Did the organization any proceeds of tax-exempt bonds beyond the temporary period exception and that the transaction has not been reported on any of the organization process and exemption and that the transaction has not been reported on any of the organization spore from \$90.0 organization process and that the transaction has not been reported on any of these persons? If Yes, "complete Schedule I, Part IV 26b Did the organization proceeds a great or other assistance to any current or former officer, director, trustace, bey employee, cereator or forder, durinatination contribution or \$100 organization |      | (continued)                                                                                                                 |     | Yes                  | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------|-----|----------------------|----------|
| Part X. Column (A), line 27 (if "Yes," complete Schedule I, Parts I and III 20   Idl the organization sourcers "Tes" to Part IVI, Scient A, Iline 3, 4 or 5, about compensation of the organization's current and former officer, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI 24   Idl the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arraws lines 24th through 24d and complete Schedule IVI IVI (Initial Parts IVI) (Initial Parts IVI IVI (Initial Parts IVI IVI) (Initial Parts IVI IVI IVI (Initial Parts IVI IVI) (Initial Parts IVI IVI IVI IVI IVI (Initial Parts IVI IVI IVI IVI IVI IVI IVI IVI IVI IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |     | 100                  | 110      |
| 23 Did the organization answer "Ves" to Part VII. Section A, lims 3, 4, or 5, about compensation of the organization's current and former officers, directors, fuseless, key employees, and highest compensated employees? If "Yes," complete Schedule V.  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was its sued after December 31, 2002? If "Yes," answer lines 25th strough 24d and complete Schedule K. If "No." ye to line 25a  25b Did the organization marks an year proceeds of fax exempt bonds beyond a temporary period exception?  25c Did the organization marks an an escrow account other than a returnding escrow at any time during the year?  25d Did the organization and the stand of issuer for bonds outstanding standy time during the year?  25d Did the organization and the stand of issuer for bonds outstanding escrow at any time during the year?  25d Section 501(5), 501(6)(4), and 501(c)(20) organizations. Did the organization see benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I b is the organization anvaler that the rapaged in an excess benefit transaction has not been reported on any of the organization prior Forms 900 or 900-EZ? If "Yes," complete Schedule L, Part I I Schedule L, Part I I I Schedule L, Part I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                             | 22  |                      | Х        |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "And "Was issued after December 31, 2002? If "Yes," answer lines 25th through 25th and complete Schedule I, "Who," or lor line 25a.  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 25th through 25th and complete Schedule II" ("Who," or lor line 25a.  24b Did the organization mirest any proceeds of tax exempt bonds beyond a temporary period exception?  24c Did the organization mirest any proceeds of tax exempt bonds outstanding at any time during the year?  24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization are with a disqualified person of the part of the self-person during the year?  25a Section 501(5)(3), 501(5)(4), and 501(5)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization with a disqualified person in a price year, and that the transaction has not been reported on any of the organization with a disqualified person in a price year, and that the transaction has not been reported on any of the organization with a disqualified person in a price year.  25b Did the organization provide a grant or other assistance to any current or former office.  25c Through 25c Andrew 25c Angress     | 23   |                                                                                                                             |     |                      |          |
| Schedule / Late day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization marks an excreve account of the than a refunding excrev at any time during the year 10 defease any tax-exempt bonds?  d Did the organization acts as an "on behalf of" issued for bonds outstanding at any time during the year?  d Did the organization acts as an "on behalf of" issued for bonds outstanding at any time during the year?  d Did the organization access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person that it engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 990 or 990-527 If "Yes," complete Schedule I, Part I  b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part II  b It the organization are prepared and the seasons? If "Yes," complete Schedule I, Part II  c Did the organization prepared again or often assistance to any current or forms of lifer, dipendent private, key employee, creator or founder, 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 I, Part IV intractions for applicable filing thresholds, conditions, and exceptions).  A C A 35% controlled entity of one or more individuals and/or organizations describe     |      |                                                                                                                             |     |                      |          |
| 24a Dd the organization have a fax-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 hire 25a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | •                                                                                                                           | 23  | х                    |          |
| stated by 6 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  b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c) Did the organization maintain an escrow account other than a refunding servor with any time during the year to deflease any tax exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25d Section 50(16), 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25a Section 50(16), 501(16)4, and 501(16)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction than a disqualified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization specified person in a prior year, and that the transaction has not been reported on any of the organization in prior Forms 990 or 990-E27 (If "Yes," complete Schedule I, Part II  25b X  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV  26c A 39% complete Schedule I, Part IV  27c A self-schedule I, Part IV  28d Was the organization receive contributions of art, histori     | 24a  |                                                                                                                             |     |                      |          |
| Schedule K. If "No." go to line 25a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                             |     |                      |          |
| b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  C Did the organization amaitan an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16), 501(46), 401(46), and 501(6/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | ·                                                                                                                           | 24a |                      | х        |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | b    |                                                                                                                             |     |                      |          |
| d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I   25a   X    25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I   25b   X    25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule 1, Part II   25b   X    27 Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule 1, Part II   27   X    28 Was the organization a party to a business transaction with one of the following parties see the Schedule 1, Part II   27   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 1, Part IV   28a   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 1, Part IV   28b   X    30 Did the organization seel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule 1, Part II   34   X    31 Did the organization seel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule 1, Part II   34   X    35a Did the organization seel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule 1, Part II   II   X   X   |      |                                                                                                                             |     |                      |          |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  258 Section 501(CS), 501(CH), 40, 4015(CH), 40, 4015(CH), 4015 (CH),      | _    |                                                                                                                             | 24c |                      |          |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     |     |                      |          |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 900 or 900 E27; if "Yes," complete Schedule L, Part I  25b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                             |     |                      |          |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule I, Part I   25b   X   25b   25c     |      |                                                                                                                             | 25a |                      | Х        |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27   If "Yes," complete Schedule L, Part I   25b   X    26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b    | · · · · · · · · · · · · · · · · · · ·                                                                                       |     |                      |          |
| Schedule L, Part I   55b   X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _    |                                                                                                                             |     |                      |          |
| Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                             | 25b |                      | Х        |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 26   | , , , , , , , , , , , , , , , , , , ,                                                                                       |     |                      |          |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                             |     |                      | 1        |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A Safform the Schedule L, Part IV.  28 A Safform the organization as the controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part II.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 and 301.7701-37 If "Yes," complete Schedule R, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 and 301.7701-37 If "Yes," complete Schedule R, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 and 301.7701-37 If "Yes," complete Schedule R, Part II. III. or IV. and Part V, line 1 If "Yes," complete Schedule R, Part II. III. or IV. and Part V, line 2 If "Yes," complete Schedule R, Part V, line 2 If "Yes," complete Schedule R, Part V II. III. or IV. and Sa5a. It is not a related organization and that is treated as a partnership for federal income tax purposes? If "Y   |      |                                                                                                                             | 26  |                      | Х        |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  28 a x x current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization individual, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization osell and the variable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Vas the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2  35 Section 501(x)3 organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes,"    | 27   |                                                                                                                             |     |                      |          |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X  c A 35% complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35b 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, Iine 2 36 X  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, Iine 2 36 X  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part V, Iine 2 36 X  38 Did the organization com   |      |                                                                                                                             |     |                      |          |
| Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                             | 27  |                      | Х        |
| instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  31 A X  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1  33 A X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ilne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ilne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ilne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Sc    | 28   |                                                                                                                             |     |                      |          |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 1  The morphism of the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2  The morphism of the organization conduct more than 5% of its activities through an entity that is not a related organization and     |      |                                                                                                                             |     |                      |          |
| "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 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  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1  39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 1  30 Did the organization complete Schedule O and pr    | а    |                                                                                                                             |     |                      |          |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  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. Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 A X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization complete Schedule O and the provide explanations on Schedule O for Part V, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part V, lines 11b and 19?  Note: Al   |      |                                                                                                                             | 28a |                      | Х        |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Check if Schedule O contains a response or note to any line in this Part V  11 Enter the number of Forms W-2G included on line 1a. Enter-0 if not applicable  12                                                                             | b    |                                                                                                                             | 28b | Х                    |          |
| "Yes," complete Schedule L, Part IV  28c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                             |     |                      |          |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I. 31 X. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 X. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b 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, Iine 2 36b X. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I. 37 X. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filer    |      |                                                                                                                             | 28c |                      | Х        |
| contributions? If "Yes," complete Schedule M  30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29   |                                                                                                                             | 29  | X                    |          |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |     |                      |          |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | contributions? If "Yes," complete Schedule M                                                                                | 30  |                      |          |
| 32   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   32   X   X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 31   |                                                                                                                             | 31  |                      | X        |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 5b Did the organization have a controlled entity within the meaning of section 512(b)(13)? Section 501(c)(3) organizations controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0 Ves No  1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 O C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                           | 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? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 37 X X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Schedule O for Part VI, lines 11b and 19? Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V Yes No 14 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Schedule N, Part II                                                                                                         | 32  |                      | X        |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a X  35b 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V \ and any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 33   |                                                                                                                             |     |                      |          |
| Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                   | 33  |                      | X        |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  38 X  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 34   |                                                                                                                             |     |                      |          |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   37 Y  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  10 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                             | 34  |                      |          |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     | 35a |                      | X        |
| 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  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  12 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |     |                      | 1        |
| If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b |                      | <u> </u> |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |                      |          |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 The Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 The Inter the No Inter I     |      | If "Yes," complete Schedule R, Part V, line 2                                                                               | 36  |                      | X        |
| Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement of Schedule O contains a response or note to any line in this Part V  The improvement      | 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |     |                      |          |
| Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes  No  1a 18 18  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | , , ,                                                                                                                       | 37  |                      | X        |
| Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |     |                      |          |
| Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Da   | Note: All Form 990 filers are required to complete Schedule O                                                               | 38  | X                    |          |
| Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  18  19  10  10  11  12  13  14  15  16  16  17  18  18  18  18  18  18  18  18  18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Pal  |                                                                                                                             |     |                      |          |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     18       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | Uneck if Schedule U contains a response or note to any line in this Part V                                                  |     | <br>I <sub>-</sub> - |          |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _    |                                                                                                                             |     | Yes                  | No       |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _    |                                                                                                                             | 1   |                      |          |
| (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Enter the number of Fernie W Za moladed of line 1a. Enter 6 if not applicable                                               |     |                      |          |
| 0 0/ 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | С    |                                                                                                                             | ٠.  | v                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 000  |                                                                                                                             |     |                      | (2000)   |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |        |                                                           |             |
|------------------------------------------------------------------------------|--------|-----------------------------------------------------------|-------------|
|                                                                              | Part 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                                                                                                              | 3        |       |          |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                    | 2b       | Х     | <u> </u> |
| За       | 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 on Schedule O                                                                                       | 3b       |       | <u> </u> |
| 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).                                                                               |          |       | 7.7      |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                             | 5a       |       | X        |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                  | 5b       |       | X        |
| C        | 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                                                                       |          |       | x        |
| <b>L</b> | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a       |       |          |
| b        |                                                                                                                                                                                                   | 6b       |       |          |
| 7        | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).                                                                                           | OD       |       |          |
| '<br>а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                   | 7a       | х     |          |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                   | 7b       | X     |          |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                 |          |       |          |
| •        | to file Form 8282?                                                                                                                                                                                | 7c       |       | х        |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                                                                              |          |       |          |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                   | 7e       |       | Х        |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                      | 7f       |       | Х        |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                  | 7g       |       |          |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                | 7h       |       |          |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                              |          |       |          |
|          | sponsoring organization have excess business holdings at any time during the year? N/A                                                                                                            | 8        |       |          |
| 9        | Sponsoring organizations maintaining donor advised funds.                                                                                                                                         |          |       |          |
| а        | Did the sponsoring organization make any taxable distributions under section 4966? N/A                                                                                                            | 9a       |       | <u> </u> |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A                                                                                             | 9b       |       | <u> </u> |
| 10       | Section 501(c)(7) organizations. Enter:                                                                                                                                                           |          |       |          |
| а        | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a                                                                                                                  | 4        |       |          |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                       | 4        |       |          |
| 11       | Section 501(c)(12) organizations. Enter:                                                                                                                                                          |          |       |          |
| а        | Gross income from members or shareholders N/A 11a                                                                                                                                                 | $\dashv$ |       |          |
| D        | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                         |          |       |          |
| 120      | amounts due or received from them.)                                                                                                                                                               | 12a      |       |          |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                             | IZa      |       |          |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                  |          |       |          |
|          | Is the organization licensed to issue qualified health plans in more than one state?  N/A                                                                                                         | 13a      |       |          |
| -        | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                 | .50      |       |          |
| 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                                                                                                                                          |          |       |          |
| С        | Enter the amount of reserves on hand                                                                                                                                                              |          |       |          |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                        | 14a      |       | X        |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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                                                                                     |          |       |          |
|          | excess parachute payment(s) during the year?                                                                                                                                                      | 15       |       | X        |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                    |          |       |          |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                   | 16       |       | X        |
|          | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                         |          |       |          |
| 17       | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                                                                                     |          |       |          |
|          | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A                                                                                                       | 17       |       |          |
|          | If "Yes," complete Form 6069.                                                                                                                                                                     | _        | 000   | (0000)   |
| 232005   | 5 12-13-22<br>                                                                                                                                                                                    | Form     | ) 33U | (2022)   |

Form 990 (2022) LUCKY DOG ANIMAL RESCUE 30-0559037 Page
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 on Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |         | X   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|-----|
| Sec | tion A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |         |     |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5                      |         |     |
|     | 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 on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |         |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                      |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |         |     |
|     | officer, director, trustee, or key employee?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                      | X       |     |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |         |     |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                      |         | Х   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                      |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                      |         | Х   |
| 6   | Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6                      |         | Х   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |         |     |
|     | more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7a                     |         | Х   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |         |     |
|     | persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7b                     |         | Х   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |         |     |
| а   | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8a                     | Х       |     |
| b   | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8b                     | Х       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |         |     |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9                      |         | Х   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                      |         |     |
|     | (mile double 12 requires montained association and transfer and a second and the |                        | Yes     | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10a                    |         | Х   |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10b                    |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11a                    | Х       |     |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12a                    | Х       |     |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12b                    | Х       |     |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |         |     |
|     | on Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12c                    | Х       |     |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13                     | Х       |     |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14                     | Х       |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |         |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |         |     |
| а   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15a                    | Х       |     |
|     | Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15b                    |         | Х   |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |         |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |         |     |
|     | taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16a                    |         | Х   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |         |     |
|     | exempt status with respect to such arrangements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16b                    |         |     |
| Sec | tion C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |         |     |
| 17  | List the states with which a copy of this Form 990 is required to be filedCA , SC , VA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |         |     |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )s onlv)               | availal | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , · - · · · <b>,</b> / |         |     |
|     | X Own website X Another's website X Upon request Other (explain on Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nd finan               | cial    |     |
|     | statements available to the public during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |         |     |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |         |     |
|     | MIRAH HOROWITZ - 202-246-3332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |         |     |
|     | 5159 LANGSTON BLVD, ARLINGTON, VA 22207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |         |     |

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

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

#### 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

| (A)<br>Name and title                           | (B) Average hours per                                                        | box              | not c<br>, unle:        | Pos<br>heck i<br>ss per | more         | than o                               | n an | ( <b>D</b> ) Reportable compensation                        | <b>(E)</b> Reportable compensation                            | <b>(F)</b> Estimated amount of                                                    |
|-------------------------------------------------|------------------------------------------------------------------------------|------------------|-------------------------|-------------------------|--------------|--------------------------------------|------|-------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                 | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | stee or director | In stit utional trustee | Officer D               | Key employee | Highest compensated http://www.nated |      | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) MIRAH HOROWITZ                              | 50.00                                                                        | -<br>-           |                         | х                       |              |                                      |      | 225 000                                                     | 0                                                             | 0 000                                                                             |
| EXECUTIVE DIRECTOR/PRESIDENT (2) STEPHANY SMITH | 50.00                                                                        | Х                |                         | X                       |              |                                      |      | 225,000.                                                    | 0.                                                            | 8,000.                                                                            |
| DEVELOPMENT DIRECTOR                            | 30.00                                                                        | 1                |                         |                         |              | x                                    |      | 118,800.                                                    | 0.                                                            | 1,000.                                                                            |
| (3) MARCIA MARSH                                | 2.00                                                                         |                  |                         |                         |              |                                      |      | ,                                                           | -                                                             | ,                                                                                 |
| VICE PRESIDENT                                  |                                                                              | Х                |                         | х                       |              |                                      |      | 0.                                                          | 0.                                                            | 0.                                                                                |
| (4) LAUREN HOROWITZ                             | 2.00                                                                         |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
| TREASURER                                       |                                                                              | Х                |                         | Х                       |              |                                      |      | 0.                                                          | 0.                                                            | 0.                                                                                |
| (5) MAUREEN VOLLMER                             | 2.00                                                                         |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
| SECRETARY                                       |                                                                              | Х                |                         | Х                       |              |                                      |      | 0.                                                          | 0.                                                            | 0.                                                                                |
| (6) CATHERINE PHILLIPS                          | 2.00                                                                         |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
| BOARD MEMBER                                    |                                                                              | Х                |                         |                         |              |                                      |      | 0.                                                          | 0.                                                            | 0.                                                                                |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
| -                                               |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
| _                                               |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               |                                                                                   |
|                                                 |                                                                              |                  |                         |                         |              |                                      |      |                                                             |                                                               | - 000 (aaaa)                                                                      |

| Part       | VII Section A. Officers, Directors, Trus                                                      | tees, Key Emp     | oloy                           | ees,                  | and           | Hiọ          | ghes                         | t C       | ompensated Employee        | s (continued)                 |        |            |                  |            |
|------------|-----------------------------------------------------------------------------------------------|-------------------|--------------------------------|-----------------------|---------------|--------------|------------------------------|-----------|----------------------------|-------------------------------|--------|------------|------------------|------------|
|            | (A)                                                                                           | (B)               |                                |                       |               | C)           |                              |           | (D)                        | (E)                           |        |            | (F)              |            |
|            | Name and title                                                                                | Average           | (do                            |                       | Pos           |              | <b>າ</b><br>than ເ           | one       | Reportable                 | Reportable                    | .      | Es         | timate           | d          |
|            |                                                                                               | hours per         | box                            | , unle                | ss per        | rson i       | s both                       | n an      | compensation               | compensation                  |        |            | nount o          | of         |
|            |                                                                                               | week<br>(list any |                                | l a                   |               | 110010       | 1711 43                      |           | from                       | from related                  |        |            | other            | L:         |
|            |                                                                                               | hours for         | lirecto                        |                       |               |              | L                            |           | the organization           | organization<br>(W-2/1099-MIS |        |            | pensat<br>om the |            |
|            |                                                                                               | related           | e or 0                         | stee                  |               |              | satec                        |           | (W-2/1099-MISC/            | 1099-NEC)                     |        |            | anizati          |            |
|            |                                                                                               | organizations     | truste                         | al tru:               |               | yee          | im per                       |           | 1099-NEC)                  | ,                             |        | _          | d relate         |            |
|            |                                                                                               | below             | Individual trustee or director | Institutional trustee | er            | Key employee | Highest compensated employee | ner       |                            |                               |        | orga       | anizatio         | วทธ        |
|            |                                                                                               | line)             | Indi                           | Insti                 | Officer       | Key          | High                         | Form      |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                | _                     |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
| 1b 9       | Subtotal                                                                                      |                   |                                |                       |               |              |                              |           | 343,800.                   |                               | 0.     |            | 9,00             |            |
|            | Total from continuation sheets to Part VI                                                     |                   |                                |                       |               |              |                              |           | 0.                         |                               | 0.     |            |                  | 0.         |
| <u>d</u> 7 | Total (add lines 1b and 1c)                                                                   |                   |                                |                       |               |              |                              |           | 343,800.                   |                               | 0.     |            | 9,00             | <u> </u>   |
|            | Total number of individuals (including but n                                                  | ot limited to th  | ose                            | liste                 | d ab          | ove          | ) wh                         | o re      | eceived more than \$100,   | 000 of reportable             | Э      |            |                  | _          |
|            | compensation from the organization                                                            |                   |                                |                       |               |              |                              |           |                            |                               |        | 1          | · I              | 2          |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               | 1      |            | Yes              | No         |
|            | Did the organization list any former officer,                                                 | •                 |                                | •                     | •             | •            |                              | _         |                            | •                             |        |            |                  | v          |
|            | ine 1a? If "Yes," complete Schedule J for si                                                  |                   |                                |                       |               |              |                              |           |                            |                               |        | 3          |                  | X          |
|            | For any individual listed on line 1a, is the su                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            | х                |            |
|            | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a |                   |                                |                       |               |              |                              |           |                            |                               |        | 4          | ^                |            |
|            | rendered to the organization? If "Yes." com                                                   |                   |                                |                       |               | ,            |                              |           | •                          | iuai ioi services             |        | 5          |                  | Х          |
|            | on B. Independent Contractors                                                                 | piete Scriedule   | <del>.</del> J 1               | OF SL                 | <u>ICIT I</u> | Jers         | OII .                        |           |                            |                               |        |            |                  |            |
| 1 (        | Complete this table for your five highest co                                                  | mpensated ind     | lepe                           | nder                  | nt co         | ontra        | acto                         | rs th     | nat received more than \$  | 100.000 of com                | pensat | ion fro    | m                |            |
| t          | the organization. Report compensation for t                                                   | the calendar ye   | ear e                          | endir                 | ng w          | ith c        | or wi                        | thin      | n the organization's tax y | ear.                          |        |            |                  |            |
|            | (A)                                                                                           |                   |                                |                       |               |              |                              |           | (B)                        |                               |        | (0         | ;)               |            |
|            | Name and business                                                                             |                   |                                |                       |               |              |                              |           | Description of s           | ervices                       | С      | ompe       | nsatior          | 1          |
|            | LLC, 1301 GERVAIS ST.                                                                         | , SUITE           | 6                              | 01                    | ,             |              |                              | - 1       | CONSTRUCTION               |                               |        |            |                  |            |
| COL        | JMBIA, SC 29201                                                                               |                   |                                |                       |               |              |                              |           | SERVICES                   |                               | 2      | <u>,50</u> | 1,97             | <u>/1.</u> |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              | $\dashv$  |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              | $\exists$ |                            |                               |        |            |                  |            |
|            |                                                                                               |                   |                                |                       |               |              |                              |           |                            |                               |        |            |                  |            |
| 2          | Fotal number of independent contractors (ir                                                   | ncluding but no   | ot lir                         | nited                 | d to          | thos         | se lis                       | ted       | above) who received mo     | ore than                      |        |            |                  |            |

|                                                        |    |   | Check if Schedule O               | conta     | ains a r | response  | or note to any line | e in this Part VIII |                                    |                            |                                 |
|--------------------------------------------------------|----|---|-----------------------------------|-----------|----------|-----------|---------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
|                                                        |    |   |                                   |           |          | 00001100  | 5                   | (A)                 | (B)                                | (C)                        | (D)                             |
|                                                        |    |   |                                   |           |          |           |                     | Total revenue       | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
|                                                        |    |   |                                   |           |          |           |                     |                     | iunction revenue                   | business revenue           | sections 512 - 514              |
| s s                                                    | 1  | а | Federated campaigns               |           |          | 1a        | 82,406.             |                     |                                    |                            |                                 |
| ran                                                    |    |   | Membership dues                   |           |          | 1b        |                     |                     |                                    |                            |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts |    |   | Fundraising events                |           |          | 1c        | 77,197.             |                     |                                    |                            |                                 |
| ifts<br>ar A                                           |    |   |                                   |           |          | 1d        |                     |                     |                                    |                            |                                 |
| s,<br>Biis                                             |    |   | Government grants (contr          |           |          | 1e        | 63.                 |                     |                                    |                            |                                 |
| Sign                                                   |    |   | All other contributions, gifts,   |           |          |           |                     |                     |                                    |                            |                                 |
| bet                                                    |    |   | similar amounts not included      |           |          | 1f        | 3,064,902.          |                     |                                    |                            |                                 |
| Öğ                                                     |    | g | Noncash contributions included in |           |          | 1g \$     | 34,404.             |                     |                                    |                            |                                 |
| a S                                                    |    | h | Total. Add lines 1a-1f            |           |          |           |                     | 3,224,568.          |                                    |                            |                                 |
|                                                        |    |   |                                   |           |          |           | Business Code       |                     |                                    |                            |                                 |
| g.                                                     | 2  | а | ADOPTION FEES                     |           |          |           | 900099              | 1,070,710.          | 1,070,710.                         |                            |                                 |
| Program Service<br>Revenue                             |    | b |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| Sel                                                    |    | С |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| an<br>eve                                              |    | d |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| ge                                                     |    | е |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| P                                                      |    | f | All other program service         | rever     | nue      |           |                     |                     |                                    |                            |                                 |
|                                                        |    | g | <b>T</b>                          |           |          |           |                     | 1,070,710.          |                                    |                            |                                 |
|                                                        | 3  | } | Investment income (includ         |           |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    |   |                                   |           |          |           |                     | 70,199.             |                                    |                            | 70,199.                         |
|                                                        | 4  |   | Income from investment of         |           |          |           |                     |                     |                                    |                            |                                 |
|                                                        | 5  | , | Royalties                         | . <u></u> |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    |   |                                   |           | (i)      | Real      | (ii) Personal       |                     |                                    |                            |                                 |
|                                                        | 6  | а | Gross rents                       | 6a        |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    | b | Less: rental expenses             | 6b        |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    |   | Rental income or (loss)           | 6с        |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    | d | Net rental income or (loss)       | <u></u>   |          |           |                     |                     |                                    |                            |                                 |
|                                                        | 7  | а | Gross amount from sales of        |           | (i) Se   | ecurities | (ii) Other          |                     |                                    |                            |                                 |
|                                                        |    |   | assets other than inventory       | 7a        | 1,2      | 80,521.   |                     |                     |                                    |                            |                                 |
|                                                        |    | b | Less: cost or other basis         |           |          |           |                     |                     |                                    |                            |                                 |
| e                                                      |    |   | and sales expenses                | 7b        | 1,3      | 47,747.   |                     |                     |                                    |                            |                                 |
| her Revenue                                            |    | С | Gain or (loss)                    | 7с        | -        | 67,226.   |                     |                     |                                    |                            |                                 |
| Be                                                     |    | d | Net gain or (loss)                |           |          | <u></u>   |                     | -67,226.            |                                    |                            | -67,226.                        |
| ĕ                                                      | 8  | а | Gross income from fundraising     | ng eve    | ents (n  | ot        |                     |                     |                                    |                            |                                 |
| ₹                                                      |    |   | including \$                      | 77,       | 197.     | of        |                     |                     |                                    |                            |                                 |
|                                                        |    |   | contributions reported on         | line '    | 1c). Se  | ee        |                     |                     |                                    |                            |                                 |
|                                                        |    |   | Part IV, line 18                  |           |          | 8a        | 57,331.             |                     |                                    |                            |                                 |
|                                                        |    | b | Less: direct expenses             |           |          | 8b        | 46,172.             |                     |                                    |                            |                                 |
|                                                        |    | С | Net income or (loss) from         | fundı     | raising  | events_   |                     | 11,159.             |                                    |                            | 11,159.                         |
|                                                        | 9  | а | Gross income from gamin           |           |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    |   | Part IV, line 19                  |           |          | 9a        |                     |                     |                                    |                            |                                 |
|                                                        |    | b |                                   |           |          |           |                     |                     |                                    |                            |                                 |
|                                                        |    | С | Net income or (loss) from         | gami      | ing act  | ivities   |                     |                     |                                    |                            |                                 |
|                                                        | 10 | а | Gross sales of inventory, I       | ess r     | returns  | ;         |                     |                     |                                    |                            |                                 |
|                                                        |    |   | and allowances                    |           |          | 10a       | а                   |                     |                                    |                            |                                 |
|                                                        |    | b | Less: cost of goods sold          |           |          | 10k       |                     |                     |                                    |                            |                                 |
|                                                        |    | С | Net income or (loss) from         | sales     | of inv   | entory    |                     |                     |                                    |                            |                                 |
| ر <sub>د</sub>                                         |    |   |                                   |           |          |           | Business Code       |                     |                                    |                            |                                 |
| Miscellaneous<br>Revenue                               | 11 | а | MISCELLANEOUS                     |           |          |           | 900099              | 1,176.              |                                    |                            | 1,176.                          |
| ane                                                    |    | b |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| eve                                                    |    | С |                                   |           |          |           |                     |                     |                                    |                            |                                 |
| Misα<br>B                                              |    | d | All other revenue                 |           |          |           |                     |                     |                                    |                            |                                 |
| _                                                      |    | е | Total. Add lines 11a-11d          |           |          |           |                     | 1,176.              |                                    |                            |                                 |
|                                                        | 12 |   | Total revenue See instruction     | ne        |          |           |                     | 4 310 586.          | 1 070 710.                         | 0.                         | 15 308.                         |

232009 12-13-22

# Form 990 (2022) LUCKY DOG ANIMAL RESCUE Part IX Statement of Functional Expenses

| <u> </u>  |                                                                            | (A)                | his Part IX(B)                            | (C)                             | (D)                  |
|-----------|----------------------------------------------------------------------------|--------------------|-------------------------------------------|---------------------------------|----------------------|
|           | not include amounts reported on lines 6b,<br>Bb, 9b, and 10b of Part VIII. | Total expenses     | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | Fundraising expenses |
| 1         | Grants and other assistance to domestic organizations                      |                    |                                           |                                 |                      |
|           | and domestic governments. See Part IV, line 21                             | 15,593.            | 15,593.                                   |                                 |                      |
| 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,                               | 222 000            | 162 100                                   | 24 050                          | 24 050               |
|           | trustees, and key employees                                                | 233,000.           | 163,100.                                  | 34,950.                         | 34,950               |
| 6         | Compensation not included above to disqualified                            |                    |                                           |                                 |                      |
|           | persons (as defined under section 4958(f)(1)) and                          |                    |                                           |                                 |                      |
|           | persons described in section 4958(c)(3)(B)                                 | F0F C00            | 264 640                                   | 40 020                          | 01 100               |
| 7         | Other salaries and wages                                                   | 505,682.           | 364,648.                                  | 49,838.                         | 91,196               |
| 8         | Pension plan accruals and contributions (include                           | 10 111             | 7 242                                     | 872.                            | 1 005                |
| _         | section 401(k) and 403(b) employer contributions)                          | 10,111.<br>36,098. | 7,342.                                    | 4,129.                          | 1,897<br>6,173       |
| 9         | Other employee benefits                                                    | 52,152.            | 37,268.                                   | 5,966.                          | 8,918                |
| 10        | Payroll taxes                                                              | 32,132.            | 31,200.                                   | 3,900.                          | 8,918                |
| 11        | Fees for services (nonemployees):                                          |                    |                                           |                                 |                      |
|           | Management                                                                 | 707.               |                                           | 707.                            |                      |
|           | Legal                                                                      | 74,569.            |                                           | 74,569.                         |                      |
|           | Accounting                                                                 | 74,509.            |                                           | 74,309.                         |                      |
|           | Lobbying                                                                   |                    |                                           |                                 |                      |
|           | Professional fundraising services. See Part IV, line 17                    | 37,674.            |                                           | 37,674.                         |                      |
| f         | Investment management fees                                                 | 37,074.            |                                           | 31,014.                         |                      |
| g         | Other. (If line 11g amount exceeds 10% of line 25,                         | 20,267.            | 18,119.                                   | 1,778.                          | 270                  |
|           | column (A), amount, list line 11g expenses on Sch O.)                      | 13,240.            | 6,589.                                    | 34.                             | 370<br>6,617         |
| 12        | Advertising and promotion                                                  | 17,777.            | 7,631.                                    | 8,964.                          | 1,182                |
| 13        | Office expenses                                                            | 46,526.            | 24,695.                                   | 19,508.                         | 2,323                |
| 14<br>    | Information technology                                                     | 40,520.            | 24,093.                                   | 19,500.                         | 2,34.                |
| 15        | Royalties                                                                  | 89,215.            | 40,736.                                   | 48,479.                         |                      |
| 16        | Occupancy                                                                  | 53,212.            | 53,070.                                   | 142.                            |                      |
| 17        | Travel                                                                     | 33,212.            | 33,070.                                   | 144.                            |                      |
| 8         | Payments of travel or entertainment expenses                               |                    |                                           |                                 |                      |
|           | for any federal, state, or local public officials                          |                    |                                           |                                 |                      |
| 19        | Conferences, conventions, and meetings                                     |                    |                                           |                                 |                      |
| 20        | Interest                                                                   |                    |                                           |                                 |                      |
| 21        | Payments to affiliates                                                     | 16,616.            |                                           | 16,616.                         |                      |
| 22        | Depreciation, depletion, and amortization                                  | 22,787.            |                                           | 22,787.                         |                      |
| 23        | Other expenses. Itemize expenses not covered                               | 22,101•            |                                           | 22,101•                         |                      |
| 24        | above. (List miscellaneous expenses on line 24e. If                        |                    |                                           |                                 |                      |
|           | line 24e amount exceeds 10% of line 25, column (A),                        |                    |                                           |                                 |                      |
| _         | amount, list line 24e expenses on Schedule 0.) VETERINARY                  | 424,237.           | 424,237.                                  |                                 |                      |
| a         | BOARDING                                                                   | 103,246.           | 103,246.                                  |                                 |                      |
| b         | PET SUPPLIES                                                               | 81,254.            | 81,254.                                   |                                 |                      |
| c<br>d    | CREDIT CARD FEES                                                           | 62,590.            | 37,174.                                   | 16,513.                         | 8,903                |
|           | All other expenses                                                         | 63,056.            | 53,147.                                   | 9,085.                          | 824                  |
|           |                                                                            | 1,979,609.         | 1,463,645.                                | 352,611.                        | 163,353              |
| <u>.5</u> | Joint costs. Complete this line only if the organization                   | 1,515,009.         | 1, 100,040                                | 332,011.                        | 100,00               |
| 26        | , , , , ,                                                                  |                    |                                           |                                 |                      |
|           | reported in column (B) joint costs from a combined                         |                    |                                           |                                 |                      |
|           | educational campaign and fundraising solicitation.                         | l l                |                                           |                                 |                      |

Form 990 (2022)

Part X | Balance Sheet

| Par                         | t X | Balance Sheet                                                         |                     |                     |                                 |            |                           |
|-----------------------------|-----|-----------------------------------------------------------------------|---------------------|---------------------|---------------------------------|------------|---------------------------|
|                             |     | Check if Schedule O contains a response or n                          | ote to any          | line in this Part X |                                 |            |                           |
|                             |     |                                                                       |                     |                     | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                                           | 1,295,809.          | 1                   | 580,265.                        |            |                           |
|                             | 2   | Savings and temporary cash investments                                |                     |                     | 144,785.                        | 2          | 91,036.                   |
|                             | 3   | Pledges and grants receivable, net                                    |                     | 496,598.            | 3                               | 1,591,448. |                           |
|                             | 4   | Accounts receivable, net                                              | 1,700.              | 4                   | 1,700                           |            |                           |
|                             | 5   | Loans and other receivables from any current                          |                     |                     |                                 |            |                           |
|                             |     | trustee, key employee, creator or founder, sub                        |                     |                     |                                 |            |                           |
|                             |     | controlled entity or family member of any of th                       | ns                  |                     | 5                               |            |                           |
|                             | 6   | Loans and other receivables from other disqua                         |                     |                     |                                 |            |                           |
|                             |     | under section 4958(f)(1)), and persons describ                        | ed in secti         | on 4958(c)(3)(B)    |                                 | 6          |                           |
| ပ္                          | 7   | Notes and loans receivable, net                                       |                     |                     | 7                               |            |                           |
| Assets                      | 8   | Inventories for sale or use                                           |                     |                     |                                 | 8          |                           |
| ¥                           | 9   | Duran side account of a second defended also account                  |                     |                     | 25,080.                         | 9          | 30,753                    |
|                             | 10a | Land, buildings, and equipment: cost or other                         |                     |                     |                                 |            |                           |
|                             |     | basis. Complete Part VI of Schedule D  Less: accumulated depreciation | . 10a               | 3,811,430.          |                                 |            |                           |
|                             | b   | Less: accumulated depreciation                                        | . 10b               | 118,481.            | 988,921.                        | 10c        | 3,692,949,<br>2,667,315,  |
|                             | 11  | Investments - publicly traded securities                              |                     | 3,865,830.          | 11                              | 2,667,315. |                           |
|                             | 12  | Investments - other securities. See Part IV, line                     |                     |                     | 12                              |            |                           |
|                             | 13  | Investments - program-related. See Part IV, lin                       |                     | 13                  |                                 |            |                           |
|                             | 14  | Intangible assets                                                     |                     |                     | 14                              |            |                           |
|                             | 15  | Other assets. See Part IV, line 11                                    | 6,880.              | 15                  | 4,200                           |            |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must ed                         |                     |                     | 6,825,603.                      | 16         | 8,659,666                 |
|                             | 17  | Accounts payable and accrued expenses                                 |                     |                     | 132,203.                        | 17         | 152,854                   |
|                             | 18  | Grants payable                                                        |                     | 18                  |                                 |            |                           |
|                             | 19  | Deferred revenue                                                      |                     |                     | 19                              |            |                           |
|                             | 20  | Tax-exempt bond liabilities                                           |                     |                     |                                 | 20         |                           |
|                             | 21  | Escrow or custodial account liability. Complet                        |                     |                     |                                 | 21         |                           |
| es                          | 22  | Loans and other payables to any current or fo                         |                     |                     |                                 |            |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, sub                        |                     |                     |                                 |            |                           |
| iab                         |     | controlled entity or family member of any of the                      |                     |                     |                                 | 22         |                           |
| _                           | 23  | Secured mortgages and notes payable to unre                           |                     |                     |                                 | 23         |                           |
|                             | 24  | Unsecured notes and loans payable to unrelat                          |                     |                     |                                 | 24         |                           |
|                             | 25  | Other liabilities (including federal income tax, p                    |                     |                     |                                 |            |                           |
|                             |     | parties, and other liabilities not included on lin                    | es 1 <i>7-</i> 24). | Complete Part X     |                                 |            |                           |
|                             |     | of Schedule D                                                         |                     |                     | 132,203.                        | 25         | 152,854.                  |
|                             | 26  | Total liabilities. Add lines 17 through 25                            |                     | X                   | 132,203.                        | 26         | 132,634                   |
| ဖွ                          |     | Organizations that follow FASB ASC 958, cl                            | neck nere           |                     |                                 |            |                           |
| uce                         | 07  | and complete lines 27, 28, 32, and 33.                                |                     |                     | 6,017,939.                      | 07         | 7 1/5 101                 |
| ala                         | 27  |                                                                       |                     |                     | 675,461.                        | 27         | 7,145,191.<br>1,361,621.  |
| d B                         | 28  |                                                                       |                     |                     | 0/3,401.                        | 28         | 1,301,021.                |
| <u>.</u>                    |     | Organizations that do not follow FASB ASC                             | 958, cnec           | K nere              |                                 |            |                           |
| ᅙ                           | 20  | and complete lines 29 through 33.                                     | 40                  |                     |                                 | 00         |                           |
| şţ                          | 29  | Capital stock or trust principal, or current fund                     |                     |                     |                                 | 29         |                           |
| SSE                         | 30  | Paid-in or capital surplus, or land, building, or                     |                     |                     |                                 | 30         |                           |
| Net Assets or Fund Balances | 31  | Retained earnings, endowment, accumulated                             |                     |                     | 6,693,400.                      | 31         | 8,506,812.                |
| ž                           | 32  |                                                                       |                     | ·····               | 6,825,603.                      | 32         | 8,659,666.                |
|                             | 33  | Total liabilities and net assets/fund balances                        |                     |                     | 0,025,005.                      | აა         | Form <b>990</b> (2022     |

|    | 1000 (2022) 200111 200 111(111112 1(12)002                                                                            |         | 0000 | , ,        | ı u      | gc          |
|----|-----------------------------------------------------------------------------------------------------------------------|---------|------|------------|----------|-------------|
| 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       |      |            |          | 86.         |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                              | 2       |      |            |          | 09.         |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                    | 3       |      |            |          | 77.         |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       |      |            |          | 00.         |
| 5  | Net unrealized gains (losses) on investments                                                                          | 5       |      | -51        | 7,5      | 65.         |
| 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 on Schedule O)                                                  | 9       |      |            |          | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |      |            |          |             |
|    | column (B))                                                                                                           | 10      | 8    | <u>,50</u> | 6,8      | <u> 12.</u> |
| 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 on 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       | 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?                                    |         |      | 2b         | X        |             |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,  |      |            |          |             |
|    | consolidated basis, or both:                                                                                          |         |      |            |          |             |
|    | X Separate basis Consolidated basis Both consolidated and separate basis                                              |         | J    |            |          |             |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,  |      |            |          |             |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         |      | 2c         | <u>X</u> |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O | ).   |            |          |             |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |      |            |          |             |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                       |         |      | За         |          | X           |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud  | it   |            |          |             |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         |      | 3b         |          |             |

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

Open to Inspec

**2022** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

LUCKY DOG ANIMAL RESCUE 30-0559037 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                                                                                                                                                                                              |          |                 |             |          |          |                 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|-------------|----------|----------|-----------------|
| Cale | ndar year (or fiscal year beginning in)                                                                                                                                                                              | (a) 2018 | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022 | (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)                                                                                                                                                                                                           |          |                 |             |          |          |                 |
|      | Public support. Subtract line 5 from line 4.                                                                                                                                                                         |          |                 |             |          |          |                 |
| Sec  | ction B. Total Support                                                                                                                                                                                               | T        | Т               | Γ           | 1        | <b>r</b> |                 |
|      | ndar year (or fiscal year beginning in)                                                                                                                                                                              | (a) 2018 | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022 | (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.)                                                                                                                                                                                         |          |                 |             |          |          |                 |
|      | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                         |          |                 |             |          |          |                 |
|      | Gross receipts from related activities,                                                                                                                                                                              |          |                 |             |          | 12       |                 |
| 13   | First 5 years. If the Form 990 is for th                                                                                                                                                                             |          |                 |             |          |          |                 |
| 80   | organization, check this box and stop<br>ction C. Computation of Publi                                                                                                                                               |          |                 |             |          |          |                 |
|      | Public support percentage for 2022 (I                                                                                                                                                                                |          |                 | oolumn (f)) |          | 14       | 04              |
|      |                                                                                                                                                                                                                      |          |                 |             |          | 15       | <u>%</u>        |
|      | 15 Public support percentage from 2021 Schedule A, Part II, line 14                                                                                                                                                  |          |                 |             |          |          |                 |
| 100  |                                                                                                                                                                                                                      |          |                 |             |          |          |                 |
| h    | stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. 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 <b>stop here.</b> The organization qual                                                                                                                                                                          | -        |                 |             |          |          |                 |
| 17a  | 10% -facts-and-circumstances test                                                                                                                                                                                    |          | • • •           |             |          |          |                 |
|      | and if the organization meets the fact                                                                                                                                                                               |          |                 |             |          |          |                 |
|      | meets the facts-and-circumstances te                                                                                                                                                                                 |          |                 | =           | •        |          |                 |
| b    | 10% -facts-and-circumstances test                                                                                                                                                                                    | -        | •               | *           | -        |          |                 |
|      | more, and if the organization meets the                                                                                                                                                                              | -        |                 |             |          |          |                 |
|      | organization meets the facts-and-circle                                                                                                                                                                              |          |                 |             |          |          |                 |
| 18   | <b>Private foundation.</b> If the organization                                                                                                                                                                       |          | -               |             |          |          | s               |
|      |                                                                                                                                                                                                                      |          | •               | ·           |          |          | (Form 990) 2022 |

232022 12-09-22

#### 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.)

| Sed                                                                                             | Section A. Public Support                                                                                                                                                              |                     |                     |                     |                      |                    |           |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|----------------------|--------------------|-----------|
| Cale                                                                                            | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2018            | <b>(b)</b> 2019     | (c) 2020            | (d) 2021             | (e) 2022           | (f) Total |
| 1                                                                                               | Gifts, grants, contributions, and membership fees received. (Do not                                                                                                                    |                     |                     |                     |                      |                    |           |
|                                                                                                 | include any "unusual grants.")                                                                                                                                                         | 1043872.            | 937,968.            | 1549875.            | 2438501.             | 3224568.           | 9194784.  |
|                                                                                                 | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 692,026.            | 598,932.            | 1039272.            | 956,426.             | 1070710.           | 4357366.  |
| 3                                                                                               | Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                           |                     |                     |                     |                      |                    |           |
| 4                                                                                               | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf                                                                                |                     |                     |                     |                      |                    |           |
|                                                                                                 | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                |                     |                     |                     |                      |                    |           |
|                                                                                                 | Total. Add lines 1 through 5                                                                                                                                                           | 1735898.            | 1536900.            | 2589147.            | 3394927.             | 4295278.           | 13552150. |
|                                                                                                 | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                               | 11,473.             | 6,005.              | 16,072.             | 13,952.              | 14,332.            | 61,834.   |
| 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                                                                                                                                                                  | 11,473.             | 6,005.              | 16,072.             | 13,952.              | 14,332.            | 61,834.   |
| 8                                                                                               | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                     |                     |                     |                      |                    | 13490316. |
| Sec                                                                                             | ction B. Total Support                                                                                                                                                                 |                     |                     |                     |                      |                    |           |
|                                                                                                 | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2018            | <b>(b)</b> 2019     | (c) 2020            | (d) 2021             | (e) 2022           | (f) Total |
|                                                                                                 | Amounts from line 6                                                                                                                                                                    | 1735898.            | 1536900.            | 2589147.            | 3394927.             | 4295278.           | 13552150. |
| 10a                                                                                             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               | 27,132.             | 48,435.             | 30,374.             | 39,817.              | 70,199.            | 215,957.  |
| b                                                                                               | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                |                     |                     |                     |                      |                    |           |
|                                                                                                 | : Add lines 10a and 10b                                                                                                                                                                | 27,132.             | 48,435.             | 30,374.             | 39,817.              | 70,199.            | 215,957.  |
| 11                                                                                              | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                                   | 57,950.             | 77,161.             | 62,764.             | 95,612.              | 11,159.            | 304,646.  |
| 12                                                                                              | Other income. Do not include gain or loss from the sale of capital                                                                                                                     | -                   | -                   | -                   | 2,618.               | 1,176.             | 3,794.    |
| 13                                                                                              | assets (Explain in Part VI.)                                                                                                                                                           | 1820980.            | 1662496.            | 2682285.            | 3532974.             |                    | 14076547. |
|                                                                                                 | First 5 years. If the Form 990 is for th                                                                                                                                               |                     |                     |                     |                      |                    |           |
| check this box and <b>stop here</b>                                                             |                                                                                                                                                                                        |                     |                     |                     |                      |                    |           |
| Section C. Computation of Public Support Percentage                                             |                                                                                                                                                                                        |                     |                     |                     |                      |                    |           |
| 15                                                                                              | 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 95.84 %                                                                                  |                     |                     |                     |                      |                    |           |
|                                                                                                 | Public support percentage from 2021                                                                                                                                                    |                     |                     |                     |                      | 16                 | 95.21 %   |
|                                                                                                 | ction D. Computation of Inves                                                                                                                                                          |                     |                     |                     |                      | [                  | 1 [2      |
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) |                                                                                                                                                                                        |                     |                     |                     |                      | 17                 | 1.53 %    |
|                                                                                                 | Investment income percentage from 2                                                                                                                                                    |                     |                     |                     |                      | 18                 | 1.47 %    |
| 19a                                                                                             | 33 1/3% support tests - 2022. If the                                                                                                                                                   |                     |                     |                     |                      |                    | v         |
| b                                                                                               | more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the                                                                                                             | organization did n  | ot check a box on   | line 14 or line 19a | , and line 16 is mor | re than 33 1/3%, a |           |
|                                                                                                 | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                                                        |                     |                     |                     |                      |                    |           |
| 20                                                                                              | Private foundation If the organization                                                                                                                                                 | n did not chack a b | nov on line 1/1 10c | or 10h chack thi    | ie hav and eac inct  | ructions           |           |

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

|     | Yes | No |
|-----|-----|----|
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| 10b |     |    |

232024 12-09-22

| Par  | t IV   Supporting Organizations (continued)                                                                                                                                                                                                                  |                |     |    |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|----|
|      |                                                                                                                                                                                                                                                              |                | Yes | No |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                      |                |     |    |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                               |                |     |    |
|      | 11c below, the governing body of a supported organization?                                                                                                                                                                                                   | 11a            |     |    |
| b    | A family member of a person described on line 11a above?                                                                                                                                                                                                     | 11b            |     |    |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                                           |                |     |    |
|      | detail in Part VI.                                                                                                                                                                                                                                           | 11c            |     |    |
| Sect | tion B. Type I Supporting Organizations                                                                                                                                                                                                                      |                |     |    |
|      |                                                                                                                                                                                                                                                              |                | Yes | No |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of                                                                                                                                   |                |     |    |
|      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer                                                                                                                                  | s,             |     |    |
|      | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte | d              |     |    |
|      | organization, describe how the powers to appoint and/or remove officers, 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              |     |    |
|      | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                          |                |     |    |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                                   |                |     |    |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                                                                                                                                                  |                |     |    |
| 01   | supervised, or controlled the supporting organization.                                                                                                                                                                                                       | 2              |     |    |
| Sect | tion C. Type II Supporting Organizations                                                                                                                                                                                                                     |                |     |    |
|      |                                                                                                                                                                                                                                                              |                | Yes | No |
|      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                                             |                |     |    |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                                                |                |     |    |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                                                                                                                                                       |                |     |    |
| Soot | the supported organization(s).<br>tion D. All Type III Supporting Organizations                                                                                                                                                                              | 1              |     |    |
| Seci | non D. All Type III Supporting Organizations                                                                                                                                                                                                                 |                |     |    |
|      |                                                                                                                                                                                                                                                              |                | Yes | No |
|      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                               |                |     |    |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax                                                                                                                                        |                |     |    |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                                                                                                                                       | 4              |     |    |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?                                                                                                                                             | 1              |     |    |
|      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                                                                                                                                             |                |     |    |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                                                                                                                                           |                |     |    |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                                                  | 2              |     |    |
|      | By reason of the relationship described on line 2, above, did the organization's supported organizations have a                                                                                                                                              |                |     |    |
|      | significant voice in the organization's investment policies and in directing the use of the organization's                                                                                                                                                   |                |     |    |
|      | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's                                                                                                                                          | 2              |     |    |
| Sect | supported organizations played in this regard.<br>tion E. Type III Functionally Integrated Supporting Organizations                                                                                                                                          |                |     |    |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct                                                                                                                                  | ione)          |     |    |
| a    | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                       | 10110).        |     |    |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                |                |     |    |
| c    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s                                                                                                                                             | ee instruction | 16) |    |
| 2    | Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                               | ce manachem    | Yes | No |
|      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                                                                                                                                           |                |     |    |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                                                                                                                                                   |                |     |    |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,                                                                                                                                                     |                |     |    |
|      | how the organization was responsive to those supported organizations, and how the organization determined                                                                                                                                                    |                |     |    |
|      | that these activities constituted substantially all of its activities.                                                                                                                                                                                       | 2a             |     |    |
| b    | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,                                                                                                                                          |                |     |    |
|      | one or more 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 lines 3a and 3b below.                                                                                                                                                                                             |                |     |    |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                                                  |                |     |    |
|      | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                                | 3a             |     |    |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                          |                |     |    |

3b | Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa   | t V Type III Non-Functionally Integrated 509(a)(3) Supporti                  | ng Organi       | zations                          |                                |
|------|------------------------------------------------------------------------------|-----------------|----------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N  | ov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   |                 |                                  |                                |
| Sect | on A - Adjusted Net Income                                                   |                 | (A) Prior Year                   | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain                                                  | 1               |                                  |                                |
| 2    | Recoveries of prior-year distributions                                       | 2               |                                  |                                |
| 3    | Other gross income (see instructions)                                        | 3               |                                  |                                |
| 4    | Add lines 1 through 3.                                                       | 4               |                                  |                                |
| 5    | Depreciation and depletion                                                   | 5               |                                  |                                |
| 6    | Portion of operating expenses paid or incurred for production or             |                 |                                  |                                |
|      | collection of gross income or for management, conservation, or               |                 |                                  |                                |
|      | maintenance of property held for production of income (see instructions)     | 6               |                                  |                                |
| 7    | Other expenses (see instructions)                                            | 7               |                                  |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                 | 8               |                                  |                                |
| Sect | on B - Minimum Asset Amount                                                  |                 | (A) Prior Year                   | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                |                 |                                  |                                |
|      | instructions for short tax year or assets held for part of year):            |                 |                                  |                                |
| а    | Average monthly value of securities                                          | 1a              |                                  |                                |
| b    | Average monthly cash balances                                                | 1b              |                                  |                                |
| С    | Fair market value of other non-exempt-use assets                             | 1c              |                                  |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                             | 1d              |                                  |                                |
| е    | Discount claimed for blockage or other factors                               |                 |                                  |                                |
|      | (explain in detail in Part VI):                                              |                 |                                  |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2               |                                  |                                |
| 3    | Subtract line 2 from line 1d.                                                | 3               |                                  |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                 |                                  |                                |
|      | see instructions).                                                           | 4               |                                  |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5               |                                  |                                |
| 6    | Multiply line 5 by 0.035.                                                    | 6               |                                  |                                |
| 7    | Recoveries of prior-year distributions                                       | 7               |                                  |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                  | 8               |                                  |                                |
| Sect | on C - Distributable Amount                                                  |                 |                                  | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)        | 1               |                                  |                                |
| 2    | Enter 0.85 of line 1.                                                        | 2               |                                  |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)       | 3               |                                  |                                |
| 4    | Enter greater of line 2 or line 3.                                           | 4               |                                  |                                |
| 5    | Income tax imposed in prior year                                             | 5               |                                  |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                 |                                  |                                |
|      | emergency temporary reduction (see instructions).                            | 6               |                                  |                                |
| 7    | Check here if the current year is the organization's first as a non-function | ally integrated | Type III supporting orga         | inization (see                 |
|      | instructions)                                                                | · <del>-</del>  |                                  | •                              |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2022

**Employer identification number** 

LUCKY DOG ANIMAL RESCUE 30-0559037 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

| LUCKY DOG ANIMAL RESCUI    |          |            |        |          |
|----------------------------|----------|------------|--------|----------|
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|                            | LILL N Y | 11117      | ANIMAL | Kr.St.Ur |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                         |
|------------|-------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 1          |                                                                               | \$ 1,500,000.              | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 2          |                                                                               | \$116,000.                 | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 3          |                                                                               | \$ <u>82,406.</u>          | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 4          | Name, address, and Zir + +                                                    | \$80,000.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 5          |                                                                               | \$ <u>45,000.</u>          | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 6          |                                                                               | \$ 27,305.                 | Person X Payroll                                                        |

Name of organization Employer identification number

## LUCKY DOG ANIMAL RESCUE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.                |                                                                         |
|------------|-------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d)<br>Type of contribution                                             |
| 7          |                                                                               | \$\$                            | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d)<br>Type of contribution                                             |
| 8          |                                                                               | \$15,000.                       | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d)<br>Type of contribution                                             |
| 9          |                                                                               | \$                              | Person X Payroll                                                        |
| (a)        | (b)                                                                           | (c)                             | (d)                                                                     |
| No.<br>10  | Name, address, and ZIP + 4                                                    | Total contributions  \$ 10,328. | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d)<br>Type of contribution                                             |
| 11         |                                                                               | \$                              | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions      | (d)<br>Type of contribution                                             |
| 12         |                                                                               | \$10,000.                       | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |

Name of organization Employer identification number

## LUCKY DOG ANIMAL RESCUE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                             |
|------------|-------------------------------------------------------------------------------|----------------------------|-----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution |
| 13         |                                                                               | \$10,000.                  | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution |
| 14         |                                                                               | \$                         | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution |
| 15         |                                                                               | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution    |
| 16         | - Nume, address, and En 1 7                                                   | \$10,000.                  | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution |
| 17         |                                                                               | \$\$                       | Person X Payroll            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution |
| 18         |                                                                               | \$6,000.                   | Person X Payroll            |

Name of organization Employer identification number

## LUCKY DOG ANIMAL RESCUE

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                         |
|------------|-------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 19         |                                                                               | \$5,164.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 20         |                                                                               | \$5,000.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 21         |                                                                               | \$5,000.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 22         |                                                                               | \$5,000.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 23         |                                                                               | \$5,000.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d) Type of contribution                                                |
| 24         |                                                                               | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

LUCKY DOG ANIMAL RESCUE

30-0559037

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if an | dditional space is needed. |                                                                          |
|------------|-----------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 25         |                                                                       | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 26         |                                                                       | \$\$                       | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d)<br>Type of contribution                                              |
| 27         |                                                                       | \$\$                       | Person X Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
| 28         |                                                                       | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                              |
|            |                                                                       | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions    | (d)<br>Type of contribution                                              |
|            |                                                                       | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.)    |

Page 3

Name of organization Employer identification number

## LUCKY DOG ANIMAL RESCUE

| from Part I  Description of noncash property given (See instructions.)  \$ | (d)<br>received  |
|----------------------------------------------------------------------------|------------------|
| (a)                                                                        | (d)              |
| (a)                                                                        | (d)              |
|                                                                            | received         |
|                                                                            |                  |
| Five for estimate)                                                         | (d)<br>received  |
|                                                                            |                  |
| Five for estimate)                                                         | (d)<br>received  |
|                                                                            |                  |
| Five for estimate)                                                         | (d)<br>received  |
|                                                                            |                  |
| Five for estimate)                                                         | (d)<br>received  |
|                                                                            | Form 990\ (2022) |

Page 4

Name of organization **Employer identification number** LUCKY DOG ANIMAL RESCUE 30-0559037 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

LUCKY DOG ANIMAL RESCUE

**Employer identification number** 30-0559037

| Par | t I Organizations Maintaining Donor Advised                                                                                    | Funds or Other Similar Fur              | nds or Accounts. Complete if the         |
|-----|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, line                                                                         | e 6.                                    |                                          |
|     |                                                                                                                                | (a) Donor advised funds                 | (b) Funds and other accounts             |
| 1   | Total number at end of year                                                                                                    |                                         |                                          |
| 2   | Aggregate value of contributions to (during year)                                                                              |                                         |                                          |
| 3   | Aggregate value of grants from (during year)                                                                                   |                                         |                                          |
| 4   | Aggregate value at end of year                                                                                                 |                                         |                                          |
| 5   | Did the organization inform all donors and donor advisors in w                                                                 | riting that the assets held in donor a  | dvised funds                             |
|     | are the organization's property, subject to the organization's e                                                               | exclusive legal control?                | Yes                                      |
| 6   | Did the organization inform all grantees, donors, and donor ad                                                                 | lvisors in writing that grant funds car | n be used only                           |
|     | for charitable purposes and not for the benefit of the donor or                                                                | donor advisor, or for any other purp    | ose conferring                           |
|     |                                                                                                                                |                                         |                                          |
| Par | t II Conservation Easements. Complete if the organization                                                                      | anization answered "Yes" on Form 9      | 90, Part IV, line 7.                     |
| 1   | Purpose(s) of conservation easements held by the organization                                                                  | `                                       |                                          |
|     | Preservation of land for public use (for example, recreating                                                                   | ion or education) Preservation          | on of a historically important land area |
|     | Protection of natural habitat                                                                                                  | Preservation                            | on of a certified historic structure     |
|     | Preservation of open space                                                                                                     |                                         |                                          |
| 2   | Complete lines 2a through 2d if the organization held a qualific                                                               | ed conservation contribution in the f   |                                          |
|     | day of the tax year.                                                                                                           |                                         | Held at the End of the Tax Year          |
| _   |                                                                                                                                |                                         |                                          |
| b   |                                                                                                                                |                                         |                                          |
| C   | Number of conservation easements on a certified historic stru-                                                                 | ( )                                     | 2c                                       |
| d   | Number of conservation easements included in (c) acquired af                                                                   |                                         |                                          |
| _   |                                                                                                                                |                                         |                                          |
| 3   | Number of conservation easements modified, transferred, rele                                                                   | eased, extinguished, or terminated by   | the organization during the tax          |
|     | year                                                                                                                           | and and the Lands of                    |                                          |
| 4   | Number of states where property subject to conservation ease                                                                   |                                         |                                          |
| 5   | Does the organization have a written policy regarding the period                                                               |                                         |                                          |
| 6   | violations, and enforcement of the conservation easements it<br>Staff and volunteer hours devoted to monitoring, inspecting, h |                                         |                                          |
| U   | Stan and volunteer flours devoted to monitoring, inspecting, i                                                                 | ianding of violations, and emorcing     | conservation easements during the year   |
| 7   | Amount of expenses incurred in monitoring, inspecting, handli                                                                  | ing of violations, and enforcing cons   | ervation easements during the year       |
| •   | 7 thouse of expenses induited in monitoring, inspecting, harding                                                               | ing or violations, and emoreing cons    | orvation outsimines during the year      |
| 8   | Does each conservation easement reported on line 2(d) above                                                                    | satisfy the requirements of section     | 170(h)(4)(B)(i)                          |
| _   |                                                                                                                                |                                         |                                          |
| 9   | In Part XIII, describe how the organization reports conservatio                                                                |                                         |                                          |
|     | balance sheet, and include, if applicable, the text of the footnot                                                             | •                                       |                                          |
|     | organization's accounting for conservation easements.                                                                          | 3                                       |                                          |
| Par |                                                                                                                                | Art, Historical Treasures, o            | Other Similar Assets.                    |
|     | Complete if the organization answered "Yes" on Form                                                                            | 990, Part IV, line 8.                   |                                          |
| 1a  | If the organization elected, as permitted under FASB ASC 958                                                                   | 3, not to report in its revenue stateme | ent and balance sheet works              |
|     | of art, historical treasures, or other similar assets held for publ                                                            | lic exhibition, education, or research  | in furtherance of public                 |
|     | service, provide in Part XIII the text of the footnote to its finance                                                          | cial statements that describes these    | items.                                   |
| b   | If the organization elected, as permitted under FASB ASC 958                                                                   | 3, to report in its revenue statement a | and balance sheet works of               |
|     | art, historical treasures, or other similar assets held for public                                                             | exhibition, education, or research in   | furtherance of public service,           |
|     | provide the following amounts relating to these items:                                                                         |                                         |                                          |
|     | (i) Revenue included on Form 990, Part VIII, line 1                                                                            |                                         | \$                                       |
|     |                                                                                                                                |                                         |                                          |
| 2   | If the organization received or held works of art, historical trea                                                             |                                         |                                          |
|     | the following amounts required to be reported under FASB AS                                                                    | SC 958 relating to these items:         |                                          |
| а   | Revenue included on Form 990, Part VIII, line 1                                                                                |                                         | \$                                       |
| b   | Assets included in Form 990, Part X                                                                                            |                                         | \$                                       |
| LHA | For Paperwork Reduction Act Notice, see the Instructions                                                                       | for Form 990.                           | Schedule D (Form 990) 2022               |

| Pai    | t III Organizations Maintaining C                                                      | ollections of Ar       | t, Hist     | orical Tre      | asures, o           | r Other     | Simila                  | Assets       | (contin   | ued)  |      |
|--------|----------------------------------------------------------------------------------------|------------------------|-------------|-----------------|---------------------|-------------|-------------------------|--------------|-----------|-------|------|
| 3      | Using the organization's acquisition, accession                                        | on, and other record   | s, check    | any of the t    | following that      | t make si   | gnificant ι             | use of its   |           |       |      |
|        | collection items (check all that apply):                                               |                        |             |                 |                     |             |                         |              |           |       |      |
| а      | Public exhibition                                                                      | d                      |             | Loan or exc     | hange progra        | am          |                         |              |           |       |      |
| b      | Scholarly research                                                                     | е                      |             | Other           |                     |             |                         |              |           |       |      |
| С      | Preservation for future generations                                                    |                        |             |                 |                     |             |                         |              |           |       |      |
| 4      | Provide a description of the organization's co                                         | ollections and explain | n how th    | ey further th   | ne organizatio      | n's exem    | npt purpos              | se in Part   | XIII.     |       |      |
| 5      | During the year, did the organization solicit o                                        | r receive donations o  | of art, his | storical treas  | sures, or othe      | er similar  | assets                  |              | _         |       | _    |
|        | to be sold to raise funds rather than to be ma                                         |                        |             |                 |                     |             |                         |              | Yes       |       | No   |
| Pai    | t IV Escrow and Custodial Arran                                                        |                        | ete if the  | organizatio     | n answered '        | "Yes" on    | Form 990                | , Part IV, I | ine 9, or |       |      |
|        | reported an amount on Form 990, Par                                                    | t X, line 21.          |             |                 |                     |             |                         |              |           |       |      |
| 1a     | Is the organization an agent, trustee, custodi                                         |                        | •           |                 |                     |             |                         | _            | -         | _     | _    |
|        | on Form 990, Part X?                                                                   |                        |             |                 |                     |             |                         | L            | Yes       |       | _ No |
| b      | If "Yes," explain the arrangement in Part XIII                                         | and complete the fol   | lowing t    | able:           |                     |             |                         |              |           |       |      |
|        |                                                                                        |                        |             |                 |                     |             |                         |              | Amount    |       |      |
|        | Beginning balance                                                                      |                        |             |                 |                     |             |                         |              |           |       |      |
|        | Additions during the year                                                              |                        |             |                 |                     |             |                         |              |           |       |      |
| е      | Distributions during the year                                                          |                        |             |                 |                     |             |                         |              |           |       |      |
| f      | Ending balance                                                                         |                        |             |                 |                     |             |                         |              | 7         | _     | ٦    |
|        | Did the organization include an amount on Fo                                           |                        |             |                 |                     |             | ty?                     |              | Yes       | F     | ∐ No |
| Pai    | If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i |                        |             |                 |                     |             |                         |              |           |       |      |
| ı aı   | Endowment I dilds: Complete I                                                          | (a) Current year       |             | rior year       | (c) Two year        |             |                         | ears back    | (e) Four  | veare | hack |
| 4.     | Designation of wear belongs                                                            | (a) Current year       | (0)         | Tioi yeai       | (C) TWO year        | 15 Dack     | (u) Tillee y            | Gai S Dack   | (e) i oui | years | Dack |
|        | Beginning of year balance                                                              |                        |             |                 |                     |             |                         |              |           |       |      |
| b      | Contributions                                                                          |                        |             |                 |                     |             |                         |              |           |       |      |
| C      | Net investment earnings, gains, and losses                                             |                        |             |                 |                     |             |                         |              |           |       |      |
| a      | Grants or scholarships                                                                 |                        |             |                 |                     |             |                         |              |           |       |      |
| е      | Other expenditures for facilities                                                      |                        |             |                 |                     |             |                         |              |           |       |      |
|        | and programs                                                                           |                        |             |                 |                     |             |                         |              |           |       |      |
| †      | Administrative expenses                                                                |                        |             |                 |                     |             |                         |              |           |       |      |
| g<br>2 | Provide the estimated percentage of the curr                                           | ont year and halance   | o (lino 1e  | a column (a     | // hold as:         |             |                         |              |           |       |      |
| a      | Board designated or quasi-endowment                                                    | •                      | % ////      | y, coluitiii (a | )) Held as.         |             |                         |              |           |       |      |
| b      | Permanent endowment                                                                    | %                      |             |                 |                     |             |                         |              |           |       |      |
|        |                                                                                        |                        |             |                 |                     |             |                         |              |           |       |      |
| ŭ      | The percentages on lines 2a, 2b, and 2c sho                                            |                        |             |                 |                     |             |                         |              |           |       |      |
| За     | Are there endowment funds not in the posse                                             | •                      | ition tha   | t are held ar   | nd administer       | ed for the  | e.                      |              |           |       |      |
|        | organization by:                                                                       | <b>-</b>               |             |                 |                     |             | _                       |              | Γ         | Yes   | No   |
|        | (i) Unrelated organizations                                                            |                        |             |                 |                     |             |                         |              | 3a(i)     |       |      |
|        | (ii) Related organizations                                                             |                        |             |                 |                     |             |                         |              | 3a(ii)    |       |      |
| b      | If "Yes" on line 3a(ii), are the related organiza                                      | tions listed as requir | ed on S     | chedule R?      |                     |             |                         |              | 3b        |       |      |
| 4      | Describe in Part XIII the intended uses of the                                         |                        |             |                 |                     |             |                         |              |           |       |      |
| Pai    | t VI Land, Buildings, and Equipm                                                       | ent.                   |             |                 |                     |             |                         |              |           |       |      |
|        | Complete if the organization answered                                                  | d "Yes" on Form 990    | , Part IV   | /, line 11a. S  | See Form 990        | , Part X, I | line 10.                |              |           |       |      |
|        | Description of property                                                                | (a) Cost or o          |             |                 | or other<br>(other) |             | ccumulate<br>preciation | ed           | (d) Book  | valu  | ie   |
|        | Land                                                                                   | ,                      |             |                 | 0,048.              |             |                         |              | 600       | 0,0   | 48.  |
|        | Buildings                                                                              |                        |             |                 | 9,775.              |             |                         |              | 3,069     |       |      |
|        | Leasehold improvements                                                                 |                        |             |                 | 3,112.              |             | 33,13                   |              | ,         | •     | 0.   |
|        | Equipment                                                                              |                        |             |                 | 4,022.              |             | 12,29                   |              | 1         | .,7   | 28.  |
|        | Other                                                                                  |                        |             |                 | 4,473.              |             | 73,0                    |              |           | _     | 98.  |
|        | l. Add lines 1a through 1e. <i>(Column (d) must</i> e                                  |                        | X. colun    |                 |                     | <u></u>     |                         |              | 3,692     |       |      |
|        |                                                                                        |                        |             |                 |                     |             |                         |              |           |       |      |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 LUCKY DOG AN                                          | ITMAT. PESCIIE             | 3.0                                 | -0559037           | Page 3 |
|----------------------------------------------------------------------------------|----------------------------|-------------------------------------|--------------------|--------|
| Schedule D (Form 990) 2022 LUCKY DOG AN Part VII Investments - Other Securities. | THAL RESCOL                | 50                                  | 0337031            | Page   |
| Complete if the organization answered "Yes" or                                   | on Form 990, Part IV, line | 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 en | d-of-year market v | /alue  |
| (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.                                         | - F 000 D-+ N/ I'          | Ida Osa Farra 200 Bast V line 40    |                    |        |
| Complete if the organization answered "Yes" o                                    |                            |                                     | -1 -6              |        |
| (a) Description of investment                                                    | (b) Book value             | (c) Method of valuation: Cost or en | u-or-year market v | /aiue  |
| (1)                                                                              |                            |                                     |                    |        |
| (2)                                                                              |                            |                                     |                    |        |
| (3)                                                                              |                            |                                     |                    |        |
| (4)                                                                              |                            |                                     |                    |        |
| <u>(5)</u>                                                                       |                            |                                     |                    |        |
| <u>(6)</u>                                                                       |                            |                                     |                    |        |
| (7)<br>(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" o                                    | on Form 990, Part IV, line | I1d. See Form 990, Part X, line 15. |                    |        |
| - · · · · · · · · · · · · · · · · · · ·                                          | Description                | , ,                                 | (b) Book va        | alue   |
| (1)                                                                              | ·                          |                                     |                    |        |
| (2)                                                                              |                            |                                     |                    |        |
| (3)                                                                              |                            |                                     |                    |        |
|                                                                                  |                            |                                     |                    |        |
| (4)                                                                              |                            |                                     |                    |        |

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 Y. col. (R) line 25.) |                |

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

Schedule D (Form 990) 2022

| Par      | rt XI Reconciliation of Revenue per Audited Financial Staten                                                                                                              | nents With | Revenue per Re | turn.    | <b>J</b>              |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|----------|-----------------------|
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 1                                                                                                  | 2a.        |                |          |                       |
| 1        | Total revenue, gains, and other support per audited financial statements                                                                                                  |            |                | 1        | 3,810,106.            |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                       |            |                |          |                       |
| а        | Net unrealized gains (losses) on investments                                                                                                                              |            | -517,565.      |          |                       |
| b        | Donated services and use of facilities                                                                                                                                    |            | 8,587.         |          |                       |
| С        | Recoveries of prior year grants                                                                                                                                           |            |                |          |                       |
| d        | Other (Describe in Part XIII.)                                                                                                                                            | 2d         | 46,172.        |          | 450 005               |
| е        | •                                                                                                                                                                         |            |                | 2e       | <u>-462,806.</u>      |
| 3        | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                |            |                | 3        | 4,272,912.            |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                      | 1 1        | 27 674         |          |                       |
| а        | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                   |            | 37,674.        |          |                       |
| b        | ,                                                                                                                                                                         |            |                |          | 20 604                |
| С        | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                         |            |                | 4c       | 37,674.<br>4,310,586. |
| 5<br>Do: | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State                          | monto With | Evnonces per B | 5        | 4,310,586.            |
| Pai      |                                                                                                                                                                           |            | Expenses per H | eturi    | 1.                    |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 1:                                                                                                 |            |                |          | 1 006 604             |
| 1        | Total expenses and losses per audited financial statements                                                                                                                |            |                | 1        | 1,996,694.            |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                         | 1 - 1      | 0 507          |          |                       |
| a        | Donated services and use of facilities                                                                                                                                    |            | 8,587.         |          |                       |
| b        | • • • • • • • • • • • • • • • • • • • •                                                                                                                                   |            |                |          |                       |
| С.       |                                                                                                                                                                           | 1 1        | 46,172.        |          |                       |
| d        | ,                                                                                                                                                                         |            | -              | 0.       | 5/ 750                |
| _        | Add lines 2a through 2d                                                                                                                                                   |            |                | 2e<br>3  | 54,759.<br>1,941,935. |
| 3        | Subtract line 2e from line 1                                                                                                                                              |            |                | 3        | 1,941,933.            |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                        | امدا       | 37,674.        |          |                       |
| a        | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                   |            | 37,074.        |          |                       |
|          | Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>                                                                                                          |            |                | 40       | 37,674.               |
| 5        | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)                                          |            |                | 4c<br>5  | 1,979,609.            |
|          | rt XIII Supplemental Information.                                                                                                                                         |            |                | <u> </u> | 1,373,003.            |
| lines    | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, and Part XII, lines 2d and 4b. Also complete this part to provide any a |            |                | ; Part > | ζ, line 2; Part ΧΙ,   |
| FOF      | R THE YEAR ENDED DECEMBER 31, 2022, LUCKY                                                                                                                                 | DOG HAS    | S DOCUMENTE    | D I      | rs                    |
| COI      | NSIDERATION OF FASB ASC 740-10, INCOME TAX                                                                                                                                | XES, THA   | AT PROVIDES    | GU:      | IDANCE FOR            |
| REI      | PORTING UNCERTAINTY IN INCOME TAXES AND HE                                                                                                                                | AS DETE    | RMINED THAT    | NO       | MATERIAL              |
| UNC      | CERTAIN TAX POSITIONS QUALIFY FOR EITHER                                                                                                                                  | RECOGNI    | TION OR DIS    | CLOS     | SURE IN               |
| THE      | E FINANCIAL STATEMENTS.                                                                                                                                                   |            |                |          |                       |
|          |                                                                                                                                                                           |            |                |          |                       |
| PAF      | RT XI, LINE 2D - OTHER ADJUSTMENTS:                                                                                                                                       |            |                |          |                       |
| SPE      | ECIAL EVENTS EXPENSE REPORTED AS EXPENSE (                                                                                                                                | ON THE I   | FINANCIAL      |          |                       |
| STZ      | ATEMENTS AND NETTED AGAINST REVENUE ON FO                                                                                                                                 | RM 990,    | PART VIII,     |          |                       |
| LIN      | NE 8B.                                                                                                                                                                    |            |                |          | 46,172.               |

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization                                      |                                          |                                               |                                                |                                   |         |                                                                 | ntification number                                      |
|---------------------------------------------------------------|------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------|---------|-----------------------------------------------------------------|---------------------------------------------------------|
|                                                               | OG ANIMAL RESCUE                         |                                               |                                                |                                   |         | 30-0559                                                         |                                                         |
| Part I Fundraising Activities. required to complete this part | Complete if the organization answe       | red "Y                                        | es" or                                         | n Form 990, Part IV, li           | ne 17   | 7. Form 990-EZ                                                  | filers are not                                          |
| 1 Indicate whether the organization rais                      | ed funds through any of the followin     | g activ                                       | rities. (                                      | Check all that apply.             |         |                                                                 |                                                         |
| a Mail solicitations                                          |                                          |                                               |                                                | overnment grants                  |         |                                                                 |                                                         |
| <b>b</b> Internet and email solicitations                     |                                          |                                               |                                                | nment grants                      |         |                                                                 |                                                         |
| c Phone solicitations d In-person solicitations               | g Special                                | tundra                                        | aising                                         | events                            |         |                                                                 |                                                         |
| 2 a Did the organization have a written of                    | or oral agreement with any individual    | (includ                                       | lina of                                        | ficers directors trust            | 668     | or                                                              |                                                         |
| key employees listed in Form 990, P                           |                                          |                                               |                                                |                                   | ,       | Yes                                                             | No                                                      |
| <b>b</b> If "Yes," list the 10 highest paid indiv             | viduals or entities (fundraisers) pursu  | ant to                                        | agreei                                         | ments under which th              | e fur   | ndraiser is to be                                               | •                                                       |
| compensated at least \$5,000 by the                           | organization.                            |                                               |                                                |                                   |         |                                                                 |                                                         |
| (i) Name and address of individual or entity (fundraiser)     | (ii) Activity                            | (iii)<br>fundr<br>have c<br>or cor<br>contrib | Did<br>raiser<br>ustody<br>itrol of<br>utions? | (iv) Gross receipts from activity | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|                                                               |                                          | Yes                                           | No                                             |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
| Total                                                         |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
| 3 List all states in which the organizatio or licensing.      | n is registered or licensed to solicit o | contrib                                       | utions                                         | or has been notified              | it is e | exempt from re                                                  | gistration                                              |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |
|                                                               |                                          |                                               |                                                |                                   |         |                                                                 |                                                         |

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

Schedule G (Form 990) 2022

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

|                 |          | of fundraising event contributions and gro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 333 Income on Form 330   | <u>LZ, III 100 T di 10 00. Liot c</u>                | Worte With grood recorp | o greater triair 40,000.                         |
|-----------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------|-------------------------|--------------------------------------------------|
|                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (a) Event #1             | <b>(b)</b> Event #2                                  | (c) Other events NONE   | (d) Total events (add col. (a) through           |
|                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CASINO NIGHT             | WAGS & WINE                                          |                         | ` ' '                                            |
|                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (event type)             | (event type)                                         | (total number)          | col. <b>(c)</b> )                                |
| Revenue         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                      |                         |                                                  |
| eve             | 1        | Gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 95,622.                  | 38,906.                                              |                         | 134,528.                                         |
| ۳               | 2        | Less: Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 43,029.                  | 34,168.                                              |                         | 77,197.                                          |
|                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                      |                         |                                                  |
|                 | 3        | Gross income (line 1 minus line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 52,593.                  | 4,738.                                               |                         | 57,331.                                          |
|                 | 4        | Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |                         |                                                  |
|                 | 5        | Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 247.                     | 986.                                                 |                         | 1,233.                                           |
| Direct Expenses | 6        | Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15,330.                  |                                                      |                         | 15,330.                                          |
| t Exp           |          | Food and beverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12,000.                  | 1,167.                                               |                         | 13,167.                                          |
| je              | •        | 1 ood and beverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12,000                   | 1/10/1                                               |                         | 13/10/1                                          |
| 비               | 8        | Entertainment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11,307.                  |                                                      |                         | 11,307.                                          |
|                 | 9        | Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4,949.                   | 186.                                                 |                         | 5,135.                                           |
|                 | 10       | Direct expense summary. Add lines 4 through                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9 in column (d)          |                                                      |                         | 46,172.                                          |
|                 | 11       | Net income summary. Subtract line 10 from li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                      |                         | 11,159.                                          |
| Pa              | rt I     | 3. Complete il tile organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | answered "Yes" on Form   | 990, Part IV, line 19, or i                          | reported more than      |                                                  |
|                 |          | \$15,000 on Form 990-EZ, line 6a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                        | ( ) Dell take free take                              |                         | I . n =                                          |
| e e             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (a) Bingo                | <b>(b)</b> Pull tabs/instant bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | biligo/progressive bilige                            |                         | con (a) unough con (c)                           |
| Re              | 1        | Gross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                      |                         |                                                  |
|                 | •        | aross revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                      |                         |                                                  |
| ,               | 2        | Cash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |                         |                                                  |
| Jses            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                      |                         |                                                  |
| Expenses        | 3        | Noncash prizes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                      |                         |                                                  |
| Direct          | 4        | Rent/facility costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                      |                         |                                                  |
| ا               | 5        | Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                      |                         |                                                  |
| $\dashv$        | <u> </u> | Other direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes %                    | Yes %                                                | Yes %                   |                                                  |
|                 | 6        | Volunteer labor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No                       | No                                                   | No No                   |                                                  |
|                 | 7        | Direct expense summary. Add lines 2 through                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                      |                         |                                                  |
|                 |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                      |                         |                                                  |
|                 | 8        | Net gaming income summary. Subtract line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | from line 1, column (d)  |                                                      |                         |                                                  |
| _               |          | the state (a) in order to the second state of |                          |                                                      |                         |                                                  |
|                 |          | ar the state(s) in which the organization condi-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                      |                         |                                                  |
|                 |          | er the state(s) in which the organization condu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | STATES                                               |                         | Yes No                                           |
| а               | ls t     | he organization licensed to conduct gaming ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                      |                         |                                                  |
| а               | ls t     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                      |                         |                                                  |
| а               | ls t     | he organization licensed to conduct gaming ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                      |                         |                                                  |
| a<br>b          | Is t     | he organization licensed to conduct gaming ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                      | vear?                   |                                                  |
| a<br>b<br>10a   | Is t     | he organization licensed to conduct gaming ac<br>No," explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | evoked, suspended, or te | rminated during the tax y                            | /ear?                   |                                                  |
| a<br>b<br>10a   | Is t     | he organization licensed to conduct gaming ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | evoked, suspended, or te | rminated during the tax y                            | /ear?                   |                                                  |

Schedule G (Form 990) 2022

232082 10-27-22

| Schedule G (Form 990) 2022 LUCKY DOG ANIMAL RESCUE                                                                                               | 30-0                                    | 22903       | / Page 3 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|----------|
| 11 Does the organization conduct gaming activities with nonmembers?                                                                              |                                         | Yes         | ☐ No     |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed                         |                                         |             |          |
| to administer charitable gaming?                                                                                                                 |                                         | Yes         | ☐ No     |
| 13 Indicate the percentage of gaming activity conducted in:                                                                                      |                                         |             |          |
| a The organization's facility                                                                                                                    |                                         | 13a         | %        |
| <b>b</b> An outside facility                                                                                                                     |                                         | 13b         | %        |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco                                 | ords:                                   |             |          |
| Name                                                                                                                                             |                                         |             |          |
| Address                                                                                                                                          |                                         |             |          |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                 | *************************************** | Yes         | ☐ No     |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the a of gaming revenue retained by the third party \$ | ımount                                  |             |          |
| c If "Yes," enter name and address of the third party:                                                                                           |                                         |             |          |
| Name                                                                                                                                             |                                         |             |          |
| Address                                                                                                                                          |                                         |             |          |
| 16 Gaming manager information:                                                                                                                   |                                         |             |          |
| Name                                                                                                                                             |                                         |             |          |
| Gaming manager compensation \$                                                                                                                   |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
| Description of services provided                                                                                                                 |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
| Director/officer Employee Independent contractor                                                                                                 |                                         |             |          |
| 17 Mandatory distributions:                                                                                                                      |                                         |             |          |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to                               |                                         |             |          |
| 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 sper                             | t in the                                | 103         |          |
| organization's own exempt activities during the tax year \$                                                                                      | t iii tiic                              |             |          |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (                                      | v): and Par                             | III lines 9 | 9h 10h   |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                                                 | v), and r an                            | ,,          | 00, 100, |
| ,,,                                                                                                                                              |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |
|                                                                                                                                                  |                                         |             |          |

| Schedule G (Form 990) Part IV Supplemental Infor | LUCKY DOG ANII     | MAL RESCUE | 30-0559037 | Page 4 |
|--------------------------------------------------|--------------------|------------|------------|--------|
| Part IV Supplemental Infor                       | mation (continued) |            |            |        |
|                                                  |                    |            |            |        |
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

| Name of the organization LUCKY DOG                                                                                                                           | ANIMAL R      | ESCUE                              |                          |                                  |                                                       |                                       | Employer identification number $30-0559037$ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|---------------------------------------------|
| Part I General Information on Grants a                                                                                                                       | nd Assistance |                                    |                          |                                  |                                                       |                                       |                                             |
| <ol> <li>Does the organization maintain records or criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol> | stance?       |                                    |                          |                                  |                                                       |                                       |                                             |
| Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$                                                                     |               |                                    |                          |                                  | anization answered "Y                                 | es" on Form 990, Part                 | IV, line 21, for any                        |
| 1 (a) Name and address of organization or government                                                                                                         | (b) EIN       | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance          |
| GREATER GOOD CHARITIES 600 UNIVERSITY STREET, SUITE 1000 SEATTLE, WA 98101                                                                                   | 20-4846675    | 501(C)(3)                          | 15,593.                  | 0.                               |                                                       |                                       | TO PROVIDE VET AND ANIMAL                   |
|                                                                                                                                                              |               |                                    |                          |                                  |                                                       |                                       |                                             |
|                                                                                                                                                              |               |                                    |                          |                                  |                                                       |                                       |                                             |
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|                                                                                                                                                              |               |                                    |                          |                                  |                                                       |                                       |                                             |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization                                                                       | •             |                                    | lne line 1 table         |                                  |                                                       |                                       |                                             |

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

Schedule I (Form 990) 2022

| (a) Type of grant or assistance                   | (b) Number of recipients       | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistan |
|---------------------------------------------------|--------------------------------|--------------------------|---------------------------------------|-------------------------------------------------------|-------------------------------------|
|                                                   |                                |                          |                                       |                                                       |                                     |
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|                                                   |                                |                          |                                       |                                                       |                                     |
|                                                   |                                | 0.5                      | (1)                                   |                                                       |                                     |
| Supplemental Information. Provide the information | ation required in Part I, line | e 2; Part III, columi    | n (b); and any other ad               | ditional information.                                 |                                     |
|                                                   |                                |                          |                                       |                                                       |                                     |
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## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

|    |                                                                                                                        |    | Yes | No          |
|----|------------------------------------------------------------------------------------------------------------------------|----|-----|-------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |             |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |             |
|    | X First-class or charter travel                                                                                        |    |     |             |
|    | Travel for companions Payments for business use of personal residence                                                  |    |     |             |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |             |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |             |
|    |                                                                                                                        |    |     |             |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |             |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b | X   |             |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |             |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  | X   |             |
|    |                                                                                                                        |    |     |             |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |             |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |             |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.                                         |    |     |             |
|    | X Compensation committee Written employment contract                                                                   |    |     |             |
|    | X Independent compensation consultant Compensation survey or study                                                     |    |     |             |
|    | X Approval by the board or compensation committee                                                                      |    |     |             |
|    |                                                                                                                        |    |     |             |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |             |
|    | organization or a related organization:                                                                                |    |     |             |
| а  | Receive a severance payment or change-of-control payment?                                                              | 4a |     | X           |
| b  | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х<br>Х<br>Х |
| С  | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | X           |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |             |
|    |                                                                                                                        |    |     |             |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |             |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |             |
|    | contingent on the revenues of:                                                                                         |    |     |             |
| а  | The organization?                                                                                                      | 5a |     | X           |
| b  | Any related organization?                                                                                              | 5b |     | X           |
|    | If "Yes" on line 5a or 5b, describe in Part III.                                                                       |    |     |             |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |             |
|    | contingent on the net earnings of:                                                                                     |    |     |             |
| а  | The organization?                                                                                                      | 6a |     | <u>X</u>    |
| b  | Any related organization?                                                                                              | 6b |     | X           |
|    | If "Yes" on line 6a or 6b, describe in Part III.                                                                       |    |     |             |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |             |
|    | not described on lines 5 and 6? If "Yes," describe in Part III                                                         | 7  | Х   |             |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |             |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | _X_         |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |             |
|    | Regulations section 53.4958-6(c)?                                                                                      | 9  |     |             |

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

Schedule J (Form 990) 2022

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

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

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

|                              |             | <b>(B)</b> Breakdown of W | V-2 and/or 1099-MISO compensation   | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|------------------------------|-------------|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title           |             | (i) Base<br>compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) MIRAH HOROWITZ           | (i)         | 200,000.                  | 25,000.                             | 0.                                  | 8,000.                            | 0.                      | 233,000.                           | 0.                                        |
| EXECUTIVE DIRECTOR/PRESIDENT | (ii)        | 0.                        | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.                                        |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)<br>(ii) |                           |                                     |                                     |                                   |                         |                                    |                                           |
| -                            | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (i)         |                           |                                     |                                     |                                   |                         |                                    |                                           |
|                              | (ii)        |                           |                                     |                                     |                                   |                         | <u> </u>                           | (5                                        |

| Part III   Supplemental Information                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 1A:                                                                                                                                                                                           |
| DUE TO A PHYSICAL DISABILITY, THE EXECUTIVE DIRECTOR MUST LIE FLAT WHILE                                                                                                                                   |
| TRAVELLING. THEREFORE, THE ORGANIZATION PROVIDED FIRST CLASS TRAVEL FOR THE                                                                                                                                |
| EXECUTIVE DIRECTOR.                                                                                                                                                                                        |
|                                                                                                                                                                                                            |
| PART I, LINE 7:                                                                                                                                                                                            |
| DURING 2022 MIRAH HOROWITZ AND STEPHANY SMITH RECEIVED A BONUS OF \$25,000                                                                                                                                 |
| AND \$18,800, RESPECTIVELY.                                                                                                                                                                                |
|                                                                                                                                                                                                            |
|                                                                                                                                                                                                            |
|                                                                                                                                                                                                            |
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#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

| Name of the organizati | the organization  LUCKY DOG ANIMAL RESCUE  LUCKY DOG ANIMAL RESCUE |                  |                               |                |                          |                         |                 |           |               | on nur             | mber           |                                                  |
|------------------------|--------------------------------------------------------------------|------------------|-------------------------------|----------------|--------------------------|-------------------------|-----------------|-----------|---------------|--------------------|----------------|--------------------------------------------------|
| Part I Excess          |                                                                    |                  |                               |                | on 501(c)(4), and sec    | ction 501(c)(29) orgar  |                 |           |               |                    |                |                                                  |
| Complete               | e if the organization                                              | answered "Ye     | es" on Form 9                 | 90, Pa         | rt IV, line 25a or 25b   | , or Form 990-EZ, Pa    | ırt V, I        | ine 40    | b.            |                    |                |                                                  |
| 1 (a) Name of disqu    | alified person                                                     |                  | hip between o                 |                | ified                    | c) Description of trans | cactio          | n         |               | (d)                | Correc         | cted?                                            |
| (a) Name of disqu      | (a) Name of disqualified person                                    |                  | and organiza                  | ation          |                          |                         | Sactio          | ""        |               | Y                  | es             | No                                               |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               | +                  | +              |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               | +                  | +              |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               | +                  | +              |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               | +                  | +              |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    | $\top$         |                                                  |
| 2 Enter the amount     | of tax incurred by                                                 | the organization | on managers                   | or disq        | ualified persons dur     | ing the year under      |                 |           |               |                    |                |                                                  |
| section 4958           |                                                                    |                  |                               |                |                          |                         |                 | \$        |               |                    |                |                                                  |
| 3 Enter the amount     | of tax, if any, on li                                              | ne 2, above, re  | eimbursed by                  | the org        | ganization               |                         |                 | \$        |               |                    |                |                                                  |
| Part II Loans          | to and/or Fron                                                     | . Intereste      | d Doroono                     |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        |                                                                    |                  |                               |                | D-11/1                   | 000 D-+ IV I'           |                 |           |               |                    |                |                                                  |
| •                      | e if the organization<br>an amount on Forr                         |                  |                               |                | Part V, line 38a or F    | Form 990, Part IV, line | 26; 0           | or II tri | ie orga       | nizatio            | 'n             |                                                  |
| (a) Name of            | (b) Relatio                                                        | <del></del>      | 14.0                          | an to or       | (e) Original             | (f) Balance due         | (a)             | ln        | <b>(h)</b> Ap | proved             | (i) W          | /ritten                                          |
| interested perso       |                                                                    |                  | fror                          | n the ization? | principal amount         | (i) Baiarios das        | default? by boa |           |               |                    | ment?          |                                                  |
|                        |                                                                    |                  | То                            | From           |                          |                         | Yes             | No        | Yes           | No                 | Yes            | No                                               |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           | <u> </u>      |                    |                | <u> </u>                                         |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           | <u> </u>      | -                  |                | -                                                |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               | -                  |                | -                                                |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           | <u> </u>      |                    |                | <del>                                     </del> |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        |                                                                    |                  |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
| Total                  | ·····                                                              |                  | <u></u>                       |                | \$                       |                         |                 |           |               |                    |                |                                                  |
|                        | or Assistance                                                      | _                |                               |                |                          |                         |                 |           |               |                    |                |                                                  |
|                        | e if the organization                                              |                  |                               |                |                          | (.0. =                  | - 6             |           |               | \ D                |                |                                                  |
| (a) Name of inte       | restea person                                                      | 1 ' '            | ionship betwe<br>ed person an |                | (c) Amount of assistance | (d) Type<br>assistand   |                 |           | •             | e) Purp<br>assista | ose of<br>ance | i                                                |

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

the organization

Schedule L (Form 990) 2022

| Schedule L (Form 990) 2022 LUCKY                                               | DOG ANIMAL RESCUE                                               |                           | 30-0559                        | 037     | Page 2                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|---------|-------------------------------|
| Part IV Business Transactions Involv                                           | ing Interested Persons.                                         |                           |                                |         |                               |
| Complete if the organization answered                                          | "Yes" on Form 990, Part IV, line 28a, 28                        | 3b, or 28c.               |                                |         |                               |
| (a) Name of interested person                                                  | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz | aring of<br>zation's<br>nues? |
|                                                                                |                                                                 |                           |                                | Yes     | No                            |
| LAUREN HOROWITZ                                                                | BOARD MEMBER/TREASU                                             | 233,000.                  | LAUREN HORO                    |         | X                             |
|                                                                                |                                                                 |                           |                                |         | <u> </u>                      |
|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         | ļ                             |
|                                                                                |                                                                 |                           |                                |         | <u> </u>                      |
|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         | <u> </u>                      |
|                                                                                |                                                                 |                           |                                |         | <u> </u>                      |
|                                                                                |                                                                 |                           |                                |         | 1                             |
| Part V Supplemental Information.  Provide additional information for response. | onses to questions on Schedule L (see i                         | nstructions).             |                                |         | <u> </u>                      |
|                                                                                |                                                                 |                           |                                |         |                               |
| SCH L, PART IV, BUSINESS T                                                     | RANSACTIONS INVOLVIN                                            | G INTERESTE               | D PERSONS:                     |         |                               |
| (A) NAME OF PERSON: LAUREN                                                     | HOROWITZ                                                        |                           |                                |         |                               |
| (B) RELATIONSHIP BETWEEN I                                                     | NTERESTED PERSON AND                                            | ORGANIZATI                | ON:                            |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |
| BOARD MEMBER/TREASURER                                                         |                                                                 |                           |                                |         |                               |
| (D) DESCRIPTION OF TRANSAC                                                     | TION: LAUREN HOROWIT                                            | Z HAS A FAM               | ILY                            |         |                               |
| RELATIONSHIP WITH MIRAH HO                                                     | ROWITZ WHO RECIEVED                                             | \$233,000 FR              | OM THE                         |         |                               |
| ORGANIZATION FOR HER SERVI                                                     | CES AS PRES./EXEC. D                                            | IRECTOR.                  |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |
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|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |
|                                                                                |                                                                 |                           |                                |         |                               |

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

LUCKY DOG ANIMAL RESCUE

 $Employer\ identification\ number \\ 30-0559037$ 

| Pa  | rt I Types of Property                           |                               |                                                           |                                                    |            | Т              |                                        |        |     |
|-----|--------------------------------------------------|-------------------------------|-----------------------------------------------------------|----------------------------------------------------|------------|----------------|----------------------------------------|--------|-----|
|     |                                                  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | Noncash contr<br>amounts repor<br>Form 990, Part V | ted on     |                | (d)<br>d of determin<br>ontribution ar | _      | 3   |
| 1   | Art - Works of art                               |                               |                                                           |                                                    |            |                |                                        |        |     |
| 2   | Art - Historical treasures                       |                               |                                                           |                                                    |            |                |                                        |        |     |
| 3   | Art - Fractional interests                       |                               |                                                           |                                                    |            |                |                                        |        |     |
| 4   | Books and publications                           |                               |                                                           |                                                    |            |                |                                        |        |     |
| 5   | Clothing and household goods                     |                               |                                                           |                                                    |            |                |                                        |        |     |
| 6   | Cars and other vehicles                          |                               |                                                           |                                                    |            |                |                                        |        |     |
| 7   | Boats and planes                                 |                               |                                                           |                                                    |            |                |                                        |        |     |
| 8   | Intellectual property                            |                               |                                                           |                                                    |            |                |                                        |        |     |
| 9   | Securities - Publicly traded                     |                               |                                                           |                                                    |            |                |                                        |        |     |
| 10  | Securities - Closely held stock                  |                               |                                                           |                                                    |            |                |                                        |        |     |
| 11  | Securities - Partnership, LLC, or                |                               |                                                           |                                                    |            |                |                                        |        |     |
|     | trust interests                                  |                               |                                                           |                                                    |            |                |                                        |        |     |
| 12  | Securities - Miscellaneous                       |                               |                                                           |                                                    |            |                |                                        |        |     |
| 13  | Qualified conservation contribution -            |                               |                                                           |                                                    |            |                |                                        |        |     |
|     | Historic structures                              |                               |                                                           |                                                    |            |                |                                        |        |     |
| 14  | Qualified conservation contribution - Other      |                               |                                                           |                                                    |            |                |                                        |        |     |
| 15  | Real estate - Residential                        |                               |                                                           |                                                    |            |                |                                        |        |     |
| 16  | Real estate - Commercial                         |                               |                                                           |                                                    |            |                |                                        |        |     |
| 17  | Real estate - Other                              |                               |                                                           |                                                    |            |                |                                        |        |     |
| 18  | Collectibles                                     |                               |                                                           |                                                    |            |                |                                        |        |     |
| 19  | Food inventory                                   |                               |                                                           |                                                    |            |                |                                        |        |     |
| 20  | Drugs and medical supplies                       |                               |                                                           |                                                    |            |                |                                        |        |     |
| 21  | Taxidermy                                        |                               |                                                           |                                                    |            |                |                                        |        |     |
| 22  | Historical artifacts                             |                               |                                                           |                                                    |            |                |                                        |        |     |
| 23  | Scientific specimens                             |                               |                                                           |                                                    |            |                |                                        |        |     |
| 24  | Archeological artifacts                          |                               |                                                           |                                                    |            |                |                                        |        |     |
| 25  | Other ( PET FOOD )                               | X                             | 85                                                        | 28                                                 | ,192.      | FMV            |                                        |        |     |
| 26  | Other (OFFICE SUPPLIES)                          | X                             | 3                                                         | 2                                                  | ,719.      |                |                                        |        |     |
| 27  | Other (TRAVEL & HOTEL)                           | X                             | 1                                                         | 1                                                  | ,500.      | FMV            |                                        |        |     |
| 28  | Other (PET SUPPLIES )                            | X                             | 3                                                         | 1                                                  | ,141.      | FMV            |                                        |        |     |
| 29  | Number of Forms 8283 received by the organi      | zation during                 | the tax year for c                                        | ontributions                                       |            | •              |                                        |        |     |
|     | for which the organization completed Form 82     | 83, Part V, D                 | onee Acknowledg                                           | ement                                              | 29         |                |                                        |        |     |
|     | ·                                                | ,                             | J                                                         |                                                    |            |                |                                        | Yes    | No  |
| 30a | During the year, did the organization receive b  | y contributio                 | n any property rep                                        | orted in Part I, line                              | s 1 throug | gh 28, that it |                                        |        |     |
|     | must hold for at least 3 years from the date of  | -                             |                                                           |                                                    |            |                |                                        |        |     |
|     | exempt purposes for the entire holding period    |                               | · · · · · · · · · · · · · · · · · · ·                     | •                                                  |            |                | 30a                                    |        | Х   |
| b   | If "Yes," describe the arrangement in Part II.   |                               |                                                           |                                                    |            |                |                                        |        |     |
| 31  | Does the organization have a gift acceptance     | oolicy that re                | equires the review                                        | of any nonstandar                                  | d contribu | tions?         | 31                                     |        | Х   |
| 32a |                                                  | •                             | •                                                         | •                                                  |            |                |                                        |        |     |
|     | contributions?                                   |                               | •                                                         |                                                    |            |                | 32a                                    |        | Х   |
| b   | If "Yes," describe in Part II.                   |                               |                                                           |                                                    |            |                |                                        |        |     |
| 33  | If the organization didn't report an amount in c | column (c) fo                 | r a type of property                                      | / for which column                                 | (a) is che | cked.          |                                        |        |     |
| -   | describe in Part II.                             | (-)                           | ), E E 0 1 2                                              | ,                                                  | .,         |                |                                        |        |     |
| LHA | For Paperwork Reduction Act Notice, see          | the Instruc                   | tions for Form 990                                        | າ                                                  |            | Scher          | dule M (Forn                           | n 990) | 202 |

| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, OTHER TYPES OF PROPERTY:                                                                                                                                                                                                                                                                            |
| EVENT TICKETS                                                                                                                                                                                                                                                                                               |
| (A) CHECK IF APPLICABLE = X                                                                                                                                                                                                                                                                                 |
| (B) NUMBER OF CONTRIBUTIONS = 1                                                                                                                                                                                                                                                                             |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 852.                                                                                                                                                                                                                                                         |
| (D) METHOD OF DETERMINING REVENUE: FMV                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                             |
| SCHEDULE M, PART I, COLUMN (B):                                                                                                                                                                                                                                                                             |
| THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                             |
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### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

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

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

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

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 IN NORTHERN VIRGINIA, THE NUMBER OF DOGS AND CATS WE CAN

RESCUE OUT OF THE SHELTERS IS DIRECTLY DEPENDENT ON THE NUMBER OF

FOSTER HOMES WE HAVE TO PLACE THEM IN. IN 2022, WE ON BOARDED 402 NEW

FOSTERS, UTILIZING OUR VIRTUAL TRAININGS WHICH REMAIN POPULAR DESPITE

RETURNING TO IN PERSON ADOPTION EVENTS. 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, THE

ORGANIZATION COULD NOT OPERATE. WE CONTINUE TO OFFER MANY VOLUNTEER

OPPORTUNITIES THAT ALLOW PEOPLE TO SUPPORT THE ANIMALS FROM HOME AS

WELL. THROUGHOUT 2022, VOLUNTEERS ORGANIZED ADOPTION EVENTS AND

FUNDRAISERS, DRIVE DOGS FROM THE SHELTERS TO WASHINGTON D.C., TRANSPORT

DOGS TO AND FROM ADOPTION EVENTS, HANDLE DOGS AT ADOPTION EVENTS,

FOSTER DOGS, MAINTAIN THE WEBSITE, AND COMPLETE ALL THE ADMINISTRATIVE

WORK THAT MAKES THE ORGANIZATION RUN. IN 2022, LUCKY DOG ADDED MORE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

THAN 950 VOLUNTEERS TO ITS ROSTER, INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHICH 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. OUR VOLUNTEERS WORK VERY HARD TO EDUCATE NEW

ADOPTERS ABOUT WHAT TO EXPECT AFTER ADOPTIONG A DOG OR CAT, AS WELL AS

PROVIDE ONGOING SUPPORT TO ADOPTERS AS THEY TRANSITION ANIMALS INTO

THEIR HOMES. 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 2022, WE CREATED A NEW

POSITION AT ADOPTION EVENTS CALLED JUNIOR EVENTS VOLUNTEERS, AND THESE

YOUNG VOLUNTEERS HELP OUR STAFF KEEP THE EVENTS RUNNING. IN ADDITION,

OUR VOLUNTEERS AND STAFF 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:

LAUREN HOROWITZ AND MIRAH HOROWITZ HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 30-0559037 LUCKY DOG ANIMAL RESCUE 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 B, LINE 15A: THE BOARD OF DIRECTORS REVIEW AND SET THE EXECUTIVE DIRECTOR'S COMPENSATION USING COMPARABLE DATA FROM OTHER NONPROFIT ORGANIZATIONS. THE DISCUSSION IS DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION REVIEW WAS COMPLETED ON DECEMBER 2022. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.