

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	LUCKY DOG ANIMAL RESCUE 5159 LEE HIGHWAY ARLINGTON, VA 22207
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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Form	3	JU	,

** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury
Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre chang	LUCKY DOG ANIMAL RESCUE			
	Name Chang	Doing business as		30-05590	37
	Initial returr		Room/suite	E Telephone numbe	
	Final	5159 LEE HIGHWAY		202-741-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,170,967.
	Amer returr	ARDINGION, VA 22207		H(a) Is this a group re	
	Appli tion pend				? Yes X No
		SAME AS C ABUVE		H(b) Are all subordinates ir	
		empt status: $X 501(c)(3) 501(c) () \leq (insert no.) 4947(a)(1)$	or 527		list. See instructions
		te: WWW.LUCKYDOGANIMALRESCUE.ORG		H(c) Group exemptio	
K ŀ	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: 2009	State of legal domicile: DC
Pa	rt I	Summary	ד חתגת	Т.Т. Т.Т.М.Т. 1	
e	1	Briefly describe the organization's mission or most significant activities: SEE	PART 1	II, LINE I.	
Governance	2	Check this box if the organization discontinued its operations or dispo	ead of more	than 25% of its not as	secte
ver	2	Number of voting members of the governing body (Part VI, line 1a)			7
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5
ა ა	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			18
Activities &	6	Total number of volunteers (estimate if necessary)			2000
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	~			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		937,968.	1,549,875.
nu	9	Program service revenue (Part VIII, line 2g)		598,932.	1,039,272.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,111.	68,726.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,161.	62,764.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,660,172.	2,720,637.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		620,425.	698,700.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďX	b	Total fundraising expenses (Part IX, column (D), line 25)	20.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		630,740.	1,005,988.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,251,165.	1,709,688.
	19	Revenue less expenses. Subtract line 18 from line 12		409,007.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,420,603.	4,745,853.
et A ind I	21	Total liabilities (Part X, line 26)		25,973.	145,506.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,394,630.	4,600,347.
	rt II	Signature Block	a and atatam	anta and to the bact of m	u knowledge and helief this
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and bellet, it is
urue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.	

Sign Here	Signature of officer MIRAH HOROWITZ, EXECUTIVE DIRECTOR Type or print name and title	Date					
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Date Check PTIN 08/29/21 self-employed P00288314					
Preparer	Firm's name 🕨 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008					
Use Only	Firm's address 🖕 4550 MONTGOMERY AVE SUITE 800N						
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)					

orm	990 (2020) LUCKY DOG ANIMAL RESCUE	30-0559037 _P
Par	t III 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 N	
	RESCUING HOMELESS, NEGLECTED, AND ABANDONED ANIM	
	EUTHANASIA AND FINDING THEM LOVING FOREVER HOMES	
	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 I	
	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 prog	gram services? Yes 🛛
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	am services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others, the total expenses, and
	revenue, if any, for each program service reported.	· · · · · ·
4a	(Code:) (Expenses \$ 1,249,843. including grants of \$ 5,0	00.) (Revenue \$ 1,039,27
	ADOPTION PROGRAM: LUCKY DOG ANIMAL RESCUE'S CENT	RAL PROGRAM IS OUR
	ADOPTION PROGRAM. LUCKY DOG'S ADOPTIONS REMAINS	THE CORE OF OUR ANIMA
	PROGRAMS. LUCKY DOG SAW RECORD NUMBERS OF ADOPT	IONS IN 2020, DUE IN
	LARGE PART TO SO MANY PEOPLE STAYING AT HOME DUE	TO COVID-19. WE
	ADOPTED OUT 2,637 DOGS AND 1,210 CATS - 3,577 AN	
	THAT TIME, IN 2020, WE SAVED 3,500 ANIMALS FROM	HIGH KILL SHELTERS
	THROUGHOUT SOUTH CAROLINA, NORTH CAROLINA, VIRGI	NIA, MARYLAND, TEXAS,
	MISSISSIPPI, FLORIDA, GEORGIA, HAWAII AND PUERTO	
	THAN NEARLY DOUBLE THE NUMBER OF LIVES SAVED ANY	
	THE COVID-19 PANDEMIC, WE ONBOARDED MORE THAN 19	
	BRICK AND MORTAR ORGANIZATIONS ACROSS THE COUNTR	
	BACK OR SHUT THEIR DOORS. IN ADDITION, WE SUCCES	SFULLY EVACUATED
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue :	\$)
4e	Total program service expenses ► 1,249,843.	
		Form 990
32002	SEE SCHEDULE O FOR CONTIN	UATION(S)
	3	
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Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	л	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	Form 990 (2	2020)		LUCKY	DOG	ANIMAL	R]
Ì	Part IV	Ch	ecklist of	Required S	chedu	iles (continue	ed)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
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? <i>If "Yes," complete Schedule L, Part I</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%			<u>-</u> -
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			v
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
~	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a	x	
h	"Yes," complete Schedule L, Part IV	20a 28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
U	"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	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
84	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
r ai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
15	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		res	
	Enter the number reported in Box 3 of Porm 1096. Enter -0- if not applicable 1a 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	x	
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	5		-	、- - 、
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			uge e
			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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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 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.			

Form **990** (2020)

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Form 990 (2020)

Form 990) (2020)
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LUCKY DOG ANIMAL RESCUE

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

Х

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.

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body d body d b Enter Did ar office Did th Did th Did th Did th Did th Did th Did th Did th Did th B Each Is the organ Ction E a Did th b If "Ye: and b B Each Is the organ Ction E a Did th b Secr a Did th Did th Dis the Organ Ction E Did th Dis the Dis the Organ Ction E Did th Did	delegated broad authority to an executive committee or similar committee, explain on Schedule 0. the number of voting members included on line 1a, above, who are independent my officer, director, trustee, or key employee have a family relationship or a business relationship r, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the cers, directors, trustees, or key employees to a management company or other person? the organization become aware during the year of a significant diversion of the organization's as the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders, or other persons who had the power to elect or a members of the governing body? my governance decisions of the organization reserved to (or subject to approval by) members, nos other than the governing body? e organization contemporaneously document the meetings held or written actions undertaken during the year to overning body? committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re ization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal F</i> and the organization have written policies and procedures governing the activities of such or aranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod re organization have a written conflict of interest policy? <i>If</i> "No," go to <i>line</i> 13 officers, directors, or trustees, and key employees required to disclose annually interests that could give ris the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "hedule O how this was done	ip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the Revenue Code.) chapters, affiliates, dy before filing the form e to conflicts? Yes, " describe	2 3 4 5 6 7a 7a 7b 8a 9 9 9 9 10a ? 11a 12a	X X X Yes X X	
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 b If "Yee and b a and b b lescra a Did th b Descra Did th b Were c Did th Perso a The o Other If "Yee a Did th taxab b If "Yee b If "Yee b If "Yee b If The Did th Did	s," did the organization have written policies and procedures governing the activities of such or oranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing boo ribe in Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give ris the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "</i> <i>hedule O how this was done</i>	chapters, affiliates, dy before filing the form e to conflicts? Yes, " <i>describe</i>	10b ? 11a 12a	х	
and b a Has th b Descr a Did th b Were c C Did th Did th Did th Did th Did th Did th Did th Other If "Ye: a Did th taxab b If "Ye:	be organization provided a complete copy of this Form 990 to all members of its governing book whe organization provided a complete copy of this Form 990 to all members of its governing book whe organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give ris the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>hedule O how this was done</i>	dy before filing the form e to conflicts? Yes, " <i>describe</i>	? 11a 12a	х	
 a Has the b Description a Did the b Were of c Did the in Sch b Did the Did the Did the Did the Did the person a The o of b Other If "Yere a Did the taxab b If "Yere 	he organization provided a complete copy of this Form 990 to all members of its governing boo ribe in Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give ris the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>hedule O how this was done</i>	dy before filing the form e to conflicts? Yes, " describe	? 11a 12a	х	
 b Descr a Did th b Were c c Did th in Sch Did th Did th Did th Did th Did th Did th perso a The o b Other If "Yes a Did th taxab b If "Yes 	ribe in Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give ris the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>hedule O how this was done</i>	e to conflicts? Yes, " describe	12a	х	
 a Did th b Were of c Did th in Sch Did th Did th Did th Did th Did th Did th other other other a Did th taxab b If "Yest 	ne organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	e to conflicts? Yes," describe			
 b Were of the constraint of the constra	officers, directors, or trustees, and key employees required to disclose annually interests that could give ris ne organization regularly and consistently monitor and enforce compliance with the policy? If " hedule O how this was done	e to conflicts? Yes," describe			1
 c Did th in Sch Did th Did th Did th Did th perso a The o b Other If "Ye: a Did th taxab b If "Ye: 	ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "" hedule O how this was done	Yes," describe	120	Х	-
in Sch Did th Did th Did th Did th perso a The o b Other If "Ye: a Did th taxab b If "Ye:	hedule O how this was done			-	-
Did th Did th Did th perso a The o b Other If "Yes a Did th taxab b If "Yes			12c	х	
Did th Did th perso a The o b Other If "Yes a Did th taxab b If "Yes				Х	Ĺ
Did th perso a The o b Other If "Yes a Did th taxab b If "Yes	ne organization have a written document retention and destruction policy?			Х	
 a The o b Other lf "Yes a Did th taxab b If "Yes 	ne process for determining compensation of the following persons include a review and approv				
 b Other If "Yes a Did th taxab b If "Yes 	ns, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
 b Other If "Yes a Did th taxab b If "Yes 	rganization's CEO, Executive Director, or top management official		15a	Х	
If "Yes a Did th taxab b If "Yes	officers or key employees of the organization		15b		
a Did th taxab b If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions).				
taxab b If "Yes	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
b If "Ye	le entity during the year?				
	s," did the organization follow a written policy or procedure requiring the organization to evaluate				
	it venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
exemi	pt status with respect to such arrangements?		16b		
	C. Disclosure				
	he states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , SC , VA				
	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501)	c)(3)s onlv) avail	ab
for pu	blic inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)	,,,, ,		
	ribe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fine	ncial	
		connict of interest policy	, and finar	ICIAI	
	nents available to the public during the tax year.				
MIR	the name, address, and telephone number of the person who possesses the organization's be	ooks and records 🕨 _			
515	AH HOROWITZ - 202-246-3332				_
006 12-23-	AH HOROWITZ - 202-246-3332 59 LEE HIGHWAY, ARLINGTON, VA 22207			990 (_

Part VII	Compensation of Officers,	Directors, Tr	ustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIRAH HOROWITZ VICE PRESIDENT - EXECUTIVE DIRECTOR	60.00	x		x				200,000.	0.	0.
(2) MICHAEL HOROWITZ	1.00							200,000.	••	.
PRESIDENT	1.00	x		x				0.	0.	0.
(3) MAUREEN VOLLMER	1.00									
SECRETARY		Х		х				0.	0.	0.
(4) KAREN WHITT	1.00									
TREASURER		Х		х				0.	0.	0.
(5) MARCIA MARSH	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(6) SUZY BROWN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) NOEL SAMUEL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
				-	-					
										Form 990 (2020)

2020.04020 LUCKY DOG ANIMAL RESCUE

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	990 (2020) LUCKY DO									30-05	59	037	P	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the theReportable compensation from relation											an	(F) timate nount other	of
	(list any hours for related organizations log of the second s											fr org an	pensa om th anizat d relat anizati	e ion ed
										0.				
										0.				
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable										1			
3	Yes No										No			
3	line 1a? If "Yes," complete Schedule J for s	such individual										3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4	X	
5	Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," com</i>					-			-			5		Х
	Section B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation	rom	
	(A) (B) (C) Name and business address NONE Description of services Compensation										n			
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis)	stec	d above) who received n	nore than				
		•										Form	990 (2020)

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Pa	rτ	VIII					or noto to one "	no in this Dort V/III			
			Check if Schedule O c	JOINT	ains a respo	Jinse	or note to any i	(A)	(B)	(C)	D
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts	1	a	Federated campaigns		1a		30,540.				
iran oun			Membership dues					-			
An G			Fundraising events				7,121.	-			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations					-			
is, (Government grants (contr]			
rior S		f	All other contributions, gifts,	grant	s, and						
ibu			similar amounts not included	abov	/e 1f	1,	512,214.				
d df		g	Noncash contributions included in	lines	1a-1f 1g	6	25,607.				
<u>a C</u>		h	Total. Add lines 1a-1f	<u></u>			►	1,549,875.			
							Business Code				
e	2	2 a	ADOPTION FEES				900099	1,039,272.	1,039,272.		
Program Service Revenue		b									
n S en l		С									
Jev		d									
rog		е									
Δ.		f	All other program service					1 0 0 0 0 0 0			
		g	Total. Add lines 2a-2f					1,039,272.			
	3	3	Investment income (includ	-				20 274			20 274
			other similar amounts)					30,374.			30,374.
	4		Income from investment o				•				
	5)	Royalties								
			a		(i) Rea		(ii) Personal	-			
	6		Gross rents	6a				-			
			Less: rental expenses	6b				-			
			Rental income or (loss) Net rental income or (loss)	6c							
	_		Gross amount from sales of	,	(i) Securit		(ii) Other				
	'	а	assets other than inventory	70	485,54			-			
		h	Less: cost or other basis	10	100,0			-			
e		D		7h	447,19	92.					
ent.		c	Gain or (loss)	70	38,35	52.		-			
Revenue			Net gain or (loss)					38,352.			38,352.
e	8		Gross income from fundraisir			<u> </u>					,
oth	ľ		including \$ 7	0	(
			contributions reported on								
			Part IV, line 18			8a	65,902.	,			
		b	Less: direct expenses			8b	3,138.				
			Net income or (loss) from			nts	🕨	62,764.			62,764.
	9) a	Gross income from gamin	g ac	tivities. See	,					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10) a	Gross sales of inventory, I	ess i	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of invento	ry					
SI							Business Code				
Miscellaneous Revenue	11	a									
llan 'enu		b									
See		С									
Mis			All other revenue								
			Total. Add lines 11a-11d						1 0 2 0 0 7 0		121 400
	12		Total revenue. See instructio	ns			►	2,720,637.	ц,039,272.	0.	,
03200	9 12	2-23	-20					10			Form 990 (2020)

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2020.04020 LUCKY DOG ANIMAL RESCUE

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D) LUCKY DOG ANIMAL RESCUE

Form 990 (2020) LUCKY D Part VIII Statement of Revenue

LUCKY DOG ANIMAL RESCUE Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations	5,000.	5,000.		
and domestic governments. See Part IV, line 21	5,000.	5,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22 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,				
trustees, and key employees	200,000.	120,000.	40,000.	40,000
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	442,248.	304,452.	39,265.	98,531
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,713.	5,315.	3,311.	87
0 Payroll taxes	47,739.	31,517.	6,056.	10,166
1 Fees for services (nonemployees):	,	,,		,0
a Management				
b Legal	56.		56.	
c Accounting	42,770.		42,770.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,122.		22,122.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	15,494.	15,110.	384.	
Advertising and promotion	6,872.	4,810.		2.062
3 Office expenses	22,797.	6,284.	14,493.	2,062 2,020
4 Information technology	,	• , = • = •		_,
5 Royalties				
I6 Occupancy	49,550.		49,550.	
7 Travel	9,189.		9,189.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
P1 Payments to affiliates				
Depreciation, depletion, and amortization	17,247.	10,348.	2,760.	4,139
3 Insurance	36,700.	,	36,700.	=,===
4 Other expenses. Itemize expenses not covered				
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.)				
a VETERINARY	440,228.	440,228.		
b TRANSPORTING - PETS	143,544.	143,544.		
c SOFTWARE AND EQUIPMENT	41,115.	20,557.	18,502.	2,056
d PET SUPPLIES	39,437.	39,437.	,	,
e All other expenses	118,867.	103,241.	5,167.	10,459
5 Total functional expenses. Add lines 1 through 24e	1,709,688.	1,249,843.	290,325.	169,520
6 Joint costs. Complete this line only if the organization	,,	, _,	,	,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here image if following SOP 98-2 (ASC 958-720)				
32010 12-23-20				Form 990 (202

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2020.04020 LUCKY DOG ANIMAL RESCUE

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Form 990 (2020) Part X Balance Sheet LUCKY DOG ANIMAL RESCUE 30-0559037 Page 11

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in this Part X			X			
			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	944,304.	1	1,906,089.			
	2	Savings and temporary cash investments	132,500.	2	114,476.			
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4	145,868.			
	5	Loans and other receivables from 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		5				
	6	Loans and other receivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6				
ts	7	Notes and loans receivable, net	12,300.	7				
Assets	8	Inventories for sale or use		8				
Ÿ	9	Prepaid expenses and deferred charges	2,338.	9	8,109.			
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D 10a 141,607.						
	b	Less: accumulated depreciation 10b 84,716.	74,138.	10c	56,891.			
	11	Investments - publicly traded securities	2,249,402.	11	2,511,620.			
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	5,621.	15	2,800.			
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,420,603.	16	4,745,853.			
	17	Accounts payable and accrued expenses	25,973.	17	46,710.			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
ies	22	Loans and other payables to any current or former officer, director,						
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%						
Liabilities		controlled entity or family member of any of these persons		22				
_	23	Secured mortgages and notes payable to unrelated third parties		23	09 706			
	24	Unsecured notes and loans payable to unrelated third parties		24	98,796.			
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X		05				
	00	of Schedule D	25,973.	25 26	145,506.			
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	25,575.	20	145,500.			
es		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions	3,339,197.	27	4,550,570.			
Sala	27		55,433.	27	49,777.			
lpu	20	Organizations that do not follow FASB ASC 958, check here	55,155.	20				
Бu		and complete lines 29 through 33.						
o	29	Capital stock or trust principal, or current funds		29				
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30				
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31				
Net Assets or Fund Balances	32	Total net assets or fund balances	3,394,630.	32	4,600,347.			
2	33	Total liabilities and net assets/fund balances	3,420,603.	33	4,745,853.			
					, ,,			

Form **990** (2020)

Form	990 (2020) LUCKY DOG ANIMAL RESCUE	30-05	59037	Paç	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
					~ -			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,720					
3								
4								
5 Net unrealized gains (losses) on investments 5								
6 Donated services and use of facilities 6								
7								
8								
9								
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
column (B)) 10 4,								
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a							
	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 Image: Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b X							
b	b Were the organization's financial statements audited by an independent accountant?2b							
	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							
С	c 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

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

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

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

	OMB No. 1545-0047					
	2020					
	Open to Public Inspection					
r	r identification number					

Name of the o	rganization
---------------	-------------

Nam	e of t	he organization							identification number
_			Y DOG ANIM						0-0559037
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete tl	nis part.) S	see instruction	IS.	
The	organ	ization is not a private found		. .		,			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
		section 170(b)(1)(A)(iv). (C	. ,						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10	Χ	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ai	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	,						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-				-	
		more publicly supported or							Check the box in
	_	lines 12a through 12d that						-	
а		Type I. A supporting orga							
		the supported organization		• • • •	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must c							
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
~		organization(s). You mus			in connoc	tion with	and functions	lly intograt	od with
С	L	J Type III functionally inte its supported organization						ny megrati	eu with,
d		Type III non-functionally						rted organi	zation(s)
u		that is not functionally int							
		requirement (see instruct	с С	c			•	anaton	Werless
e		Check this box if the orga	,	•	-			II Type III	
-		functionally integrated, or						, . , pe	
f	Ente	er the number of supported of							
		vide the following informatior							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 14

2020.04020 LUCKY DOG ANIMAL RESCUE

Schedule A (Form 990 or 990 EZ) 2020 LUCKY DOG ANIMAL RESCUE

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

Galead year (of fiscal year beginning in) (g) 2016 (g) 2017 (g) 2018 (g) 2019 (g) 2020 (g) Tetal include any 'unusual grants.') 2 Tax revenues levide for the organ- ization's benefit and other paid to or expended on its behaft 3 The value of services or facilities 3 The value of services or facilities 4 Total. Add insers through a governmental unit to the organization without charge 4 Total. Add insers through a governmental unit to the organization without charge by sach person (other than a governmental unit or publicly supported organization) included on ine 1 thrat exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Search te htms te 4 Section B. Total Support 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royshies, and income from signal sources 9 Met income from interest, 10 Other income Jona Storest 2 Conse receipts from related actives, etc. (see instructions) 12 Conse receipts from related actives, etc. (see instructions) 12 Conse receipts from related actives, etc. (see instructions) 13 First Systems. If the royshies, and income from increase. 14 Public support, Additions of the stores of the storest 2 Conse receipts from related actives, etc. (see instructions) 13 First Systems. If the royshies, and income from signal sources actives in the start of capital assets (Explain In Part VI) 14 Gas august the storest of the storest 4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f), 14 Sits Systems. If the Form 900 is for the organization of dirth experiments as a sections Soli(c)(s) organization, recets, boyshopt experimentage 4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f), 14 Sits Systems on equilated actives, etc. (see instructions) 15 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f), 14 Sits Systems on equilated actives as a subley support experimentation and sto	Se	ction A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported organ	nization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructio	ns ►

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 LUCKY DOG ANIMAL RESCUE

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

(Complete only if you checked the box on line 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.)

Se	ction A. Public Support		sioto i urt il.				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(,	(0) = 0	(0) = 0 : 0	(4) = 0 + 0	(0) = 0 = 0	(1) 1010
•	membership fees received. (Do not						
	include any "unusual grants.")	405,152.	602,900.	1,043,872.	937,968.	1,549,875.	4,539,767.
2	Gross receipts from admissions,	100,101		1,010,071	50775000	1,010,070	1,000,101.
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	515 063	633,677.	692,026.	598,932.	1,039,272.	3,478,970.
2	organization's tax-exempt purpose Gross receipts from activities that	515,005.	000,017.	052,020.	350,552.	1,000,272.	3,470,570.
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
-	the organization without charge	920,215.	1 006 588	1 525 000	1 526 000	0 500 145	0 010 535
	Total. Add lines 1 through 5	920,215.	1,236,577.	1,735,898.	1,536,900.	2,589,147.	8,018,737.
78	Amounts included on lines 1, 2, and	5,000.	5,000.	11 472	6,005.	16,072.	
	3 received from disqualified persons	5,000.	5,000.	11,473.	0,005.	10,072.	43,550.
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	F 000	F 000	11 472		16 070	0.
	Add lines 7a and 7b	5,000.	5,000.	11,473.	6,005.	16,072.	43,550.
	Public support. (Subtract line 7c from line 6.)						7,975,187.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016 920,215.	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	920,215.	1,236,577.	1,735,898.	1,536,900.	2,589,147.	8,018,737.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,			0 7 1 2 0	40 425	20 204	126 005
	and income from similar sources	14,555.	15,789.	27,132.	48,435.	30,374.	136,285.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	14,555.	15,789.	27,132.	48,435.	30,374.	136,285.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on		15,421.	57,950.	77,161.	62,764.	213,296.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	934,770.	1,267,787.	1,820,980.	1,662,496.	2,682,285.	8,368,318.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), c	livided by line 13,	column (f))		15	95.30 %
16	Public support percentage from 2019					16	95.13 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	1.63 %
18	Investment income percentage from 2					18	1.87 %
19 a	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ies as a publicly s	upported organiza	tion	► X
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	>
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2020.04020 LUCKY DOG ANIMAL RESCUE

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3a

3b

3c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020 21576 1

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Schedule A (Form 990 or 990 EZ) 2020 LUCKY DOG ANIMAL RESCUE

Part IV Supporting Organizations (continued)

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1

2

			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	tion C. Turne II Currenting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C.	Type II Supporting Organizations

			Yes	NC
1	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			
	the supported organization(s).	1		

Section D. All	Type III Supporting	Organizations
-		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **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 (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.*
- b Did the activities described in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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2a

2b

За

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 LUCKY DOG ANIMAL RESCUE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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		
Secti	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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 LUCKY DOG ANIMAL RESCUE

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	s 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 LUCKY DOG ANIMAL RESCUE	30-0559037 _{Pag}
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

032028 01-25-21		21	Schedule A (F	orm 990 or 990-EZ) 202
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Schedule B

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

Name of the	organization
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

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LUCKY	DOG	ANIMAL	RESCUE	
Organization type (check one):				

Section:
\underline{X} 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 $\dots \longrightarrow$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page 2
Employer identification number

30-0559037

LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$255,426.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,540.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25	5-20	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020
	23		,

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

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LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$14,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$12,926.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$12,332.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$8,559. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 023452 11-25		\$6 , 249 . S	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020
	24		

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page 2
Employer identification number

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LUCKY DOG ANIMAL RESCUE

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	on
13		\$ 6,000. \$ 6,000. Person Payroll Payroll (Complete Part II for noncash contribution)	IS.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	on
14		\$\$ 5,000. Person X Payroll D Noncash D (Complete Part II for noncash contribution	IS.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	on
15		\$ 5,000. \$ 5,000. Person Payroll Payroll (Complete Part II for noncash contribution)	ıs.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	on
16		\$\$ 5,000. Person X Payroll D Noncash D (Complete Part II for noncash contribution	ıs.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	on
17		Person X Payroll	
		\$ 5,000. Noncash (Complete Part II for noncash contribution	s.)
(a) No.	(b) Name, address, and ZIP + 4	\$ \$ 5,000. Noncash (Complete Part II for	
	Name, address, and ZIP + 4	\$ 5,000. Noncash (Complete Part II for noncash contribution (c) (d) Total contributions Type of contribution \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contribution) \$ 5,000. Complete Part II for noncash (Complete Part II for noncash contribution) Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF)	on Is.)

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Name of organization

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Employer identification number

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LUCKY DOG ANIMAL RESCUE

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

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

2020.04020 LUCKY DOG ANIMAL RESCUE

Page 4

art III	DOG ANIMAL RESCUE Exclusively religious, charitable, etc., contributio	ns to organizations described in	section 501(c)(7) (8)	30 - 0559037 or (10) that total more than \$1,000 for			
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	brough (e) and the following line e	ntry For organizations				
	Use duplicate copies of Part III if additional s	pace is needed.					
a) No. from	(b) Purpose of gift	(c) Use of gift	(0) Description of how gift is held			
Part I		(c) use of gift		bescription of now gift is neid			
F		(e) Transfer of g	ft				
-	Transferee's name, address, and	1 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							
ŀ		(e) Transfer of d					
	(e) Transfer of gift						
F	Transferee's name, address, and	3 ZIP + 4	Relationship	of transferor to transferee			
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	ft (d) Description of how gift is held				
F	I	(e) Transfer of g	ft				
	Transferee's name, address, and	1 ZIP + 4	Relationship	of transferor to transferee			
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(6) Description of how gift is held			
Part I	(b) Purpose of gift	(c) use of gift	(0	bescription of now gift is neid			
		(e) Transfer of g	ft				
ļ	Transferee's name, address, and	3 ZIP + 4	Relationship	of transferor to transferee			

(Form	990)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

LUCKY

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Employer	identification number
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(a) Donor advised funds (b) Funds and other accounts Aggregate value of onributions to (during year) (c) Aggregate value of onributions to (during year) (c) Aggregate value of onributions to (during year) (c) Bit de organization inform all donors and donor advisors in writing that grant funds can be used only Yes No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only Yes No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only Yes No Part III Conservation easoments held by the organization's exclusive legal control Preservation of a historically important land area Proteolog(s) of conservation casoments held by the organization (chock all that apply). Preservation of a number advisor, or for any other purpose conferring important land area Proteolog(s) of conservation easoments. (c) the apply. Preservation of a conservation casoments. (c) Complete lines 22 through 21 if the organization held a qualified conservation contribution in the form of a conservation easements. (c) (c) A tota Innumber of conservation easements. (c) (c) (c) (c) (c) A tota preservation of conservation easements. (c) (Pa			ds or Acco	ounts.Complete if the
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 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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, not to report in its revenue statement 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement 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 X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 5 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part X 5 6 4 Revenue included in Form 990, Part X 6 Assets included in Form 990, Part X 7 Subsets included in Form 990, Part X 8 Assets included in Form 990, Part X<!--</th--><th>0</th><th></th><th>,</th><th></th><th></th>	0		,		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement 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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part VIII, line 1 \$ Assets included on Form 990, Part X \$ Assets included in Form 990, Part X \$ \$ Assets included in Form 990, Part X \$ \$ \$ \$ \$	Pa		f Art Historical Treasures or	Other Sim	nilar Assets
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c Schedule D (Form 990) 2020 c Schedule D (Form 990) 2020<th>-</th><th></th><th></th><th>siai gain, prov</th><th></th>	-			siai gain, prov	
b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020		- · · ·	-		. ¢
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020					
					· ·

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28 2020.04020 LUCKY DOG ANIMAL RESCUE

Sche	dule D (Form 990) 2020 LUCKY D	OG ANIMAL	RESCU	JE				30-05	5903	7 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following the	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗆 C	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				7		1
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the o	organizatio	n answered	res on	Form 990	J, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		diany for c	ontribution	s or other as	sets not	included				
Ia	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII							····· ·	103		1110
			nowing to	1010.					Amoun	+	
с	Beginning balance						1c		,	-	
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes	X	No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatior	n has been	provided on	Part XIII	l]
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" on Fo	1	1					
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cur	rent year end balanc	L (line 1 a)) held as:						
	Board designated or quasi-endowment		% (iiiie rg		a)) Heid as.						
b	Permanent endowment										
		<u></u> /0									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	are held a	nd administe	ered for t	he organiz	zation			
	by:	C C					U U]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?					3b		
	Describe in Part XIII the intended uses of the		owment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		-								
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	ed	(d) Boo	k value	÷
	Land										
	Buildings										
	Leasehold improvements				3,112.		33,1				$\frac{0}{20}$
	Equipment				4,022.		8,6			5,3	
	Other				4,473.		42,9	<u>41 • </u>		1,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	UC.)				5	6,89	<u>۶</u> ۲.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" 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 end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►							

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25	

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

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

Schedul	<u>, n (</u>		000	2020
Schedul	eυι	Form	9901	2020

032053 12-01-20

Sche	dule D (Form 990) 2020 LUCKY DOG ANIMAL RESCUE			30-	0559037 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,896,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	194,768.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d			3,138.		
е	Add lines 2a through 2d			2e	197,906.
3	Subtract line 2e from line 1			3	2,698,515.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	22,122.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	22,122.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,720,637.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,690,704.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		3,138.		
е	Add lines 2a through 2d			2e	3,138.
3	Subtract line 2e from line 1			3	1,687,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,122.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	22,122.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>		5	1,709,688.
Da	rt XIII Supplemental Information.				

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

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, LUCKY DOG HAS DOCUMENTED ITS

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

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL

3,138.

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

LINE 8B.

032054 12-01-20

20 0550027

Schedule D (Form 990) 2020 LUCKY DOG ANIMAL RESCUE Part XIII Supplemental Information (continued)	30-0559037 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL	3,138.
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VII	
LINE 8B.	
032055 12-01-20	Schedule D (Form 990) 2020
32	

SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities						
(Form 990 or 990-EZ)) 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.				, or if the	2020		
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection ntification number
Name of the organization		OG ANIMAL RESCUE					30-0559	
	complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person sc 2 a Did the organization key employees list 	tions I email solicitations itations Dicitations on have a written o ted in Form 990, P D highest paid indir	s f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(ii) Activity (ii) Activity (iii) Did fundraiser have custody or control of control of from activity		tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
Total								
	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

_		le G (Form 990 or 990 EZ) 2020 LUCKY D				0559037 Page 2	
Pa	irt	Fundraising Events. Complete if the of fundraising event contributions and green the other structures.					
			(a) Event #1 LUCKY DOG LIVE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Ð			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	73,023.			73,023.	
ш. 	2	Less: Contributions	7,121.			7,121.	
	3	Gross income (line 1 minus line 2)	65,902.			65,902.	
	4	Cash prizes					
(0	5	Noncash prizes	2,020.			2,020.	
pense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					

1,118.

(b) Pull tabs/instant

bingo/progressive bingo

%

Yes

No

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

Yes

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

No

%

Yes

No

(a) Bingo

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Yes

___ Yes

No

_ No

21576__1

118

62

(d) Total gaming (add

col. (a) through col. (c))

►

%

(c) Other gaming

34 2020.04020 LUCKY DOG ANIMAL RESCUE

Gross revenue

5 Other direct expenses

6 Volunteer labor

b If "No," explain:

b If "Yes," explain:

Revenue

Direct Expenses

1

8 Entertainment

9 Other direct expenses

\$15,000 on Form 990-EZ, line 6a.

2 Cash prizes

3 Noncash prizes

4 Rent/facility costs

10 Direct expense summary. Add lines 4 through 9 in column (d)

11 Net income summary. Subtract line 10 from line 3, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2020 LUCKY DOG ANIMAL RESCUE	30-0	<u>559</u> (<u>)37</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Υ	/es	No
	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?		L] Y	/es	🗌 No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
b	An outside facility	[13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
	Address				
45 -	Deep the experimentary have a contract with a third party from whom the experimentary reactives coming revenue?			/es	
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			es	
h	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amo	unt			
	of gaming revenue retained by the third party \triangleright \$	unt			
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				
47					
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			105	
h	retain the state gaming license?			63	
N	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v).	and Par	t III. lin	es 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	, ,
0320	33 11-25-20 Schedule	G (Form	990 oi	r 990	-EZ) 2020
	35		-		

		Schedule G (Form 990 or 990-E

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
	-	Compensated Employees		20	ZU	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio			identificati		mber
_		LUCKY DOG ANIMAL RESCUE	30-0	055903	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c					
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
	If any other	an Ban de ann abailteach allabha ann 1810 Alla 1810 - 1810 - 1810 - 1810 - 1810 - 1810 - 1810 - 1810 - 1810 - 1				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			х	
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	Х	
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	21	
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c.			
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Independent compensation consultant Compensation survey or study X Form 990 of other organizations X					
			Johnnietoo			
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 re					
а	Receive a severand	e payment or change-of-control payment?		4a		Х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		Х
с		eive payment from an equity-based compensation arrangement?				Х
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 compensati	on			
	contingent on the r					
						X
	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					37
a						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_	v	
~		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strain departies of the strain departies in Part III.				x
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		A
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			- 000	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990) 2020

30-0559037

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) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MIRAH HOROWITZ	(i)	170,000.	30,000.	0.	0.	0.	200,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
(ii) (i) (ii)								
	(i) (i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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 2020, MIRAH HOROWITZ RECEIVED A BONUS OF \$30,000.

SCHEDULE L	-	Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			0	VIB No.	1545-00	047
(Form 990 or 990-EZ)	Complete if	the o	rganization and 28b, or 28c, o							26, 27	, 28a,		2	02	0
Department of the Treasury			Atta	ch to	Form	990 or	Form 990-E2	Ζ.					pen T		olic
Internal Revenue Service Name of the organization	► G	o to v	www.irs.gov/Fo	orm99	0 for ii	nstruct	tions and the	late	est information.			r ident	spect		umbor
Name of the organization	LUCKY I	DOG	ANIMAL	RES	CUE						-	590		on nu	innbei
Part I Excess Ber	nefit Trans	acti	ons (section 50	01(c)(3	B), sect	ion 50	1(c)(4), and se	ection	n 501(c)(29) orga				-		
Complete if the	e organization		vered "Yes" on				ine 25a or 25t	b, or	Form 990-EZ, P	art V,	line 40	Db.			
1 (a) Name of disqualified	d person	(b) F	Relationship bet person and or			lified	(0	c) De	scription of tran	sactic	n			Corre es	cted? No
				0											NO
													_		
2 Enter the amount of ta			0	Ŭ		•	•	Ũ	-		•				
section 4958 3 Enter the amount of ta			above. reimburs								► ३ ► \$				
						3									
			erested Per					_							
	-		vered "Yes" on I , Part X, line 5, 6			, Part \	V, line 38a or l	Form	i 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
(a) Name of	(b) Relatior	nship	(c) Purpose	(d) Lo	an to or n the	(e) Original	(f)	Balance due	(g)	In	(h) Ap by bo	provec	1 (1) *	/ritten
interested person	with organiz	ation	of loan		ization?	princ	ipal amount			defa	ault?	? committe		tee? agreemen	
				То	From					Yes	No	Yes	No	Yes	No
															<u> </u>
Total				I	<u> </u>	I	> \$								1
Part III Grants or A			nefiting Inter				5.								
· · · · · ·	0	1	vered "Yes" on			· ·									
(a) Name of interested	d person		(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan			•) Purp assist		f
		-									-+				
		-									-+				

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

Schedule L (Form 990 or 990-EZ) 2020

10350829 745960 21576

Schedule L (Form 990 or 990-EZ) 2020 LUCKY DOG ANIMAL RESCUE

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	19,445.	THE SUBSTAN		Х
MICHAEL HOROWITZ	BOARD MEMBER/PRESID	200,000.	MICHAEL HOR		Х

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR AND SERVICE PROVIDER

(D) DESCRIPTION OF TRANSACTION: THE SUBSTANTIAL CONTRIBUTOR PROVIDED

AUDIT AND TAX SERVICES TO LUCKY DOG FOR 2020, IN THE AMOUNT OF \$19,445

AND IS A SUBSTANTIAL CONTRIBUTOR ON SCHEDULE B.

(A) NAME OF PERSON: MICHAEL HOROWITZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/PRESIDENT

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

RELATIONSHIP WITH MIRAH HOROWITZ WHO RECIEVED \$200,000 FROM THE

ORGANIZATION FOR HER SERVICES AS VP/EXEC.DIRECTOR.

Schedule L (Form 990 or 990-EZ) 2020

21576__1

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 30-0559037

Department of the Treasury	
Internal Revenue Service	

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

Open to Public Inspection

20

Name	of the	organization

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

LUCKY DOG ANI

CG	ANIMAL	RESCUE	

	·	(a) Check if	(b) Number of	(c) Noncash contr		(d) Method of de	etermin	ing	
		applicable	contributions or items contributed	amounts repo Form 990 Part V		noncash contribu	ition a	mount	S
1	Art - Works of art				,				
	Art - Historical treasures								
	Art - Fractional interests								
	Books and publications								
	Clothing and household goods								
	Cars and other vehicles								
	Boats and planes								
	Intellectual property								
	Securities - Publicly traded								
	Securities - Closely held stock								
	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
	Real estate - Residential								
	Real estate - Commercial								
	Real estate - Other								
	Collectibles								
	Food inventory								
	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other \blacktriangleright (<u>PET SUPPLIES</u>)	X	60	25	607.				
26	Other ► ()								
27	Other ► ()								
	Other 🕨 ()								
	Number of Forms 8283 received by the organi							~	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
	During the year, did the organization receive b	-	•••••		-				
	must hold for at least three years from the date								v
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.						31		v
									X
	Does the organization hire or use third parties		•						v
	contributions?						32a		X
	If "Yes," describe in Part II.			. foundation I	··· (•) :!·	alvad			
	If the organization didn't report an amount in c	C) fo	r a type of propert	y for which colum	n (a) is che	ukea,			
	describe in Part II.		tions for Form 99			Schedule M			

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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.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE NUMBER ON COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2020

032142 11-23-20

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



30-0559037

LUCKY DOG ANIMAL RESCUE

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

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ANIMALS FROM THE PATH OF HURRICANE LAURA. BY THE END OF 2020, LUCKY DOG HAD SAVED MORE THAN 19,000 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 2018, REMAINED IN FOSTER CARE INTO 2020, WHERE THEY STAYED UNTIL THEY FOUND THEIR OWN ADOPTIVE HOMES. IN 2020, LUCKY DOG HAD A 100% SUCCESS RATE, MEANING THAT ALL ADOPTABLE DOGS AND CATS RESCUED WERE SUCCESSFULLY ADOPTED OR PLACED IN A LONG-TERM FOSTER SITUATION.

FOSTER PROGRAM: LUCKY DOG'S FOSTER PROGRAM IS CRITICAL TO OUR ABILITY TO SAVE DOGS FROM HIGH KILL SHELTERS. BECAUSE LUCKY DOG HAS NO FACILITY OF ITS OWN, THE NUMBER OF DOGS AND CATS WE CAN PLACE OUT OF THE SHELTERS IS DIRECTLY DEPENDENT ON THE NUMBER OF FOSTER HOMES WE HAVE TO PLACE THEM IN. WE SAW UNPRECEDNTED INTEREST IN OUR FOSTER PROGRAM IN 2020 AS COVID-19 RELATED STAY AT HOME ORDERS LEFT MANY FAMILIES WITH TIME AND INTEREST IN HELPING HOMELSS ANIMALS. IN 2020, WE REVAMPED OUR RECRUITING AND ONBOARDING PROCESS FOR FOSTERS, ENTIRE TRAINING OVER 400 NEW FOSTERS IN AN ENTIRELY VIRTUAL SETTING. 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.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037
VOLUNTEER PROGRAM: WITHOUT LUCKY DOG'S VOLUNTEER PROGRAM,	THE
ORGANIZATION COULD NOT OPERATE. DUE TO CHANGES RELATED TO	COVID-19,
LUCKY DOG HAD TO ENTIRELY REVAMP OUR VOLUNTEER PROGRAM, S	WITCHING FOCUS
FROM IN PERSON VOLUNTEERING TO VOLUNTEERING FROM HOME, PA	RTICULARLY
IMPORTANT AS WE SHIFTED TO AN ENTIERELY ONLINE APPLICATION	N, SCREENING,
AND APPROVAL PROCESS. THROUGHOUT 2020, VOLUNTEERS CONTINUE	ED TO,
ORGANIZE ADOPTION EVENTS AND FUNDRAISERS, DRIVE DOGS FROM	THE SHELTERS
TO WASHINGTON D.C., TRANSPORT DOGS TO AND FROM ADOPTION E	VENTS, HANDLE
DOGS AT ADOPTION EVENTS, FOSTER DOGS, MAINTAIN THE WEBSIT	E, AND
COMPLETE ALL THE ADMINISTRATIVE WORK THAT MAKES THE ORGAN	IZATION RUN.
ALL OF THIS WAS DONE WITH SOCIAL DISTANCING IN PLACE, KEE	PING ANIMALS
AND PEOPLE SAFE! IN 2020, LUCKY DOG ADDED MORE THAN 750 V	OLUNTEERS TO
ITS ROSTER, INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHIC	H IS A REAL
TESTAMENT TO THE SUCCESS OF THE RESCUE.	

EDUCATION PROGRAM: LUCKY DOG NOT ONLY STRIVES TO PLACE PETS IN LOVING FOREVER HOMES, WE ARE COMMITTED TO EDUCATING THE DC COMMUNITY ABOUT RESPONSIBLE PET OWNERSHIP. IN 2020, LUCKY DOG HOSTED 30 EDUCATIONAL SEMINARS FOR BOTH ITS VOLUNTEERS AND THE PET COMMUNITY IN GENERAL. IN ADDITION, WE ADDED A SIGNIFICANT AMOUNT OF RESOURCES TO OUR WEBSITE ADDRESSING EVERYTHING FROM TRAINING TO NUTRITION TO COMMON VETERINARY AILMENTS.

 YOUTH PROGRAM:
 LUCKY DOG WORKS HARD TO ENSURE THAT THE NEXT GENERATION

 OF PET OWNERS LEARN EARLY ABOUT THE VALUE OF ADOPTION, HOW TO PROPERLY

 CARE FOR DOGS AND CATS, AND THE IMPORTANCE OF VOLUNTEERISM. OUR YOUTH

 PROGRAM ENGAGES CHILDREN OF ALL AGES IN EDUCATIONAL WORKSHOPS, IN

 VOLUNTEER ACTIVITIES, AND IN BAKE SALES. IN ADDITION, OUR VOLUNTEERS

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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 2020.04020 LUCKY DOG ANIMAL RESCUE
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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:

MICHAEL 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 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 2020.

FORM 990, PART VI, SECTION C, LINE 19: 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 46 10350829 745960 21576 2020.04020 LUCKY DOG ANIMAL RESCUE 21576_1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 24:

ON APRIL 27, 2020, LUCKY DOG RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$98,796 UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. LUCKY DOG USED THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND RECEIVED FORGIVENESS IN FULL IN FEBRUARY 2021.