## Form **990**

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

OMB No. 1545-0047

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.

Inter	nat Revenue	e Service 🌷	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection								
A	For the 2	2018 cale <u>ı</u>	ndar year, or tax year beginning , 2018, and ending		, 20								
В	Check if a	pplicable	C Name of organization Animal Rescue Corps Inc.	Employe	ridentification number								
	Address o	E	Doing business as	90-06	40069								
	Name cha	ınge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	Telephone	e number								
	Initial retui	· [	1380 Monroe Street NW #326	(855)272-6777									
$\overline{\sqcap}$		rterminated	City or town state or province, country, and ZIP or foreign postal code	·									
$\Box$	Amended			Gross red	eipts\$ 830,209.								
			*		ibardinates? Yes X No								
_	. 445111.13110		Timothy Woodward, 1416 Marksville Rd, Stanley, VA 22851 H(b) Are all sul										
_	1ax-exem	int starius:			ist. (see instructions)								
	Website:		www.animalrescuecorps.org H(c) Group ex		,								
****	<del></del>				if legal domicite. DC								
_	art I	Summ		W Oute C	ir legal domicile. DC								
			scribe the organization's mission or most significant activities: To end animal suffering		22								
a)													
Š		action, and to inspire the highest ethical standards of humanity towards animals.  The organization rescues animals who fall victim to abuse and natural disaster ar											
Ţ													
o.ee	1		s box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	1 - 1	s net assets.								
Ŏ	1		of voting members of the governing body (Part VI, line 1a)	3									
S.	3		of independent voting members of the governing body (Part VI, line 1b)	4									
ij	1		ber of individuals employed in calendar year 2018 (Part V. line 2a)	5									
Activities & Governance	1		aber of volunteers (estimate if necessary)	6	2,500								
⋖	1		7a	<u> </u>									
	b	Net unrela	7b	0.									
Revenue			Prior Year		Current Year								
	1		ions and grants (Part VIII, line 1h)		826,310.								
				700.									
ě	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	82.	90.								
_				018.	-113.								
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 712,	381.	826,287.								
	13 (	Grants an	d similar amounts paid (Part IX, column (A), fines 1-3)	350.	2,548.								
	14	Benefits :	paid to or for members (Part IX, column (A), line 4)										
(D)	15 5	Salaries, d	ther compensation, employee benefits (Part IX, column (A), lines 5–10) 244,	439.	333,913.								
Expenses	16a F	<sup>o</sup> rofessio	nal fundraising fees (Part IX, column (A), line 11e)										
Ç	b 7	Total fund	fraising expenses (Part IX, column (D), line 25) ▶ 22,979.										
Ü	17 (	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	011.	549,675.								
	18	T <mark>otal ex</mark> p	enses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 692,	800.	886,036.								
	19 F	Revenue	less expenses. Subtract line 18 from line 12	581.	<b>-</b> 59,749.								
io Sec			Beginning of Curre	ent Year	End of Year								
sets	20	Total asse	ets (Part X, line 16)	523.	228,976.								
Net Assets or Fund Balances	21	Total liabi	lities (Part X, line 26)	287.	121,653.								
윤	22 1	Net asset	s or fund balances. Subtract line 21 from line 20 165,	236.	107,323.								
Pá	art II	Signat	ure Block										
			y, I declare that I have examined this return, including accompanying schedules and statements, and to the ste. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled		y knowledge and belief, it is								
Sig	jn	Signa	ture of officer Date										
He	re	Tin	othy Woodward, Chief Operating Officer										
_		Туре	or print name and fitle										
Pa	id	Print/Typ	oc preparer's name Preparer's signature Date Date	Check [	] if PTIN								
		Dana	McGuffin CPA Dana McGuffin CPA 01/03/2020		Dyed P00395459								
	eparer				6-3073039								
US	e Only				7)488-8939								
Mai	v the IRS	-	this return with the preparer shown above? (see instructions)	(01	Vas No								

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To end animal suffering through direct and compassionate
	action, and to inspire the highest ethical standards of humanity towards animals.  The organization rescues animals who fall victim to abuse and natural disaster and
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
-40	(Code: 1/Evpanges \$ 657,004 including grapts of \$ 0.540 ) (Povembr \$ 0.1
4a	(Code: ) (Expenses \$ 657, 884 . including grants of \$ 2,548 . ) (Revenue \$ 0.)
	The organization conducted numerous cruelty investigations throughout 2018. The organization directly led multiple operations which rescued hundreds of animals, and assisted in other
	organization directly led multiple operations which rescued hundreds of animals, and assisted in other operations at the request of and in conjunction with local authorities and organizations. Numerous
	other rescue related activities and partner organizations were supported by the
	organization. This included aid with placement of animals, animal transport, micro-grants,
	loaning equipment and providing expertise and logistical support. The organization
	also continued humane education and outreach efforts.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	
	V//-1.AA\/- 1.7.AA\/- 1.7.
	***************************************
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	**************************************
4d	Other program services (Describe in Schedule O.)
• •	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 657_884

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	×	
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		×
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		×
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		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	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		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		×
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		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EIXERO" compolete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			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		×
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	×	
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrew 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
4 ~	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
С	reportable gaming (gambling) winnings to prize winners?	10	×	
	reperiment demonstration and transfer to be the common of		200	

art	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling 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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
þ	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	7.		
ь	and services provided to the payor?	7a 7b		×
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
С	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "You" extent the apparent of the exempt interest received or approach the year.	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
o	Note. See the instructions for additional information the organization must report on Schedule O.	TOA		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		
	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		
	If "Yes." complete Form 4720, Schedule O.			
			000	

Page **6** 

Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI									
Secti	on A. Governing Body and Management			. <u> x </u>						
0001	on A. deventing body and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	3		<u> </u>						
	If there are material differences in voting rights among members of the governing body, or	1								
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	×						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		† <b>^</b>						
6	Did the organization have members or stockholders?	6	<u> </u>	×						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<del>                                     </del>						
	one or more members of the governing body?	7a		×						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	stockholders, or persons other than the governing body?	7b		×						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	×							
b	Each committee with authority to act on behalf of the governing body?	8b	×							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		×						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		×						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×						
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		<u>×</u>						
14	Did the organization have a written document retention and destruction policy?	14	-	×						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	$\vdash$	×						
þ	Other officers or key employees of the organization	15b		×						
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	×						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b		<u></u>						
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Sec	tion t	501(c)						
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	y, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>							

Form 990 (2018) Page **7** 

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

## 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization not	r any relate	d org	aniz	atio	по	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				,	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per week (list any	office				or/trust	tee)	compensation trom	compensation from related	amount of other
	flours for	8 2	Ens.	Officer	줎	要差	Former	the	organizations	compensation
	related	di di	1 5	icer	Key employee	000	J. T.	organization	(W-2/1099-MISC)	from the
	organizations below dotted	og La	l ona		1plo	86.0	-	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	ŧ		yee	l g				organizations
		Æ	Institutional trustee			Highest compensated employee				
		<u> </u>	\(\frac{1}{2}\)			8				
(1) Scotlund Haisley	40.00									
President and Founder, Board President		×					×	159,879.	0.	
(2) Timothy Woodward							_	159,679.	0.	0.
Chief Operating Officer, Board Member	40.00	×		×				62,430.	0.	0.
(3) Chris Hoar	10.00	<del>!                                    </del>						02,430.	0.	0.
Board Member	110.00	×						0.	0.	ο.
(4) Alicia Pell	10.00						· · · · · ·			
General Counsel, Board Member	1	×						0.	٥.	٥.
(5)										
(6)										
.(0)										
(7)										
							<u> </u>			
(8)										
-										
(9)										
146)										
(10)										
(11)										
							<u> </u>			
(12)	ļ 									
(13)	-									
(10)	<del> </del>									
(14)										
	1		1	1	1	I	1	1	ı	1

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	/do.n	at de		ition:	e than c	שנור	(D)	(E)	{F}			
	Name and title	Average					is both		Reportable	Reportab			mated	
		hours per week (list any	office	er and	dad	lirect	or/trust		compensation trom	compensation related			aunt of ther	
		hours for	8 3	F 15	2 €	₩.	BE	D.	the	organizat:			ensatio	on
		related	800	#	Officer	y er	52	Former	organization	(W-2/1099-N			n the	
		organizations below dotted		ion		Key employee	e a	]	(W-2/1098-MISC)				nizatio: related	
		line)	T. T.	el tr		yee	<u>=</u>						ization	
			ije e	histitutional trustee		"	Highest compensated employee					-		
				ď			a d							
(15)														
3.137														
(16)														
X														
(17)						<b>-</b>								~~~~~
X117														
(18)														
1														
(10)														
Y.37														
(20)														
32.77														
(21)								<del> </del>						<del></del>
3=:7														
(22)														
XTT/														
(23)														
X7.77														
(24)														
X7.11														
(25)						ļ		<del> </del>						
32														
1b	Sub-total		٠			٠.		<b></b>	222,309.		0.			0.
	Total from continuation sheets to Part							•						
								<b>•</b>	222,309.		0.			0.
2	Total number of individuals (including but	not limited	to th	ose	list	ted	above	e) w		ore than \$1	00.000	of		
_	reportable compensation from the organi						1	,			00,000	•		
	, ,												Yes	No
3	Did the organization list any former of	ficer direc	tor c	ar tr	usta	ee.	kev e	-mr	lovee or high	est compe	nsated	[		<u> </u>
•	employee on line 1a? If "Yes," complete s											3	×	
4	For any individual listed on line 1a, is the													
7	organization and related organizations													
	individual											4	×	
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fros	m anv	/ un	related organiz	ation or inc	lividual			<b>*****</b>
•	for services rendered to the organization?											5		×
Section	n B. Independent Contractors													<u> </u>
1	Complete this table for your five highest of	compensat	ed ind	lene	end	ent	contr	acti	ors that receive	ed more tha	ın \$100.	100 of		
•	compensation from the organization. Rep													ax
	year.								,		- J			
	(A)								(8)			(C)		
	Name and business address Description of services							C	ompens	ation				
								<u> </u>						
2	Total number of independent contractor							) th	iose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	<u> </u>							

-811	VIII	Check if Schedule O contains a response or note to	any line in this	Part VIII		
		22. 22. 22. 23. 34. 75. portion of Hotel	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512~514
Contributions, Gifts, Grants and Other Similar Amounts	ta b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d				
Contributions and Other Sin	e f g h	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-if: \$  Total. Add lines 1a-if: \$	826,310.			
Program Service Revenue	2a b	Business Code				
Program Ser	d e f g	All other program service revenue .  Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and other similar amounts)	90.	90.	0.	0.
	5	Royalties				
	6a b c	Gross rents  Less: rental expenses  Rental income or (loss)				
		Net rental income or (loss)			<del> </del>	<del></del>
	С	Less: cost or other basis and sales expenses .  Gain or (loss)				
nue	d 8a	Net gain or (toss)				
er Revenue		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
O	C	Less: direct expenses			***************************************	**************************************
	c	Less: direct expenses b  Net income or (loss) from gaming activities ▶  Gross sales of inventory, less returns and allowances a 3,809.				
		Less: cost of goods sold	-113.	-113.	0.	0.
	tta b					
	d e 12	All other revenue  Total. Add lines 11a-11d	826.287	-23	0	0

Page 10

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (**B)** Program service (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2,548. 2,548. Grants and other assistance to domestic individuals. See Part IV, fine 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 140,180. 105,135. 35,045. 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 147,575. C. 0. 147,575. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . . . 9 28,068. 4,799. 32,867. 0. 10 Payroll taxes . . . . . . . . . . . . . . . . . 10,504. 2,687. 0. 13,191. Fees for services (non-employees): 11 а Management , , , , , . . . Legal . . . . . . . . . . . . 31,500. b 31,500. 0. Accounting . . . . . . . . . . 8,366. Ο. 8,366. 0. Professional fundraising services. See Part IV, line 17 e Investment management fees . . . . . . Other, (If line 11g amount exceeds 10% of line 25, column q (A) amount, list line 11g expenses on Schedule O.) . . . 42,478. 0. 42,478. C 12 17,436. Ο. C. 17,436. 13 2,813. Ο. 2,813. Ο. Information technology . . . . . . . . 6,195. 0. 6,195. 14 0. 15 16 7,986. 7,986. Ĉ. 0. 101,413. 101,413. 17 C. 0, Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0.\_ 19 Conferences, conventions, and meetings . . 449 449 С. 20 1,771. 1,771. C. 0. Payments to affiliates . . . . . . . . 21 0. 8,596. 8,308. 288. Depreciation, depletion, and amortization . 22 6,285. 10,401. 4,116. 23 0. Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,371. 3,733. 638. 0.\_ Workers Comp Insurance Equipment Rental 6,244. 6,244. C . c Shelter Assessments and Training 58,448. 0... 58,448. С. d Store Expense 3,595 0. 3,595. C . 237,613. 125,513. All other expenses 106,557. 5,543. Total functional expenses. Add lines 1 through 24e 25 886,036. 657,884. 205,173. 22,979. 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 Fig. following SOP 98-2 (ASC 958-720)

Form 990 (2018) Page **11** 

Pari	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this	Part X		[
		(A) Beginning of year		( <b>B</b> ) End of year
Τ.	1 Cash—non-interest-bearing	47,794.	1	84,408
	2 Savings and temporary cash investments		2	
1 :	3 Pledges and grants receivable, net		3	
4	4 Accounts receivable, net	86,475.	4	18,91
1	5 Loans and other receivables from current and former officers, directors	3,		
	trustees, key employees, and highest compensated employees	s.		
	Complete Part II of Schedule L		5	
١,	6 Loans and other receivables from other disqualified persons (as defined under section	19		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficial			
	organizations (see instructions). Complete Part It of Schedule L		6	
-	7 Notes and loans receivable, net		7	
1	B Inventories for sale or use	15,944.	8	15,94
	Prepaid expenses and deferred charges		9	
11	0a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 175, 513	2,		
	b Less: accumulated depreciation 10b 65,799	118,310.	10c	109,71
1.			11	
1:	• •		12	
1:	·		13	
14			14	
1:	•		15	
10		268,523.	16	228,97
17		19,778.	17	46,60
11			18	
15	9 Deferred revenue		19	
20			20	
2			21	
2:	· · · · · · · · · · · · · · · · · · ·	s,		
1	trustees, key employees, highest compensated employees, an			
	disqualified persons. Complete Part II of Schedule L		22	
2	3 Secured mortgages and notes payable to unrelated third parties	81,563.	23	75,04
24			24	
2	· ·	d		
-	parties, and other liabilities not included on lines 17–24). Complete Part			
	of Schedule D	1,946.	25	
20	Total liabilities. Add lines 17 through 25	103,287.	26	121,65
	Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 a	nd		
	complete lines 27 through 29, and lines 33 and 34.			
27	7 Unrestricted net assets	115,236.	27	57,32
2	B Temporarily restricted net assets	50,000.	28	50,00
25			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ ar	nd		
	complete lines 30 through 34.		20	
30	· · · · · · · · · · · · · · · · · · ·		30	
3	• 1		31	
3		165 006	32	107 70
2: 2: 2: 3: 3: 3:		165,236. 268,523.	33	107,32 228,97
34	4 Total liabilities and net assets/fund balances	400,023.	34	Form <b>990</b> (2)

Form 990 (2018) Page 12 Part X Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 🗀 1 826,287. 2 2 Total expenses (must equal Part IX, column (A), line 25) 886,036. 3 3 -59,749. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . 4 165,236. 5 5 6 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 105,487. Part XII Financial Statements and Reporting Yes Νo Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 **b** Were the organization's financial statements audited by an independent accountant? 2b х 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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 X If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1337.

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2018)

×

3a

3b

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

2018

Open to Public Inspection

Vame	ame of the organization Employer identification number											
Ariin	ıal	Resdue Corps Inc.					90-0640069					
Par	t I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.				
The c	rga	inization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ie box.)					
1		A church, convention of church	nes, or association	on of churches descri	ibed in <b>se</b>	ction 17	0(b)(1)(A)(i).					
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)					
3		A hospital or a cooperative hos										
		A medical research organization		•				(iii). Enter the				
	_	hospital's name, city, and state										
5	П	An organization operated for t	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in				
	_	section 170(b)(1)(A)(iv). (Comp		,		'	, 0					
6	$\Box$	A federal, state, or local govern		mental unit described	lin sectio	on 170(b)	(1)(A)(v).					
7												
	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	П	A community trust described in		·	Part II.)							
9	_	An agricultural research organi				erated in	conjunction with a l	and-grant college				
	_	or university or a non-land-grad										
		university:					•	•				
10		An organization that normally r	eceives: (1) more	e than 33 /2% of its su	upport fro	m contril	outions, membershi	p fees, and gross				
		receipts from activities related support from gross investment	to its exempt fur	nctions—subject to co	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its				
		acquired by the organization a						Dusinesses				
11	$\Box$	An organization organized and		•			•					
	_	An organization organized and	•		,			rry out the ourgoses.				
	_	of one or more publicly suppo										
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g.				
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s).	typically by giving				
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the				
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.							
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having				
		control or management of t	the supporting a	rganization vested in	the same	persons	that control or man	age the supported				
		organization(s). You must o	complete Part l	V, Sections A and C.								
C		<ul> <li>Type III functionally integral</li> </ul>						ally integrated with,				
		its supported organization(	s) (see instructio	ns). <b>You must comp</b> i	lete Part	IV, Secti	ons A, D, and E.					
d		Type III non-functionally i	-									
		that is not functionally integ						nd an attentiveness				
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	id Part V.					
е		<ul> <li>Check this box if the organ</li> </ul>						e II, Type III				
	_	functionally integrated, or T	•		oporting o	organizati	ion.					
f		nter the number of supported c										
9		rovide the following information					ľ	Г				
	(i) 1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
					168	NO						
(A)												
(B)												
·~												
(C)												
(D)												
-,												
(E)												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 374,662. 580,153. 565,774. 709,281. 2,229,870. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . . 374,662. 580,153. 565,774. 709,281. 2,229,870. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 2,229,870. Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 (f) Total 580,153. Amounts from line 4 . . . . . . . 374,662. 565,774. 709,281 2,229,870. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . Total support. Add lines 7 through 10 11 2,229,870. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test – 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

	if the organization rails to quality	auger rue re	sis listed bei	ow, please cu	mpiete Part	11.7	
	on A. Public Support				T		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose  Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						_
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support		<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(,	(-)	(-,	(-,	(-,	(7 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40							
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.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectic	n 501(c)(3)
	organization, check this box and stop he		· · · · ·				<b>&gt;</b> 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8						
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment Inc			aulino 12. och	ump (fl)	17	n/
17 18	Investment income percentage for <b>2018</b> (Investment income percentage from <b>2017</b> )			-		17	<u>%</u>
19a	33 <sup>1</sup> /3% support tests—2018. If the organ						
1 छत	17 is not more than 33½%, check this box						
b	331/x% support tests – 2017. If the organiz						_
~	line 18 is not more than 331/8%, check this b						
20	Private foundation. If the organization di		-		-	-	_

## Part IV Supporting Organizations

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

		V	NI.
Section A	. All Supporting Organizations		
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V	<b>'</b> .)	
	and all it for an animal teach and it and it and it and an it and an it and an it and it an it and it an it and it an it and it an it and it a		

			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? 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? <i>If "Yes," provide detail in Part VI.</i>	5c 6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10h		

Schedu	le A (Form 990 or 990-EZ) 2018			Page <b>5</b>
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Seci	on B. Type (Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	res	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.		struct	
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

3a

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**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.* 

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2018 Page **6** 

### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 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. (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035. 6 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y int	tegrated Type III supporting	organization (see
instructions).			

1

2

3

4

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

2 Enter 85% of line 1.

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Current Year

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name c	of the organization		Employer identification number
Ani	mal Rescue Corps Inc.		90-0640069
Par		ised Funds or Other Similar Fun	
	Complete if the organization answered "		
	94 <u>94</u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1,	1,,
2	•		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	=	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education)   Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	'	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easement.		1
	Number of conservation easements on a certified h		• •
d	Number of conservation easements included in		
u	historic structure listed in the National Register		1 1
2			
3	Number of conservation easements modified, trans	sterred, released, extinguished, or terr	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	► \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	·	
b	· · · · · · · · · · · · · · · · · · ·		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati	•	addation, or research in tortherance of
			<b>.</b> Φ
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
	tollowing amounts required to be reported under SI		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

Sched	ule Di(Cor	2018											μį	age <b>2</b>

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar Ass	sets (co	ntini	ued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of the	follov	ving that are a si	gnifican	use	of its
a	<ul> <li>Public exhibition</li> </ul>		d	🗌 Loan	or exchange	e prog	rams			
b	Scholarly research		е	Other						
c	Preservation for future generation	S								
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how ti	hey further t	the org	anization's exem	pt purp	ose ir	n Pari
5	During the year, did the organization assets to be sold to raise funds rathe							r ∐ Ye	as [	No
Part										
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, line	9, or	reported an am	ount or	ı For	m
	990, Part X, line 21.									
fa	is the organization an agent, trustee included on Form 990, Part X?							t 	es [	_ No
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:		An	nount		
C	Beginning balance					10	:			
d	Additions during the year					10				
е	Distributions during the year					1e				
f	Ending balance					1f				
<b>2</b> a	Did the organization include an amou									No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been j	orovide	ed on Part XIII .			
Par	V Endowment Funds.									
	Complete if the organization									
		(a) Current year	( <b>b)</b> Pri	or year	(c) Two years	back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
¢	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a)	) held :	as:			
а	Board designated or quasi-endowme	nt 🕨	%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and		00%.							
За	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held a	and ad	ministered for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as requi	red on So	chedule R?			3b		
4	Describe in Part XIII the intended use	s of the organization	on's endo	wment fo	ınds.					
Part	VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	" on For	m 990, f	art IV, line	11a.	See Form 990,	Part X,	line 1	10.
	Description of property	(a) Cost or et (investm			ir other basis ther)		Accumulated apreciation	(d) Boo	k valu	e
1a	Land		0.							0.
b	Buildings			1	13,039.		9,661.	1	03,3	378.
С	Leasehold improvements			*******			·····			
d	Equipment				62,473.		56,138.		6,3	35.
ę	Other									
Total.	Add lines 1a through 1e. (Column (d) r	nust egual Form 9:	90, Part	X, column	(B), line 10	c.)	>	1	09,7	713.

	<ul> <li>Complete if the propriestion</li> </ul>	r aneworad "Vae" on Fol	on 000 Part IV line	e 11b. See Form 990, Part X, line 12
	(a) Description of security or o (including name of secur	alegory	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
I) Financia	I derivatives			
	held equity interests			
) Other				
(A)				
(B)				
(C) (D)			-	
(E)				
(F)				
(G)				
(H)				
tal. (Column)	(b) must equal Form 990, Part X, col. (B) line 1	2.J <b>▶</b>		
art VIII	Investments—Program Re		rm 990. Part IV. line	e 11c. See Form 990, Part X, line 13
	(a) Description of investm		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)			<b>-</b>	
2)				
3)				
4)				
5)				
6)				
7) 				
8)			1	
(4)			-	
	thi must acual Form 900, Part V, col. (Ri fina 1	121 🛌	•	
	(b) must equal Form 990, Part X, col. (B) line 1	3.) ▶		
otal. (Column i	Other Assets.		rm 990. Part IV. line	e 11d. See Form 990. Part X. line 15
<b>ital.</b> (Column )	Other Assets.		rm 990, Part IV, line	e 11d. See Form 990, Part X, line 15
otal. (Column ) Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column Part IX	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column Part IX 1) 2)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
Part IX  1) 2)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column ) Part IX   1) 2) 3)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
1) 2) 3) 4) 5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
tal. (Column of the Part IX  1) 2) 3) 4) 5)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
1) 2) 3) 4) 5) 6) 7)	Other Assets.	answered "Yes" on Fo	rm 990, Part IV, line	
ntal. (Column ) Part IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization	answered "Yes" on Fo		(b) Book value
ntal. (Column ) Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization  imn (b) must equal Form 990, Par Other Liabilities.	answered "Yes" on Fo		(b) Book value
ntal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization  imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo		(b) Book value
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization  imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered "Yes" on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation of the columnation of th	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (Columnatio	Other Assets. Complete if the organization  imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.  (a) Description of liability	answered "Yes" on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) B) 9) otal. (Columnation (Columnatio	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
1) 2) 3) 4) 5) 6) 7) B) 9) otal. (Columnation (Columnatio	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (Columnatio	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
1) 2) 3) 4) 5) 6) Part X  1) 1) 2) 3) 4) 5) 6) 7) 8) 9) Otal. (Columnation of the columnation of the columna	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
1) 2) 3) 4) 5) 6) 7) Part IX  1) 2) 3) 4) 5) 6) 7) Federal in 2) Payrol 3) 4) 5) 6) 7)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colument X  (1) Federal in (2) Payrol (3) (4) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo	rm 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) Payrol (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25. (a) Description of liability neome taxes	answered "Yes" on Fo  (a) Description  If X, col. (B) line 15.)  answered "Yes" on Fo  (b) Book value	rm 990, Part IV, line	(b) Book value

Schedule D (florm 990) 2018

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents '	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		,	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)			1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				r Re	turn,
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
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			1	
c	Other losses				
d	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		, .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	į i			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part	XIII Supplemental Information.			<b></b>	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV, lines 1b and 2t	; Part	V, line 4; Part X, line
2; Par	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional ir	ıforma	tion.

	Page <b>5</b>
ntal Information (continued)	
	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revecue Service

## **Compensation Information**

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

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

► Attach to Form 990,

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

OMB No. 1545-0047

湿**⊕18** Open to Public

Inspection

Animal Rescue Corps Inc. 90-0640069 Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use. Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments. Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: × 4a × b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . 4b × c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . 4c 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. For persons listed on Form 990. Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? . . . . . 5a × × 5h If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: × × **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III, For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed × 7 Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe × 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

sation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the ny individuals that aren't listed on Form 990, Part VII.

ir 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-MISC compensation			(O) Detirous and			(E) Componentian
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	( <b>E)</b> Total of columns (B)(i)−(D)	(F) Compensation in column (6) reported as deterred on prior Form 990
(i)	77,750.	0.	82,129.	0.	0.	159,879.	0.
(ii)	٥.	0.	0.	٥.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(6)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)					*		***************************************
(ii)							
(0)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)			.,				
(ii)							
(0)							
(ii)							
(i)						 	
(ii)							
(i)							
(ii)							
(i)		, , , , , , , , , , , , , , , , , , , ,			ļ 		
(ii)							

REV 11/05/18 PRO Schedule J (Form 990) 2018

	•
Page	J

n <mark>ation</mark> tion, 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				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
2. CVAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Animal Rescue Corps Inc.	90-0640069			
Pt VI, Line 11b: Form 990 is prepared by an outside tax professional. The form				
is reviewed by the organizaton's Chief Operation Officer who discusses the return				
with the outside preparer. The return is them reviewed by the organization's				
legal counsel and board members and modified if necessary. After	final approval,			
the Form 990 is electronically filed with the Internal Revenue Se	rvice.			
Pt VI, Line 19: All of the organization's tax filings are availab	le for inspection			
by tax authorities. The IRS Form 990 is available for inspection	by the general			
public on the organization's website and copies are also availabl	e upon request.			
Pt VI, Line 5: Former board member who also acted in an employee	capacity for			
the organization, incurred expenses in the amount of \$88,890 without producing				
the appropriate documentation as to the validity for their organizational purpose.				
The board member has since been removed from office and the unaut	horized expenses			
were allocated to him as taxable income.				
Pt IX, Line llg:				
Description: Veterinarian				
Total: \$27,385				
Program services: \$27,385				
Description: Animal Transport/Care				
Total: \$6,208				
Program services: \$6,208				
Description: Professional Services				
Total: \$8,885				
Program services: \$8,885				
Pt IX, Line 24e:				
Description: Licenses				

Schedula O (Form 990 or 990-EZ) (2018)  Name of the organization	Employer identification number
Animal Rescue Corps Inc.	90-0640069
Total: \$839	
Program services: \$0	
Management and general: \$839	
Fundraising: \$0	
Description: Bank Service Charges	
Total: \$16,828	
Program services: \$0	
Management and general: \$16,828	
Fundraising: \$0	
Description: Uniforms	
Total: \$12,027	
Program services: \$12,027	
Management and general: \$0	
Fundraising: \$0	
Description: Telephone	
Total: \$9,119	
Program services: \$9,119	
Management and general: \$0	
Fundraising: \$0	
Description: Postage & Shipping	
Total: \$4,278	
Program services: \$834	
Management and general: \$0	
Fundraising: \$3,444	
Description: Rescue Supplies	
Total: \$89,336	
Program services: \$89,336	

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Employer identification number
Animal Rescue Corps Inc.	90-0640069
Management and general: \$0	
Fundraising: \$0	
Description: Storage Expense	
Total: \$1,927	
Program services: \$1,927	
Management and general: \$0	
Fundraising: \$0	
Description: Printing Expense	
Total: \$452	
Program services: \$452	
Management and general: \$0	
Fundraising: \$0	
Description: Vehicle Expense	
Total: \$11,818	
Program services: \$11,818	
Management and general: \$0	
Fundraising: \$0	
Description: Marketing Fees	
Total: \$737	
Program services: \$0	
Management and general: \$0	
Fundraising: \$737	
Description: Website	
Total: \$818	
Program services: \$0	
Management and general: \$0	
Fundraising: \$818	

Name Employer Identification No.
Animal Rescue Corps Inc. 90-0640069

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Licenses	839.	0.	839.	0.
Bank Service Charges		0.	16,828.	0.
Uniforms	16,828.			
	12,027.	12,027.	0.	0.
Telephone Schinging	9,119.	9,119.	0.	0.
Postage & Shipping	4,278.	834.	0.	3,444.
Rescue Supplies	89,336.	89,336.	0.	<u> </u>
Storage Expense	1,927.	1,927.	0.	0,
Printing Expense	452.	452.	0.	0.
Vehicle Expense	11,818.	11,818.	0.	0.
Marketing Fees	737.	0.	0.	737.
Website	818.	0.	0.	818.
Meals	352.	0,	0.	352.
Misc Fundraising Costs	192.	0.	0.	192 <i>.</i>
Unreimbursed employee expenses	88,890.	0.	88,890.	0.
Total to Form 990, Part IX, line 24e	237,613.	125,513.	106,557.	5,543.