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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the 2	020 calend	dar year, or tax year beginning	, 2020	0, and end	ing	_		, 20						
В	Check if ap	oplicable:	<b>C</b> Name of organization Animal	Rescue Corps Inc.				D Emple	oyer identification number						
	Address ch	hange	Doing business as					90-06	640069						
	Name char	nge	Number and street (or P.O. box if m	ail is not delivered to street addres	ss)	Room	/suite	E Teleph	none number						
$\Box$	Initial retur	'n	1380 Monroe Street	NW #326				(855	272-6777						
$\Box$	Final return	/terminated	City or town, state or province, coul	ntry, and ZIP or foreign postal code	 e										
П	Amended i	return	Washington, DC 2001					<b>G</b> Gross	receipts \$ 945,749.						
$\overline{\Box}$	Application	n pendina	F Name and address of principal office	er:			H(a) Is this a gro	up return fo	or subordinates? Yes No						
_		, ,	Timothy Woodward, 1380 Morose		DC 20010-	-3452									
ı	Tax-exemp	ot status:	▼ 501(c)(3)	) ◀ (insert no.) 4947(a)(1)					st. See instructions						
J	Website:	▶ www.a	nimalrescuecorps.org				H(c) Group ex	emption	number ►						
			Corporation Trust Association	on Other ► L	Year of for	mation	2010	M State	of legal domicile: DC						
	art l	Summa													
			cribe the organization's missio	n or most significant activit	ies: To end	anim:	al suffering	through	direct and compassionate						
ĕ															
auc		action, and to inspire the highest ethical standards of humanity towards animals. The organization rescues animals who fall victim to abuse and natural disaster.													
ern			box ▶ ☐ if the organization d												
Š			voting members of the govern		-			3	3						
8	1		independent voting members					4	2						
es	1		per of individuals employed in			-		5	4						
ΞĒ			per of volunteers (estimate if ne	-	-			6	1,713						
Activities & Governance	1		ated business revenue from Pa	- ·				7a	0.						
•			ed business taxable income fr	* **				7b	0.						
	0 1	vot unicial	ed business taxable income in	01111 01111 000 1, 1 art 1, 11110		Ť	Prior Year		Current Year						
	8 0	Contributio	ons and grants (Part VIII, line 1h	508,		944,319.									
Revenue	1		ervice revenue (Part VIII, line 2	300,	304.	944,319.									
Ver		•	: income (Part VIII, column (A),					2.2	43.						
æ	1		nue (Part VIII, column (A), lines	•			1	33. 403.	-484.						
	1		ue—add lines 8 through 11 (mu												
			l similar amounts paid (Part IX,				510,		943,878.						
			aid to or for members (Part IX,				4,	135.	8,066.						
	1		her compensation, employee be		171	622	252 062								
Expenses	1		al fundraising fees (Part IX, col		,		174,	032.	252,063.						
en	1				0,096.										
Ä	1		aising expenses (Part IX, colur enses (Part IX, column (A), lines				431,	202	E20 120						
	1	-							528,128.						
	1	-	nses. Add lines 13–17 (must ed				610,		788,257.						
_ 0	19 F	revenue ie	ess expenses. Subtract line 18	110111 IIII e 12		- Dan	-100,		155,621.						
Net Assets or Fund Balances	<b>20</b> T	otal cas-	o (Dort V. line 16)			ьед	inning of Curre		End of Year						
\sse Bala	20 1		s (Part X, line 16)				126,		252,216.						
n (	21 T		ties (Part X, line 26)				119,		89,321.						
	22 N art II		or fund balances. Subtract line	e 21 from line 20			/,	274.	162,895.						
			I declare that I have examined this ret e. Declaration of preparer (other than of						ny knowledge and belief, it is						
		· ·			<u> </u>			/10/0	.001						
Sid	gn	Signatu	ure of officer				Date	/12/2	1021						
	ere	-					Date								
116			othy Woodward, Execut r print name and title	live Director											
		71		Preparer's signature	1	Date			; PTIN						
Pa	id	1		,			16/2021	Check   self-emp	<del>丿</del> ".]						
	eparer	Fi		Dana McGuffin CPA		08/	16/2021		1 100373137						
Us	e Only	Firm's nan							26-3073039						
N 4 -			ress ► 231 E SOUTHLAKE I					•	17)488-8939						
ıvıa	y the IRS	aiscuss 1	his return with the preparer sh	own above? See instruction	ns				. ⋉Yes LNo						

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	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.
	The Organization rescues animals who fair victim to abuse and natural disaster.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 670,051. including grants of \$ 8,066.) (Revenue \$ 944,319.)
	The organization conducted numerous cruelty investigations throughout the year. The
	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. In 2020,
	the organization conducted 19 operations in Tennessee, Arkansas, Louisana,
	Mississippi and Georgia. These operations provided relief for
	local shelters, assissted with hoarding situations that put animals in danger and aided with animal abandonment cases.
	in danger and arded with animal abandonment cases.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Codd:) (Expended $\psi$ )
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 670,051.
	·   - ·

Part l	V 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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	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		×
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	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		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ū	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	×	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part 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, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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? <i>If "Yes," complete Schedule R, Part I </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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 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? <i>If "Yes," complete Schedule R, Part VI</i>	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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Fortunation and the Boundaries Boundaries Boundaries and the Company of the Compa		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? .	2b	×	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>			
3a		[	За		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	) . T	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	ty 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 filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	[	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	ion?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	[	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dorganization solicit any contributions that were not tax deductible as charitable contributions?	did the	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions or	-		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	_		
_	and services provided to the payor?		7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<del>-</del>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was	_		
	required to file Form 8282?		7с		×
	If "Yes," indicate the number of Forms 8282 filed during the year	0	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	<del>-</del>	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	<del>-</del>	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	· -	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	-	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organization have excess business holdings at any time during the year?		•		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	+	9a 9b		
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-			
11	Section 501(c)(12) organizations. Enter:	-			
··· a	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources	-			
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	· · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	[	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
	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 on Schedule	<del>-</del>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerar				
	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 included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment included in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax of	come?	16		
	If "Ves." complete Form 4720. Schedule O				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   3			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .			
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			
4	supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<u>×</u>
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
14	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 on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	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? <i>If "No," go to line 13 </i>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>×</u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	v	
13	describe in Schedule O how this was done	12c	×	×
14	Did the organization have a written document retention and destruction policy?	14		<u>~</u>
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
a	The organization's CEO, Executive Director, or top management official	15a		×
b	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		×
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	401-		
Socti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 900 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-			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  In the 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.  In the 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.  In the 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.  In the 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.	(Sec	uon t	)U I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b></b>	
	Timothy Woodard, 1380 Monroe St NW #326, Washington, DC 20010 (415)299-002			

Form 990 (2020) Page **7** 

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if heither the organization hol	r any relate	a org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(6	C)					
(A)	(B)	(do n	Position (do not check more than one					(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below	box, office Individua	unles	ss pe	rson	e is both Highest compensated employee	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	dotted line)	ee e	stee			nsated				
(1) Loni Porter	10.00									
Director		×						0.	0.	0.
(2) Timothy Woodward  Executive Director, Board Member	<b>.</b>	×		×		×		80,418.	0.	0.
(3) Lasca Lovitt Director	10.00	×						0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continue	d)
					•	C)							_
	(A)	(B)	(do n	ot ch		ition mor	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation		Estimated amount of other	
		per week	-			_	or/trust	—	from the	from rela		compensation	
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	lighe	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-		from the organization and	
		related	dual	tior	¥	mpl	st c	<u> </u>	(11 2/ 1000 111100)	(11 2/ 1000		related organization	ıS
		organizations below	trus	lal tr		oyee	) mp						
		dotted line)	tee	Institutional trustee			Highest compensated employee						
				U			ied.						_
(15)			-										
(16)													—
(10)			-										
(17)													_
													_
(18)			_										
(4.0)													—
(19)			-										
(20)													_
32													
(21)													
													_
(22)			-										
(23)													—
(20)			1										
(24)													_
													_
(25)													
1b	Subtotal								80,418.		0.	0	<u> </u>
C	Total from continuation sheets to Part	 VII Sectio	 n Δ	٠	•	•			00,410.		0.	0	·
d	Total (add lines 1b and 1c)							<b>•</b>	80,418.		0.	0	<u> </u>
2	Total number of individuals (including but						above	e) w		e than \$10	0,000		_
	reportable compensation from the organi	ization ►											_
												Yes No	<b>)</b>
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> of the complete of the com											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												
Cooti	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compl	ete	Sch	nedi	ule J t	for s	such person .		<u> </u>	5 X	<u>:</u>
1	Complete this table for your five high	neet comp	oncat		ind	200	ndent		entractors that r	eceived n	nore	than \$100,000	_ of
	compensation from the organization. Rep												
	(A)	<u>'</u>						Ť	(B)			(C)	_
	Name and business add	Iress							Description of serv	rices		Compensation	
													_
													_
													—
													_
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limi	ted to	th	nose listed abov	e) who			
	received more than \$100,000 of compens	•	_							<i>'</i>			

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	າy line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	С	Fundraising events			1c					
fts,	d	Related organization			1d					
<u>a</u>	е	Government grants			1e	28,600.				
ns,	f	All other contribution	•	,		,				
e Si	•	and similar amounts no			1f	915,719.				
혈美	а		sh contributions included in							
a t	9	lines 1a–1f			1g	\$ 65,810.				
a S	h	Total. Add lines 1a-					944,319.			
						Business Code	7 1 1 7 1 1 7			
e e	2a									
ام جَ	b									
gram Ser Revenue	c									
E è	d									
gra Re	e									
Program Service Revenue	f	All other program se								
<u>-</u>	g	Total. Add lines 2a-				•				
		Investment income								
	3	other similar amoun					43.	43.	0.	0.
	4	Income from investr					43.	43.	0.	0.
	5	Royalties			•	•				
	3	noyanies	<u></u>	(i) Rea		(ii) Personal				
	6-	Cuasa nanta	6-	(i) Hea		(ii) i ersonai				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)		_\						
	d	Net rental income o	r (los	,						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	l _							
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
je	С	Gain or (loss)	7c							
-	d	Net gain or (loss)				▶				
Other	8a	Gross income fro		ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	nts <b>&gt;</b>				
	9a	Gross income f								
		activities. See Part I			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss)	) from	n gaming a	tivitie	es <b>&gt;</b>				
	10a	Gross sales of ir		ory, less						
		returns and allowan			10a	1,387.				
	b	Less: cost of goods			10b	1,871.				
	С	Net income or (loss)	) from	sales of in	vento	pry ▶	-484.	-484.	0.	0.
<u>s</u>						Business Code				
eor	11a									
Miscellaneous Revenue	b									
e e	С									
isc R	d	All other revenue								
Σ	е	Total. Add lines 11a	a–11c	1		🕨				
	12	Total revenue. See				🕨	943,878.	-441.	0.	0.

### 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 . . . (**D**) Fundraising expenses **(B)** Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 8,066. 8,066. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . 80,417. 60,313. 20,104. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages . . . . . . 3,200. 28,566. 128,518. 96,752. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 21,213. 15,910. 5,303. 0. 10 Payroll taxes . . . . . . . . . . . 21,915. 11,899. 7,473. 2,543. Fees for services (nonemployees): 11 Management . . . . . . . . . . Legal . . . . . . . . . . . . . . . . 15,756. 0. 15,756. 0. Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 252,161. 245,948. 6,213. 0. 12 Advertising and promotion . . . . . . 5,725. 5,023. 0. 702. 13 Office expenses . . . . . . . . 3,828. 458. 2,614. 756. Information technology . . . . . . 14 4,796. 4,796. 0. 0. 15 0. Occupancy . . . . . . . . . . . . . 11,383. 11,383. 16 0. 68,378. 68,378. 17 0. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0. 0. 19 Conferences, conventions, and meetings . 1,724. 1,724. 2,269. 5,362. 3,093. 0. 20 21 Payments to affiliates . . . . . . . 8,073. 7,785. 288. 0. 22 Depreciation, depletion, and amortization . 23 6,358. 0. 6,358. 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. Workers Comp Insurance 1,676. 1,257. 419. 0. 192. 192. 0. Equipment Expense Shelter Expense 44,464. 44,464. 0. С 0. Supplies 61,220. 61,220. 0. 0. All other expenses 37,032. 26,186. 9,530. 1,316. 25 **Total functional expenses.** Add lines 1 through 24e 788,257. 670,051. 78,110. 40,096. 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 ► ☐ if following SOP 98-2 (ASC 958-720) . . .

# Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in	tilis i ai	(A) Beginning of year		
	1	Cash—non-interest-bearing		3,131.	1	53,204.
	2	Savings and temporary cash investments		- <b>,</b>	2	<b>,</b>
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4,197.	4	66,258.
	5	Loans and other receivables from any current or former officer, dir				·
		trustee, key employee, creator or founder, substantial contributor, o controlled entity or family member of any of these persons			5	554.
	6	Loans and other receivables from other disqualified persons (as dunder section 4958(f)(1)), and persons described in section 4958(c)(3)				
,	7	Notes and loans receivable, net	<i>′</i> ` <i>′</i> ⊢		7	
Assets	8	Inventories for sale or use	_	14 515	8	14 515
Ass	9	Prepaid expenses and deferred charges		14,515.	9	14,515.
•					9	
	10a	•	,646.			
	b	'	,961.	104,623.	10c	117,685.
	11	Investments—publicly traded securities	<u> </u>		11	
	12	Investments—other securities. See Part IV, line 11	-		12	
	13	Investments—program-related. See Part IV, line 11	<u> </u>		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		126,466.	16	252,216.
	17	Accounts payable and accrued expenses		41,555.	17	13,582.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	_		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I			21	
Liabilities	22	Loans and other payables to any current or former officer, dir trustee, key employee, creator or founder, substantial contributor, o	r 35%			
iab		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third parties .		71,859.	23	68,083.
	24		: . :		24	
	25	Other liabilities (including federal income tax, payables to related parties, and other liabilities not included on lines 17–24). Complete				
		of Schedule D		5,778.	25	7,656.
	26	<b>Total liabilities.</b> Add lines 17 through 25		119,192.	26	89,321.
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions	[	6,774.	27	162,395.
J B	28	Net assets with donor restrictions		500.	28	500.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► [ and complete lines 29 through 33.				
o	29	Capital stock or trust principal, or current funds	[		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds			31	
et /	32	Total net assets or fund balances	[	7,274.	32	162,895.
ž	33	Total liabilities and net assets/fund balances		126,466.	33	252,216.
				<u> </u>		Form <b>990</b> (2020

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Theck if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12). 2 788, 257.  2 Total expenses (must equal Part XI, column (A), line 25). 2 2788, 257.  3 Revenue less expenses. Subtract line 2 from line 1. 3 155, 621.  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 7, 274.  Net unrealized gains (losses) on investments 5  6 Donated services and use of facilities 6  1 Investment expenses 7  8 Prior period adjustments 8  9 Other changes in net assets or fund balances (explain on Schedule O) 9  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 162, 895.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 162, 895.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 162, 895.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 162, 895.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 162, 895.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 162, 895.  Part XII Financial Statements and Reporting 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?	Par	XI Reconciliation of Net Assets				
1 Total revenue (must equal Part VIII, column (A), line 12)						. 🔲
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Prior period adjustments  Total Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: □Cash ☒ Accrual □Other  If the organization sinancial statements compiled or reviewed by an independent accountant?  Accounting method used to prepare the ferm 990: □Cash ☒ Accrual □Other  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  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis □Both consolidated and separate basis  Were the organization changed either its oversight process or selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  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-133?  If "Yes," did the organization undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  Be a true of the audit, explain why on Schedule O	1					_
3	2	Total expenses (must equal Part IX, column (A), line 25)	2			
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3		3			
Solution to the composition of the accounting method used to prepare the Form 990: □ Cash ⋈ Accrual □ Other if the organization sinancial statements compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis, or both: □ Separate basis □ Consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated basis □ Solution of an independent accountant? □ Cache	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
Donated services and use of facilities   To Investment expenses   To Investment	5		5			
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10   162,895.  Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:    Cash	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O).  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:   1 Accounting method used to prepare the Form 990:   1 Cash Accual   1 Other  1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  2 X  2 X  2 X  2 X  2 Yes No  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  2 X  2 X  2 X  2 X  2 X  2 X  2 X  2	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8	Prior period adjustments	8			
The continue of the composition of the audit, review, or compilation changed either its oversight of the audit, review, or compilation of its financial statements and Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Soth consolidated and separate basis   Consolidated basis   Soth consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Soth consolidated and separate basis   Consolidated basis   Consol	9	Other changes in net assets or fund balances (explain on Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII		32, column (B))	10	1	62,8	395.
1 Accounting method used to prepare the Form 990: □ Cash ☒ Accrual □ Other □ 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?	Part	XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ☐ 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?		Check if Schedule O contains a response or note to any line in this Part XII				
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?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		_		
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?			plain	in		
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?  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 on Schedule O and describe any steps taken to undergo such audits.  3b						
reviewed on a separate basis, consolidated basis, or both:  Separate basis	<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	×	
<ul> <li>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li></ul>			piled (	or		
b Were the organization's financial statements audited by an independent accountant?  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 on Schedule O and describe any steps taken to undergo such audits.  3b		·				
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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  Sa 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-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  Separate basis  Double Separate basis  Separate basis  Double Sep	b	Were the organization's financial statements audited by an independent accountant?		2b		×
□ 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 × If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ed on	а		
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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  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 on Schedule O and describe any steps taken to undergo such audits.  3b		·				
the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С					
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				×
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-133?			olain c	on		
Single Audit Act and OMB Circular A-133?						
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 on Schedule O and describe any steps taken to undergo such audits .	3a		h in th			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b						×
	b					
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	3b	000	

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

# **Public Charity Status and Public Support**

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

			e Corps Inc.					90-0640069				
Par					organizations mus				ons.			
The c	•		•		s: (For lines 1 through	•	•	,				
1					on of churches descri							
2					(Attach Schedule E (F							
3		•	-		ganization described i onjunction with a hosp				/:::\	tor the		
4			name, city, and stat	•	onjunction with a nosp	Jilai uesc	inbed in s	section 170(b)(1)(A)	( <b>III).</b> ⊏⊓	ter trie		
5		-			college or university	owned c	r operate	ed by a government	al unit	described in		
		•	<b>70(b)(1)(A)(iv).</b> (Com		,		·	, 3				
6					mental unit described							
7					tantial part of its sup	port from	a gover	nmental unit or fron	n the g	eneral public		
			in <b>section 170(b)(1</b> )									
8					(1)(A)(vi). (Complete							
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10	□ A	n organi	zation that normally	receives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees,	and gross		
	re	eceipts fr	rom activities related	to its exempt fu	nctions, subject to ce related business taxal	rtain exc	eptions; a	and (2) no more than	33 <sup>1</sup> /3 <sup>9</sup>	6 of its		
	a	cquired b	by the organization a	ifter June 30, 197	75. See <b>section 509(</b>	a)(2). (Coi	nplete Pa	art III.)	Dusine	:5565		
11	□ A	n organi:	zation organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).				
12					ively for the benefit o							
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а					, supervised, or contr							
					regularly appoint or e ete Part IV, Sections			the directors or trust	ees of	tne		
<b>L</b>				<del>-</del>	-				- :-/-\ k			
b					ed or controlled in co rganization vested in							
					V, Sections A and C		persons	that control of man	age in	e supported		
С		•	` '	-	ting organization oper		onnectio	n with, and function	ally inte	earated with.		
					ns). <b>You must comp</b>				,	,		
d		☐ Type I	III non-functionally	<b>integrated.</b> A su	pporting organization	operated	d in conne	ection with its suppo	rted o	rganization(s)		
					nization generally mu				d an a	ttentiveness		
			•	,	omplete Part IV, Sec		•					
е					a written determination				e II, Typ	oe III		
	Г4				tionally integrated sup	oporting	organizat	ion.				
ı g			umber of supported	-	oorted organization(s).				•			
9			ported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi)	Amount of		
	(.,	0. 0494	orton organization	(.,,	(described on lines 1-10	listed in you	ur governing	support (see	other	support (see		
					above (see instructions))	docu	ment?	instructions)	in	structions)		
						Yes	No					
(A)												
(B)												
(C)												
(D)												
(E)												
Total								1				

18

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) 2016 **(b)** 2017 (c) 2018 (d) 2019 **(e)** 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 944,319.3,554,248. 565,774. 709,281. 826,310. 508,564. 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. . . . 565.774. 709,281. 826,310. 508,564. 944,319.3,554,248. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 435,461. Public support. Subtract line 5 from line 4 3,118,787. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 565,774. 709,281. 826,310. 7 Amounts from line 4 . . . . . . 508,564. 944,319.3,554,248. Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 43. 43. Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 3,554,291. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 87.75% Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2019. 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 - 2020. 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 10%-facts-and-circumstances test - 2019. 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 supported

Page 3

### 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.)

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	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	<b>Total.</b> 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						_
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			-	ear as a sectio	. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch						%
	on D. Computation of Investment Inc	come Perce	ntage			1	
17	Investment income percentage for 2020 (			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019			-	. ,,		%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2019. If the organiz						
	line 18 is not more than 331/3%, check this b	oox and <b>stop h</b>	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

### Part IV **Supporting Organizations**

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

ecu	on A. All Supporting Organizations			
			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	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		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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 lines 5b and 5c 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?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	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		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L.	supporting organizations)? If "Yes," answer line 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.)	10b		

Part	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? <i>If "Yes," explain in Part</i>			
	<b>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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Sooti		3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notre:	otions	c)
1 a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	nstru	ctions	S).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see in	struct	tions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	(	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organizations and explain how these activities directly further the 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 line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	Section A – Adjusted Net Income  (A) Prior Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C-Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> 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-functional	_	ntegrated Type III support	ting organization		
•	(see instructions).	uny i	mogration Type III suppor	ang organization		

Schedule A (Form 990 or 990-EZ) 2020

Section D—Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	rted			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets	11 0		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	•	,	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
_	Excess from 2020				

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2020

Part VI	<b>Supplemental Information.</b> 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)

# **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Ani	mal Rescue Corps Inc.		90-0640069
Par			ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
	funds are the organization's property, subject to the	9	_ : :
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recreated)	ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi	storic structure included in (a)	. <b>2c</b>
d	Number of conservation easements included in (		
	•		24
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas		
_			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting  \$\blace\$\$	g, nandling of violations, and enforcing	conservation easements during the year
0	`	2(d) above estisfy the requirements of	acation 170/b)/4\/P\/i\
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
۵	In Part XIII, describe how the organization reports of		
Ū	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections	of Art. Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		ue statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	·	•
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
2	(ii) Assets included in Form 990, Part X	historical treasures. or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	-	_	<b>&gt;</b> \$
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2020 Page **2** 

Part	III Organizations Maintaining Col	lections of Art	, Hist	orical T	reasures	, or Ot	her Similar A	ssets (cor	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	☐ Public exhibition		d [	Loan	or exchang	e progr	am		
b	☐ Scholarly research		e [						
С	☐ Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Part	V Escrow and Custodial Arrange	ements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?			-					☐ No
b	If "Yes," explain the arrangement in Part X	III and complete	the foll	owing ta	ıble:		_		
							A	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on								☐ No
b	If "Yes," explain the arrangement in Part X	III. Check here if	the ex	planatior	n has been	provide	ed on Part XIII .		
Par									
	Complete if the organization ans	swered "Yes" or	n Forn	n 990, F	Part IV, line	e 10.			
	(a)	) Current year	(b) Prior	r year	(c) Two year	s back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the co	urrent year end b	alance	(line 1g	, column (a	)) held a	as:		
а	Board designated or quasi-endowment ▶	. %							
b	Permanent endowment ► %	6							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%	6.						
3a	Are there endowment funds not in the pos	ssession of the o	rganiz	ation tha	t are held	and ad	ministered for t	he	
	organization by:							Y	'es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	izations listed as	require	ed on Sc	hedule R?			3b	
4	Describe in Part XIII the intended uses of the	he organization's	endov	vment fu	ınds.				
Part	VI Land, Buildings, and Equipmen	nt.							
	Complete if the organization ans	swered "Yes" or	n Forn	n 990, F	Part IV, line	e 11a. 🤄	See Form 990	, Part X, lii	ne 10.
	Description of property	(a) Cost or other to (investment)	basis		r other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings	113,0	39.				15,458.	9'	7,581.
C	Leasehold improvements	,							
d	Equipment	25,4	158.				22,966.		2,492.
e	Other	58,1					40,537.		7,612.
	Add lines 1a through 1e. (Column (d) must			column	(B), line 10	Oc.)			7,685.

Part VII	Investments – Other Securities.	rm 000 Dort IV lin	a 11h Caa Farm	000 Dort V line 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)   .  ▶			
Part VIII	Investments—Program Related.			
r are viii	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation:
(1)			Cost of end-	of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<del></del>		
r ait A	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.  (a) Description of liability		Т	(b) Dooleyster
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(b) Book value
(1) Federal in				4 006
	ll Liabilities nt Portion LTD			4,096. 3,560.
	ic Porcion hib			3,300.
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			7,656.
	uncertain tax positions. In Part XIII, provide the text of the footners		n's financial stateme	
	s liability for uncertain tax positions under FASB ASC 740. Check			

Schedule D (Form 990) 2020 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, 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	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <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			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
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	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5
5 Part	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.	e 18.)	5
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
<b>5 Part</b> Provid	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information.</b> e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line

Schedule D (Fo	orm 990) 2020	Page \$
Part XIII	Supplemental Information (continued)	

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

### **Transactions With Interested Persons**

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public

Name of the organization

Animal Rescue Corps Inc.

Employer identification number

90-0640069

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501	(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25h	or Form 990-F7 Part V line 40

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected						
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year									
	under section 4958									
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization									

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	f (d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) Tim Woodward	Exec Dir	Personal		×	554.	554.		×	×			×
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 554.						

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?				
					Yes	No			
(1)									
(2)									
(3) (4)									
(5)									
(6)									
(7)									
(8) (9)									
(10)									
Part V	Supplemental Information. Provide additional information f	or responses to questions	on Schedule L (see	instructions).					

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

**Open to Public** 

OMB No. 1545-0047

Inspection

**Employer identification number** 

90-0640069 Animal Rescue Corps Inc. Pt VI, Line 11b: Form 990 is prepared by an outside tax professional. The form is reviewed by the organizaton's Chief Executive Director who discusses the return with the outside preparer. The return is then reviewed by the organization's board members and modified if necessary. After final approval, the Form 990 is electronically filed with the Internal Revenue Service. Pt VI, Line 19: All of the organization's tax filings are available 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 available upon request. Pt VI, Line 2: The organization's Executive Director is a family member to one key employees. Pt VI, Line 12c: The organization's board members and managment continually monitor key donors to determine if there is a potential conflict. Pt IX, Line 11g: Description: Veterinarian Total: \$96,866 Program services: \$96,866 Description: Animal Transportaion Total: \$3,555 Program services: \$3,555 Description: Animal Care Total: \$4,568 Program services: \$4,568 Description: Consulting Total: \$140,959 Program services: \$140,959