(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Open to Public

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

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

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization Animal Rescue Corps Inc. Check if applicable: D Employer identification number Doing business as 90-0640069 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 1380 Monroe Street NW #326 (855)272-6777Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20010-3452 **G** Gross receipts \$ 517,651. Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: Timothy Woodward, 1380 Morose St NW #326, Washington, DC 20010-3452 H(b) Are all subordinates included? Tes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) Website: ▶ www.animalrescuecorps.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2010 M State of legal domicile: DC Part I **Summary** Briefly describe the organization's mission or most significant activities: To end animal suffering through direct and compassionate 1 action, and to inspire the highest ethical standards of humanity towards animals. Activities & Governance The organization rescues animals who fall victim to abuse and natural disaster and 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 1,785 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 826,310. 508,564. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 90 33. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 -113 1,403. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 826,287 510,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,548 4,135. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 333,813 174,632. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 5,016. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 549,675. 431,282. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 886,036. 610,049. 19 Revenue less expenses. Subtract line 18 from line 12 -100,049. -59,749. Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 228,976. 126,466. 21 Total liabilities (Part X, line 26) . 121,653. 119,192. 22 Net assets or fund balances. Subtract line 21 from line 20 107,323. 7,274. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/16/2020 Sign Signature of officer Here Timothy Woodward, Executive Director Type or print name and title

Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed P00395459 11/16/2020 Dana McGuffin CPA Dana McGuffin CPA **Preparer** Firm's EIN \triangleright 26-3073039 Firm's name ► DANA MCGUFFIN CPA, PC **Use Only** TX 76092 Phone no. (817)488-8939 Firm's address ► 231 E SOUTHLAKE BLVD STE 100, SOUTHLAKE,

May the IRS discuss this return with the preparer shown above? (see instructions)

Part		e Accomplishments response or note to any line in this Part III	
1	Briefly describe the organization's miss	· · · · · · · · · · · · · · · · · · ·	<u> </u>
•		arough direct and dompagaionate	
		highest ethical standards of humanity	towards animals
		nimals who fall victim to abuse and na	
	ille Olganizacion lescues a	milimais who tall victim to abuse and ha	curar disascer and
2	Did the organization undertake any sig	prificant program services during the year which were not	listed on the
_			
	If "Yes," describe these new services of		
3		ng, or make significant changes in how it conducts,	any program
J			Yes X No
	If "Yes," describe these changes on So		
4	· •	service accomplishments for each of its three largest pro-	gram convious as mossured by
4		c)(4) organizations are required to report the amount of g	
	the total expenses, and revenue, if any		and and anodations to others
	,,,,	,	
4a	(Code:) (Expenses \$ 5	17,383. including grants of \$ 4,135.) (Rever	nue \$ 0.)
		numerous cruelty investigations through	
		ple operations which rescued hundreds of anima	
		nd in conjunction with local authorities and c	
		ities and partner organizations were s	
		aid with placement of animals, animal tra	
		iding expertise and logistical support	
		ation and outreach efforts.	
	also conclined numane educ		
4b	(Code:) (Expenses \$	including grants of \$) (Rever	nue \$
	(Code:) (Expenses \$\pi)		,
4c	(Code:) (Expenses \$	including grants of \$) (Rever	nue \$
	(, (· · · · · · · · · · · · · · · · · ·	······
4d	Other program services (Describe on S	Schedule ().)	
Tu		grants of \$) (Revenue \$)
4e	Total program service expenses ►	517,383.	
		·	

Part I	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <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</i> "Yes," <i>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		×
	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			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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? <i>If</i> "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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? Note: 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			
			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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-iu	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		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ju		<u> </u>
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ĥ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	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 1041?	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		
-	Note: See the instructions for additional information the organization must report on Schedule O.	···		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.45		
13	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Yes." complete Form 4720. Schedule O.			

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 3 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? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × 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 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × 14 × 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b × 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 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Timothy Woodard, 1380 Monroe St NW #326, Washington, DC 20010 (415)299-0021

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019) 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.
			(C) Position (do not check more than one							
(A)	(B)	(do n						(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below	box, office Individua	unles er an	ss pe	rson	e is is or/trus Highest compensated	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)		rustee		Ф	ensated				
(1) Alicia Pell	10.00	×								
Director	40.00							0.	0.	0.
(2) Timothy Woodward Executive Director, Board Member		×		×		×		75,000.	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	Reporta compens		Estimated amount of other	t
		per week		T	_	_	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)	organiza (W-2/1099		from the organization and	
		related	dual	tior	¥	mpl	st c	<u> </u>	(11 2) 1000 111100)	(11 2, 1000		related organization	าร
		organizations below	trus	al tr		oyee	omp						
		dotted line)	tee	nstitutional trustee			Highest compensated employee						
							ied.						
(15)			-										
(16)													—
(10)			1										
(17)													_
(18)			_										
(10)													—
(19)													
(20)													_
(21)													
(00)													—
(22)			1										
(23)													—
32													
(24)													_
(25)		<u> </u>	-										
1b	Subtotal							 	75,000.		0.	(<u> </u>
c	Total from continuation sheets to Part	VII, Sectio	n A					>	737000:		<u> </u>		<u>·</u>
d	Total (add lines 1b and 1c)							>	75,000.		0.	(٥.
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$10	00,000	of	
	reportable compensation from the organ	ization ►										Vaa N	_
•	Did the executation list any former	officer dire	- c+ c r	+	ıoto	<u> </u>		mal	lavaa ay bigbaa	t compo	td	Yes No	5
3	Did the organization list any former 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												
	organization and related organizations	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sched	dule J fo	r such		
_	individual											4 >	<u>_</u>
5	Did any person listed on line 1a receive of for services rendered to the organization												~
Secti	on B. Independent Contractors	: 11 163, 0	Jonnpi	CiC	OCI	icui	ale o i	OI 3	such person .		• •	3 /	<u>`</u>
1	Complete this table for your five high	nest comp	ensate	ed	inde	epe	ndent	СО	ontractors that r	eceived i	nore	than \$100,000	of
	compensation from the organization. Rep	ort compen	satior	n fo	r the	e ca	lenda	r ye	ar ending with or	within the	orgar	nization's tax yea	ır.
	(A)	l							(B)			(C)	
	Name and business add	iress							Description of serv	rices		Compensation	—
													—
													_
													_
													_
2	Total number of independent contractor	•	-					th th	nose listed abov	e) who			
	received more than \$100,000 of compens	ation from	เกe or	gan	ıızat	lon	_						

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
इ इ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
۵ ج	С	Fundraising events			1c					
ifts r A	d	Related organization	ns .		1d					
اة أ	е	Government grants	(cont	ributions)	1e					
Sin	f	All other contribution	ns, gi	fts, grants,						
E E		and similar amounts no	ot incl	uded above	1f	508,564.				
후	g	Noncash contribution								
o p		lines 1a-1f			1g					
S E	h	Total. Add lines 1a-	-1f .			<u> </u>	508,564.			
						Business Code				
<u>i</u>	2a									
le F	b									
n S	С									
gram Ser Revenue	d									
Program Service Revenue	e	A II - 41								
₫	f	All other program se								
	<u>g</u>	Total. Add lines 2a-								
	3	Investment income other similar amoun					33.	33.	0.	0.
	4	Income from investr					33.	33.	0.	0.
	5	Royalties								
	3	rioyanies		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(7)	-	(*) * * * * * * * * * * * * * * * * * *				
	b	Less: rental expenses	6b							
	c	Rental income or (loss)								
	d	Net rental income o		s)		•				
	7a	Gross amount from	(100	(i) Securit		(ii) Other				
	1 a	sales of assets								
		other than inventory	7a							
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	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 ▶				
	9a	Gross income f								
	L	activities. See Part I			9a					
		Less: direct expens			9b					
		Net income or (loss)			LIVITIE	es ▶ 				
	10a	Gross sales of in returns and allowan		ory, less	10a	5,109.				
	h	Less: cost of goods			10a					
	b	Net income or (loss)					-2,542.	-2,542.	0.	0.
<u></u>		1301 11001110 01 (1035)	,	. 34.03 01 11		Business Code	2,342.	2,342.	0.	0.
Miscellaneous Revenue	11a	Misc Revenue				813312	3,945.	3,945.	0.	0.
nue	b	-1220 110101140					3,943.	3,943.	0.	<u> </u>
scellaneo Revenue	C									
Re	d	All other revenue								
Σ		Total. Add lines 11a	a–11c	1		•	3,945.			
	12	Total revenue. See				•	510,000.	1,436.	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 4,135. 4,135. 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 75,753. 56,250. 19,503. 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 50,258. 50,258. 0. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,871. 9 31,483. 23,612. 0. 10 Payroll taxes 17,138. 7,746. 9,392. 0. Fees for services (nonemployees): 11 Management 0. Legal 20. 0. 20. 13,040. 0. 13,040. 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.) 0. 176,740. 176,740. 0. 12 Advertising and promotion 879. 0. 0. 879. 13 Office expenses 2,901. 0. 2,901. 0. Information technology 14 4,849. 0. 4,849. 0. 15 Occupancy 16 34,299. 34,120. 179. 17 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings . 250. 250. 0. 3,936. 7,610. 3,674. 0. 20 21 Payments to affiliates 5,090. 4,803. 287. 0. 22 Depreciation, depletion, and amortization . 0. 23 17,793. 8,426. 9,367. 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 1,708. 427. 1,281. Equipment Rental 0. 1,067. 1,067. 0. 37,290. 0. С Shelter Expense 37,290. 0. Store Expense 3,522. 3,522. 0. 0. All other expenses 124,224. 104,209. 15,878. 4,137. Total functional expenses. Add lines 1 through 24e 25 610,049. 517,383. 87,650. 5,016. 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 this Pa	(A) Beginning of year		
	1	Cash—non-interest-bearing	84,408.	1	3,131.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,911.	4	4,197.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section $4958(c)(3)(B)$.		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	15,944.	8	14,515.
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 175,511.			
	b	Less: accumulated depreciation 10b 70,888.	109,713.	10c	104,623.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	000 000	15	106.466
	16	Total assets. Add lines 1 through 15 (must equal line 33)	228,976.	16	126,466.
	17	Accounts payable and accrued expenses	46,607.	17	41,555.
	18 19	Grants payable		18 19	
	20	Deferred revenue		20	
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"				21	
Ë	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	75,046.	23	71,859.
	24	Unsecured notes and loans payable to unrelated third parties	7575251	24	, _ , _ ,
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0.	25	5,778.
	26	Total liabilities. Add lines 17 through 25	121,653.	26	119,192.
Ş		Organizations that follow FASB ASC 958, check here ▶ 区			
ž		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	57,323.	27	6,774.
Ã	28	Net assets with donor restrictions	50,000.	28	500.
Ĕ		Organizations that do not follow FASB ASC 958, check here ▶ □			
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>l</u> et	32	Total net assets or fund balances	107,323.	32	7,274.
_	33	Total liabilities and net assets/fund balances	228,976.	33	126,466.

Form 990 (2019) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	51	0,0	00.
2	Total expenses (must equal Part IX, column (A), line 25)	61	0,0	<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	-10	0,0	<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	10	7,3	23.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
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))		7,2	74.
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash 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?	2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
L	Separate basis Consolidated basis Both consolidated and separate basis	Oh		V
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
_	•			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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	20		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ju		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	The second and the se		000	

REV 10/27/20 PRO Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name	of th	ne or	ganization						Employer identification	number	
			escue Corps						90-0640069		
Par						organizations must				ns.	
The c	_		•			s: (For lines 1 through		•	,		
1						on of churches descri					
2						(Attach Schedule E (F					
3 4											
4			spital's name, ci	-	•	onjunction with a nosp	Jilai uesc	iibed iii s	section 170(b)(1)(A)	(iii). Litter the	
5		An	organization or	perated for	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in	
6	section 170(b)(1)(A)(iv). (Complete Part II.) 6										
7						tantial part of its sup				the general public	
					(A)(vi). (Complet		•	Ü			
8		Ас	ommunity trust	described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9						d in section 170(b)(1)					
				on-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or	
40			versity:			- then 201-0/ of the e				- f	
10	Ш	An rec	organization the eipts from activ	at normally r ities related	to its exempt ful	e than 33½% of its sunctions—subject to co	upport irc ertain exc	om contri ceptions.	and (2) no more that	n 33½% of its	
		sup	port from gross	s investmen	t income and uni	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses	
44						75. See section 509(a			•		
11 12			•	•	•	sively to test for public sively for the benefit o	-			rn, out the purposes	
12						ns described in sect i					
						scribes the type of sup					
а	[Type I. A supp	orting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving	
			the supported	organization	(s) the power to	regularly appoint or e	lect a ma	jority of t			
			supporting orga	anization. Y	ou must comple	ete Part IV, Sections	A and B.				
b	[sed or controlled in co					
						rganization vested in		persons	that control or mana	age the supported	
	,	_	-			V, Sections A and C			and the second formation	The Season was allowed by	
С	l					ting organization oper ns). You must comp				ally integrated with,	
d	ı		• •	•	, ,	pporting organization			, ,	ortod organization(s)	
u	ı					nization generally mus					
						omplete Part IV, Sec				a a a	
е	[Check this box	if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II. Type III	
						tionally integrated sur				·, .) p ·	
f			the number of		•						
g	Pı	rovi	de the following	g information	about the supp	orted organization(s).					
	(i) N	Name	e of supported organ	nization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
						above (see instructions))		ment?	instructions)	instructions)	
							Yes	No			
							163	140			
(A)											
(B)											
(C)											
(C)							<u></u>				
(D)				<u> </u>							
(E)											

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 508,564.3,190,082. 580,153. 565,774. 709,281. 826,310. Tax revenues levied for the 2 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. . . . 580,153. 565,774. 709,281. 826,310. 508,564. 3,190,082. 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) **Public support.** Subtract line 5 from line 4 3,190,082. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 580,153. 565,774. 709,281. 508,564.3,190,082. 7 826,310. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 3,190,082. 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 100% 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. 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 - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. 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 - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2019 (line 8	3, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (•			%
18	Investment income percentage from 2018					18	%
19a	33 ¹ / ₃ % support tests – 2019. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
b	331/3% support tests – 2018. If the organization 19 is not more than 231/29%, shock this						
00	line 18 is not more than 331/3%, check this		_		· · · · · ·		_
20	Private foundation. If the organization di	u noi check a	DOX OF TIME 14.	. 19a. OF 19D. (JUBUK TUS DOX	and see instrill	LUUIIS 📂 🗀

Supporting Organizations Part IV

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

Se

Secti	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 Part VI 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 Part VI 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 (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI 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 Part VI 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 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(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 Part VI.	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
c	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	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>			
	VI 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			
	5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.		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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
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 Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
1-	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
3	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III support	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Current Year				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8 	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
c	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
<u>i</u> _	Carryover from 2014 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE D (Form 990)

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

Internal Revenue Service

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Animal Rescue Corps Inc. 90-0640069 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items: Schedule D (Form 990) 2019 Page **2**

Using the organization's acquisition, accession, and other records, check any of the following that make significant use collection items (check all that apply): a	No No
a □ Public exhibition	No No
b	No No
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 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 IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance	No No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 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? Yes Part IV	No No
XIII. 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?	No No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	m No
Escrow and Custodial Arrangements. 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
included on Form 990, Part X?	
c Beginning balance Amount 1c 1c	
c Beginning balance	
d Additions during the year	
e Distributions during the year	7
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided an Part XIII.	_ No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment >%	
b Permanent endowment ► %	
c Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes	No
(i) Unrelated organizations	
(ii) Related organizations	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 1	10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value)
1a Land	0.
b Buildings	45.
c Leasehold improvements	_
e Other	98.

Part VII	Investments – Other Securities.	000 D + N/ II	441.0.5	000 D 177 H
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	· · ·	od of valuation: of-year market value
(1) Financial	derivatives			
. ,	neld equity interests			
(3) Other		_		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	man (h) manat a sual Farma 2000 Bart V. and (D) line 10.)			
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" on Fo	rm 000 Part IV lin	e 11c. See Form	000 Part V line 13
	(a) Description of investment			
	(a) Description of investment	(b) Book value		od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . •			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	· · · · · · ·		
raitx	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	Form 990. Part X.
	line 25.	000,		
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			
	ll Liabilities			2,375.
	nt Portion LTD			3,403.
(4)				·
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			5,778.
	runcertain tax positions. In Part XIII, provide the text of the footr			
organization'	s liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of the	footnote has been p	provided in Part XIII . 🗌

Schedule D (Form 990) 2019 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, F				
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
Part					urn.
	Complete if the organization answered "Yes" on Form 990, F				
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
_					
b	·	4b			
b c	Other (Describe in Part XIII.)	4b		4c	
ь с 5	Other (Describe in Part XIII.)			4c	
с 5	Other (Describe in Part XIII.)			-	
c 5 Part	Other (Describe in Part XIII.)	 e 18.)		5	V. line 4: Part X. line
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Other (Describe in Part XIII.)	 e <i>18.)</i> d 4; P	art IV, lines 1b and 2b	5 o; Part	

BAA

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**19**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Animal Rescue Corps Inc.	90-0640069			
Pt VI, Line 11b: Form 990 is prepared by an outside tax professi	onal. The form			
is reviewed by the organizaton's Chief Executive Director who di	scusses the return			
with the outside preparer. The return is then reviewed by the organization's				
legal counsel and board members and modified if necessary. Afte	r final approval,			
the Form 990 is electronically filed with the Internal Revenue S	ervice.			
Pt VI, Line 19: All of the organization's tax filings are availa	ble for inspection			
by tax authorities. The IRS Form 990 is available for inspection	n by the general			
public on the organization's website and copies are also availab	le upon request.			
Other: Form 990 Part VII - Alicia Pell was incorrectly lsited as	General Counsel			
on the 2018 990. Her position with the organization is Director/	Board Member.			
Pt IX, Line 11g:				
Description: Veterinarian Expense				
Total: \$25,929				
Program services: \$25,929				
Description: Animal Care				
Total: \$6,575				
Program services: \$6,575				
Description: Contracted Services				
Total: \$144,236				
Program services: \$144,236				
Pt IX, Line 24e:				
Description: Licenses				
Total: \$6,156				
Program services: \$0				
Management and general: \$6,156				

Name of the organization	Employer identification number
Animal Rescue Corps Inc.	90-0640069
Fundraising: \$0	
Tundratisting. Vo	
Description: Bank Service Charges	
Total: \$9,054	
Program services: \$0	
Management and general: \$9,054	
Fundraising: \$0	
Description: Uniforms	
Total: \$2,678	
Program services: \$2,678	
Management and general: \$0	
Fundraising: \$0	
Description: Telephone	
Total: \$4,556	
Program services: \$4,319	
Management and general: \$237	
Fundraising: \$0	
Description: Postage & Shipping	
Total: \$42	
10ta1. 712	
Program services: \$42	
Management and general: \$0	
Fundraising: \$0	
ruidtatsing. 30	
Description: Rescue Supplies	
Total: \$51,829	
Program services: \$51,829	
110g1am Delvices. VJ1,027	
Management and general: \$0	
Fundraising: \$0	
Description: Storage Expense	

Name of the organization	Employer identification number
Animal Rescue Corps Inc.	90-0640069
Total: \$2,235	
Program services: \$2,235	
Management and general: \$0	
Fundraising: \$0	
Description: Printing Expense	
Total: \$779	
Program services: \$667	
Management and general: \$112	
Fundraising: \$0	
Description: Vehicle Expense	
Total: \$8,163	
Program services: \$8,163	
Management and general: \$0	
Fundraising: \$0	
Description: Marketing Fees	
Total: \$7,915	
Program services: \$7,915	
Management and general: \$0	
Fundraising: \$0	
Description: Security	
Total: \$275	
Program services: \$275	
Management and general: \$0	
Fundraising: \$0	
Description: Meals	
Total: \$14,231	
Program services: \$13,685	
110910 80111008 - 7101003	

Name of the organization	Employer identification number
Animal Rescue Corps Inc.	90-0640069
Management and general: \$319	
Fundraising: \$227	
Description: Repairs & Maint	
Total: \$12,194	
Program services: \$12,194	
Management and general: \$0	
Fundraising: \$0	
Description: Utilites	
Total: \$207	
Program services: \$207	
Management and general: \$0	
Fundraising: \$0	
Description: Event Costs	
Total: \$431	
Program services: \$0	
Management and general: \$0	
Fundraising: \$431	
Description: Mailing Service	
Total: \$3,479	
Program services: \$0	
Management and general: \$0	
Fundraising: \$3,479	

2019

Name
Animal Rescue Corps Inc.

Employer Identification No.
90-0640069

Veterinarian Expense 25,929. 25,929. Animal Care 6,575. 6,575. Contracted Services 144,236. 144,236.	sing
Animal Care 6,575. 6,575.	
Contracted Services 144,236. 144,236.	
Total to Form 990, Part IV	
Total to Form 990, Part IX, line 11g	

Name
Animal Rescue Corps Inc.

Employer Identification No.
90-0640069

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Licenses	6,156.	0.	6,156.	0.
Bank Service Charges	9,054.	0.	9,054.	0.
Uniforms	2,678.	2,678.	0.	0.
Telephone	4,556.	4,319.	237.	0.
Postage & Shipping	42.	42.	0.	0.
Rescue Supplies	51,829.	51,829.	0.	0.
Storage Expense	2,235.	2,235.	0.	0.
Printing Expense	779.	667.	112.	0.
Vehicle Expense	8,163.	8,163.	0.	0.
Marketing Fees	7,915.	7,915.	0.	0.
Security	275.	275.	0.	0.
Meals	14,231.	13,685.	319.	227.
Repairs & Maint	12,194.	12,194.	0.	0.
Utilites	207.		0.	0.
		207.		431.
Event Costs Mailing Service	431. 3,479.	0.	0.	3,479.
Total to Form 990, Part IX,				
line 24e	124,224.	104,209.	15,878.	4,137.