** PUBLIC DISCLOSURE COPY **

Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning

В	Check if applicab	C Name of organization			D Employer identifie	cation number
	Addre	LUCKY DOG ANIMAL RESCUE				
Ī	Name				20.0	FF0007
Г	Initial		10	1. 7.		559037
Ī	Final	5159 LEE HIGHWAY	Room	/suite	E Telephone number	
	termin	City or town, state or province, country, and ZIP or foreign postal code			CONTRACTOR OF THE PARTY OF THE	741-5428
Г	Amen	ded ADT TATOMONT TYN OCCOR			G Gross receipts \$	1,180,387.
F	Appli				H(a) Is this a group re	
-	tion pendi	F Name and address of principal officer:MICHAEL HOROWITZ SAME AS C ABOVE			for subordinates	?Yes X No
-	Taylou	**		1	H(b) Are all subordinates in	
			1) or	527		list. (see instructions)
		te: WWW.LUCKYDOGANIMALRESCUE.ORG			H(c) Group exemption	
	art I	forganization: X Corporation Trust Association Other	L	Year (of formation: 2009 M	State of legal domicile; DC
L	_					
eo	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	PAR	TI	II, LINE 1.	
Activities & Governance						
Jerr	2	Check this box if the organization discontinued its operations or disp	osed of	more	than 25% of its net as	sets.
30	3	Number of voting members of the governing body (Part VI, line 1a)			3	7
8	4	Number of independent voting members of the governing body (Part VI, line 1b))		4	7
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	7
ž	6	Total number of volunteers (estimate if necessary)			6	1500
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			305,731.	330,146.
	9	Program service revenue (Part VIII, line 2g)			449,676.	417,058.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			9,881.	21,470.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-11,494.	-23,784.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			753,794.	744,890.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	
	14				0.	0.
60		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	Α		143,944.	0.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	"			217,735.
per	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		0.	0.
Ä	17				240 505	204 012
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	342,507.	384,913.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	486,451.	602,648.
ces	19	Revenue less expenses. Subtract line 18 from line 12			267,343.	142,242.
ancia	00	Feld and to (Park V Factor)		Beg	inning of Current Year	End of Year
et Assets ind Baland	20	Total assets (Part X, line 16)		-	1,297,041.	1,393,621.
ind	21	Total liabilities (Part X, line 26)			41,416.	22,275.
D	art II	Net assets or fund balances. Subtract line 21 from line 20			1,255,625.	1,371,346.
_						
Una	er pena	ties of perjury, I declare that thave examined this return, including accompanying schedul	les and s	tateme	nts, 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 v	which pre	eparer h	nas any knowledge.	
		Signature of officer			8/26	110
Sig		Signature of officer			Date '	
Her	е	MIRAH HOROWITZ, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature U	-00	Da	ate Check	BTIN
Paid			CPA	18	-25-16 If self-employed	P 00366995
rep	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN				52-1392008
Jse	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		9.4		
		BETHESDA, MD 20814-2930			Phone no. (30	1) 951-9090
May	the IR	S discuss this return with the preparer shown above? (see instructions)	- 5	150	,	X Yes No
200		At I HA For Denominate Destruction And Notice and the state of the sta				000

Page 2

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	LUCKY DOG ANIMAL RESCUE IS A VOLUNTEER-POWERED NONPROFIT DEDICATED	TO
	RESCUING HOMELESS, NEGLECTED, AND ABANDONED ANIMALS FROM CERTAIN	
	EUTHANASIA AND FINDING THEM LOVING FOREVER HOMES. WE EDUCATE THE	
	COMMUNITY AND ALL PET OWNERS ON RESPONSIBLE PET PARENTING, INCLUDING	NG
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
	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		<u>,058.</u>)
	ADOPTION PROGRAM: LUCKY DOG ANIMAL RESCUE'S CENTRAL PROGRAM IS OUR	
	ADOPTION PROGRAM. IN 2015, LUCKY DOG SAVED 1,192 ANIMALS FROM CERTA	AIN
	EUTHANASIA IN HIGH-KILL SHELTERS THROUGHOUT SOUTH CAROLINA, NORTH	
	CAROLINA, VIRGINIA, WEST VIRGINIA, MARYLAND AND PUERTO RICO AND A	
	NUMBER OF 8,626 SINCE OUR FOUNDING IN MAY 2009. THE VAST MAJORITY (
	THESE DOGS WERE PLACED IN CAREFULLY SCREENED, LOVING ADOPTIVE HOMES	
	THOSE THAT WERE NOT ADOPTED IN 2015, REMAINED IN FOSTER CARE INTO	
	WHERE THEY STAYED UNTIL THEY FOUND THEIR OWN ADOPTIVE HOMES. IN 201	
	LUCKY DOG HAD A 100% SUCCESS RATE, MEANING THAT EVERY DOG RESCUED TO	NAS
	SUCCESSFULLY ADOPTED OR PLACED IN A LONG-TERM FOSTER SITUATION.	
	FOSTER PROGRAM: LUCKY DOG'S FOSTER PROGRAM IS CRITICAL TO OUR ABILI	TTV
46		<u>, , , , , , , , , , , , , , , , , , , </u>
4b	(Code:) (Expenses \$,
	•	
	•	
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 460,940.	
532002	Form	990 (2015)

Form 990 (2015) LUCKY DOG AN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ا ا		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		22
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
	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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			Ω	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule E, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c		X
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	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I	31		25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:		
00	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?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) LUCKY DOG ANIMAL RESCUE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v				Щ					
				Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			v						
_	(gambling) winnings to prize winners?	I	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7								
	filed for the calendar year ending with or within the year covered by this return			X						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		2b	21						
20	Dilli		За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		х					
h	If "Yes," enter the name of the foreign country:	accounty:	Tu							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t									
			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	a 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?									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X					
f	3 , 3 , 11 , 1 , , , , ,									
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a	/ -	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•								
•			8							
9	Sponsoring organizations maintaining donor advised funds.	N/A	00							
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9a 9b							
10	Section 501(c)(7) organizations. Enter:		90							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
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 N/A	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	000						
			Form	990	(2015)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Λ			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7						
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b 7	'					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other						
_	officer, director, trustee, or key employee?		2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the							
3					Х			
	of officers, directors, or trustees, or key employees to a management company or other person?		4		X			
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or						
	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or						
	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х			
800	tion B. Policies (This Section B requests information about policies not required by the Internal R		<u> </u>		21			
000	tion B. Foncies (This Section B requests information about policies not required by the internal h	evenue Code.)		V	Na			
40-	Did the course in the second s		40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?		10a		- 22			
р	If "Yes," did the organization have written policies and procedures governing the activities of such c							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe						
	in Schedule O how this was done		12c	Х				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and approve							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a		Х			
	Other officers or key employees of the organization		15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure		100					
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►VA							
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s only)	availah	le				
	for public inspection. Indicate how you made these available. Check all that apply.	()		-				
		in Schedule O)						
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		d finan	cial				
19		innot of interest policy, all	u iiilall	ciai				
20	statements available to the public during the tax year.	oko and reserves:						
20	State the name, address, and telephone number of the person who possesses the organization's be $\tt MIRAH\ HOROWITZ\ -\ 202-246-3332$	ouks and records:						
	5159 LEE HIGHWAY, ARLINGTON, VA 22207							

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	l COI	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check mo				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	Cer ar	iu a u	recio	Jr/trus	lee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC)	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-WIISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	dual	ution	_	Key employee	sst co	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MICHAEL HOROWITZ	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KAREN WHITT	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) KATHERINE WAINWRIGHT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) MIRAH HOROWITZ (SEE SCHEDULE O)	40.00									_
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(5) SUZY BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARY TYDINGS	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(7) NOEL SAMUEL	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(8) JANINE CASTORINA	2.00	١								
BOARD MEMBER (UNTIL 9/15)	2 00	Х						0.	0.	0.
(9) LISA SCHRIEBER	2.00	,,								_
BOARD MEMBER (UNTIL 9/15)		Х				_		0.	0.	0.
		-								
						-				
		-								
						\vdash				
		1								
						\vdash				
		ł								
						\vdash				
		1								
				\vdash		+				
		1								
		1								
						T				
		1								
	•	_	•	_	_	•	_	•	<u> </u>	

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) Estimate amount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensa from the ganizati nd relate ganizatio	e ion ed
		,	=	<u>-</u>	0	ž.	工品	Œ					
											_		
											+		
											+		
											+		
	Sub-total								0.	0			0.
С	Total from continuation sheets to Part V	I, Section A							0.	0	•		0.
d _2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re			<u>•1</u>		
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplc	yee	, or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl		the organization	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr						X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	e J ī	or s	ucn	pers	son .				. 5		X
1	Complete this table for your five highest co										nsation	from	
	(A) Name and business	address	N	INC	3				(B) Description of s	services		(C) ensatio	n
								\dashv					
								\dashv					
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received n	nore than			
											Eorn	a 990 (3	2015

Га	rt VII	Statement of Revenue					
		Check if Schedule O contains a respons	e or note to any lin				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 2 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ADOPTION FEES All other program service revenue Total. Add lines 2a-2f	Business Code 900099	330,146. 417,058. 417,058.	417,058.	TOTOLING	312 - 314
	3 4 5	Investment income (including dividends, interesting other similar amounts)	proceeds >	14,414.			14,414.
	b c	Gross rents Less: rental expenses Rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 407,480	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	•	7,056.			7,056.
Other Revenue		including \$ 53,023. of contributions reported on line 1c). See Part IV, line 18					
J		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	a	-23,784.			-23,784.
	С	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns	b ▶				
		and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	b				
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C	All other revenue					
		All other revenue					
	12	Total revenue. See instructions.		744,890.	417,058.	0.	-2,314.

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) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 199,566. 199,566. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 18,169. 18,169. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 20,592. 20,592. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 197,827. 197,827. column (A) amount, list line 11g expenses on Sch O.) 19,072. 19,072. Advertising and promotion 12 18,993. 2,622. 16,371. Office expenses 13 14 Information technology Royalties 15 33,946. 33,946. 16 Occupancy 16,004. 16,004. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,419. 3,419. 20 Payments to affiliates _____ 21 11,322. 11,322. Depreciation, depletion, and amortization 22 17,843. 17,843. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26,776. 26,776. PET SUPPLIES 15,980. 15,980. VOLUNTEER EVENTS 2,669. EQUIP. RENTAL & MAINT. 2,669. 470. REGISTRATION & PERMITS 470. e All other expenses 602,648. 460,940. 141,708 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2015) Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any line in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			63,758.	1	16,871.
	2	Savings and temporary cash investments			448,850.	2	600,414
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			362.	4	684
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated emplovees. Co	mplete			
		Part II of Schedule L		·		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ပ္သ		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9,056.	9	17,884
		Land, buildings, and equipment: cost or other			•		,
		basis. Complete Part VI of Schedule D	10a	57,942.			
	b	Less: accumulated depreciation		23,946.	34,618.	10c	33,996
	11	Investments - publicly traded securities			737,597.	11	720,972
	12	Investments - other securities. See Part IV, line		,	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,800.	15	2,800	
	16	Total assets. Add lines 1 through 15 (must equ			1,297,041.	16	1,393,621
	17	Accounts payable and accrued expenses			30,371.	17	4,541
	18	Grants payable			·	18	•
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ري ا	22	Loans and other payables to current and former					
₽ E		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•			22	
دُ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		_		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			11,045.	25	17,734
	26	Total liabilities. Add lines 17 through 25			41,416.	26	22,275
		Organizations that follow SFAS 117 (ASC 958					
န္		complete lines 27 through 29, and lines 33 ar					
2	27	Unrestricted net assets			1,255,625.	27	1,371,346
Net Assets or Fund Balances	28	Temporarily restricted net assets				28	
<u> </u>	29					29	
두		Organizations that do not follow SFAS 117 (A					
<u></u>		and complete lines 30 through 34.					
jts	30	Capital stock or trust principal, or current funds				30	
200	31	Paid-in or capital surplus, or land, building, or ed				31	
1 et /	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		_	1,255,625.	33	1,371,346
	34	Total liabilities and net assets/fund balances		I	1,297,041.	34	1,393,621

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{90.}{48.}$			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	14 1,25		42.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5	-2	6,5	21.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,37	1,3	46.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
The (organi	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative		•			i).						
4		A medical research organiz						the hospital's name.					
		city, and state:	•	, ,			(,					
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C				, 3							
6			•	mental unit described in	section 17	70(b)(1)(A)	(v)						
7	一	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	. ,	(1)(A)(vi) (Complete Par	+ 11)								
	X	An organization that norma				contribution	one membershin fees a	and aross receints from					
Ŭ		activities related to its exen											
		income and unrelated busin	•	•				-					
		See section 509(a)(2). (Coi		(1000 occitori o i i taxy ii	om baome	ooco doqu	med by the organization	artor dario do, 1070.					
10		An organization organized a		sively to test for public sa	afety See	section 50	19(a)(4)						
11	一	An organization organized a	· ·	•	•			e purposes of one or					
••		more publicly supported or	· ·	· · · · ·	-		· · · · · · · · · · · · · · · · · · ·						
		lines 11a through 11d that	-					orioon and box in					
а		Type I. A supporting orga				•		, aivina					
_		the supported organization	•	•									
		organization. You must o			a majority	or tino an o		apporting					
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s) by ha	ivina					
-		control or management of	· ·					•					
		organization(s). You mus			arrio peroc	ono that oc	milior of manage the out	portod					
c		Type III functionally inte			in connec	tion with a	and functionally integrate	ed with					
·		its supported organizatio					• •	od Willi,					
d		Type III non-functionally						zation(s)					
-		that is not functionally int					• • • • • •						
		requirement (see instruct	-	- ·	•								
е		Check this box if the orga	•	-									
_		functionally integrated, or											
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,									
q		ide the following information											
	-) Name of supported	(ii) EIN				(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	governing of	n your document?	support (see	other support (see					
				above (see instructions))	Yes	No	instructions)	instructions)					
Γota	1							I					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

13

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for						
80/	organization, check this box and stop etion C. Computation of Publ	here	roontago				>
	·		<u> </u>				
	Public support percentage for 2015 (I					14	%
	Public support percentage from 2014					15	<u>%</u>
Ioa	6a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
U							IIIS DOX
170	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances tes and if the organization meets the "factorial factorial factoria						
	meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
D	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
	ato roundation in the organizatio	did flot officer a	20/ 01/ 11/0 10, 10	Ja, 100, 11a, 01 11			0 or 990-EZ) 2015
					2011		,,, 10

532022 09-23-15

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-)	(-,	(-)	(4)
	membership fees received. (Do not						
	include any "unusual grants.")	157,623.	209,851.	328,293.	305,731.	330,146.	1,331,644.
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	470,746.	412,165.	434,629.	449,676.	417,058.	2,184,274.
3	Gross receipts from activities that	,	,	, , ,		,	, , -
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	628,369.	622,016.	762,922.	755,407.	747,204.	3,515,918.
	a Amounts included on lines 1, 2, and	020,0001	022,0201	, 02 , 322 0	, 33 , 10 , 0	, 1, , 2010	0,020,020.
	3 received from disqualified persons						0.
ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3,515,918.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(a) 2011 628, 369.	(b) 2012 622,016.	(c) 2013 762, 922.	(d) 2014 755, 407.	(e) 2015 747, 204.	3,515,918.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5,112.	14,414.	19,526.
ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is				5,112.	14,414.	19,526.
	regularly carried on	5,759.	9,233.				14,992.
12	Other income. Do not include gain or loss from the sale of capital	60.	71.	1,000.	150.		1,281.
13	assets (Explain in Part VI.)	634,188.	631,320.	763,922.	760,669.	761,618.	3,551,717.
	First five years. If the Form 990 is for	-	-				
•	check this box and stop here	ino organization c	, mot, occorra, triii	a, 10artii, 01 mar te	in your do a ocomo	11 00 1 (0)(0) 01 gamz	▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			column (f))		15	98.99 %
16	Public support percentage from 2014	, , ,				16	99.18 %
	ction D. Computation of Inves					101	70
17	· · · · · · · · · · · · · · · · · · ·			ne 13 column (fl)		17	•55 %
	Investment income percentage from 2					18	·15 %
	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organization	ation	X
ŀ	o 33 1/3% support tests - 2014. If the	· ·			•	•	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	00x on line 14, 19	a, or 190, check th	iis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10h		
 10b	00 E7	2015

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion 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.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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.	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	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	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 <i>Part VI</i> the role played by the organization in this regard.	3b		
	or its supported organizations: it ites, describe litt art vi the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	i <mark>g Orga</mark> n	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.			
Sect	ion 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				
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	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				
Sect	ion 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	lly-integrate	ed Type III supporting org	ganization (see		
	instructions)			•		

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of the organization

Employer identification number

LUCKY DOG ANIMAL RESCUE 30-0559037

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \big				
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

LUCKY DOG ANIMAL RESCUE 30-0559037

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$19,365.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,506.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,469.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,880.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$18,744.	Person X Payroll

Name of organization Employer identification number

LUCKY DOG ANIMAL RESCUE

30-0559037

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10-26		 \$	990, 9 90-EZ, or 990-PF) (201

Employer identification number

Name of organization

LUCKY	DOG ANIMAL RESCUE			30-0559037
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	wing line entry. For organization	s
	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 30-0559037

	LUCKY DOG ANIMAL RESCUE	30-0559037						
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 advisors in writing that the assets held in donor advised fu	nds						
	are the organization's property, subject to the organization's exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring						
	impermissible private benefit?	Yes No						
Pai	Tt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	y important land area						
	Protection of natural habitat Preservation of a certified h	nistoric structure						
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	conservation easement on the last						
	day of the tax year.	Held at the End of the Tax Year						
а	Total number of conservation easements	2a						
b	Total acreage restricted by conservation easements	2b						
С	Number of conservation easements on a certified historic structure included in (a)	2c						
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure							
	listed in the National Register	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	nization during the tax						
	year ▶							
4	Number of states where property subject to conservation easement is located ▶							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	tion easements during the year						
	>							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year						
	> \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(i)						
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	rganization's accounting for						
Da	conservation easements.	Cimilar Accets						
Pal	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a							
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and							
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public so	ervice, provide the following amounts						
	relating to these items:	.						
	(i) Revenue included on Form 990, Part VIII, line 1	<u> </u>						
_	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide						
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ •						
a	Revenue included on Form 990, Part VIII, line 1							
<u></u>	Assets included in Form 990, Part X	🕨 \$						

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

Schedule D (Form 990) 2015

Pai	rt III Organiza	ations Maintaining C	collections of A	rt, Historical T	reasures, o	or Other	Similar	Assets	continue)	d)
3	Using the organiza	ation's acquisition, accessi	on, and other record	ls, check any of the	e following tha	t are a sig	nificant us	se of its co	ollection it	ems
	(check all that app	oly):								
а	Public exhib	ition	d	Loan or exc	change progra	ams				
b	Scholarly res	search	е	Other						
С	Preservation	n for future generations								
4	Provide a descript	ion of the organization's co	ollections and explai	n how they further	the organizati	on's exem	pt purpos	e in Part)	KIII.	
5	During the year, di	id the organization solicit o	r receive donations	of art, historical trea	asures, or oth	er similar a	ssets		_	
		funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes	No
Pai	rt IV Escrow a	and Custodial Arran	gements. Comple	ete if the organization	on answered	"Yes" on F	orm 990, l	Part IV, lir	ne 9, or	
	reported ar	n amount on Form 990, Pa	rt X, line 21.							
1a		an agent, trustee, custod							,	
		X?						Ш	Yes	No
b	If "Yes," explain th	ne arrangement in Part XIII	and complete the fo	llowing table:						
									Amount	
)					1c			
		he year								
е		g the year								
f										
	•	on include an amount on F		•		-	/?	Ш	Yes l	No
		ne arrangement in Part XIII.						<u></u>	l	
Pai	rt V Endowm	nent Funds. Complete i							=	
			(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four ye	ars back
1a		balance								
b										
С		rnings, gains, and losses								
d		ships								
е	Other expenditure									
f		penses			1					
g	End of year balance									
2		ated percentage of the cur	•		(a)) held as:					
а		or quasi-endowment		_%						
b	Permanent endow		%							
С	· · · · · ·	cted endowment	%							
•		on lines 2a, 2b, and 2c sho								
за		ent funds not in the posse	ession of the organiza	ation that are held a	and administe	erea for the	organiza	tion		- 11-
	by:	!4!							Ye	s No
		anizations							3a(i)	_
h		zations (ii), are the related organiza							3a(ii)	+-
4		(ii), are the related organiza			·				3b	
_		uildings, and Equipm		willent lunus.						
· u		f the organization answere) Part IV line 11a	See Form 990) Dart Y lii	na 10			
	· · · · · · · · · · · · · · · · · · ·	ion of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	t or other	-	umulated	1 ,	d) Book v	aluo
	Descripti	ion or property	basis (investr	` '	(other)	٠,	eciation	'	u) book v	aiue
12	Land		- 	,	, ·/	2.5,51				
		ements			33,112.		6,75	2.	26	360.
		ements			24,830.	•	17,19		7.	636.
					-,	-	.,_,	-	. ,	
		ugh 1e. (Column (d) must e		X. column (B). line	10c.)		<u> </u>	-	33.	996.
			.,	,	/				/	

Schedule D	(Form 990) 2015	TOCKI	DOG	ANTMAL	KESCOE		
Part VII	Investments -	Other Secu	rities.				
	Complete if the or	ganization answ	ered "Ye	s" on Form 99	90, Part IV, line	11b. See Form 990,	Part X, line 12

	, ,	, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	17,734.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,734.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Par	t XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.			
1	Total revenue, gains, and other support per audited financial statements			1	786,793.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-26,521.	<u>. </u>	
b	Donated services and use of facilities	. 2b	33,351.		
С	Recoveries of prior year grants	. 2c			
	Other (Describe in Part XIII.)		35,073.		
е	Add lines 2a through 2d			2e	41,903.
3	Subtract line 2e from line 1			3	744,890.
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 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	744,890.
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.			
1	Total expenses and losses per audited financial statements			1	671,072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	33,351.		
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)		35,073.		
е	Add lines 2a through 2d			2e	68,424.
	Subtract line 2e from line 1			3	602,648.
	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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	602,648.
Par	t XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V, line	4; Part X	, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional infor	mation.		
PAR	RT X, LINE 2:				
FOR	R THE YEAR ENDED DECEMBER 31, 2015, LUCKY	DOG HA	AS DOCUMENT	ED I	TS
CON	ISIDERATION OF FASB ASC 740-10, INCOME TAX	KES, TH	HAT PROVIDE	ES GU	IDANCE FOR
REF	PORTING UNCERTAINTY IN INCOME TAXES AND HA	AS DETI	ERMINED THA	ON TA	MATERIAL
UNC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER F	RECOGN	TION OR DI	SCLO	SURE IN
THE	FINANCIAL STATEMENTS.				

LINE 8B.

Schedule D (Form 990) 2015

35,073.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE REPORTED AS EXPENSE ON THE FINANCIAL

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

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

990-EZ) Supple

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LUCKY DOG ANIMAL RESCUE 30-0559037

required to complete this par	t.	ereu r	es 01	11 FOITH 990, Part IV,	iille 17. Form 990-E2	Tillers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	s f Solicitat	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	l (includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, P						☐ No
b If "Yes," list the ten highest paid ind						be
compensated at least \$5,000 by the	organization.					
					() ()	
(i) Name and address of individual	(CO) A addition	(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or con contrib	trol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	9
		Yes	No			
Total			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

532081

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 LUCKY DOG ANIMAL RESCUE 30-0559037 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through CASINO NIGHTBARREL OAK col. (c)) (event type) (event type) (total number) 43,931. 15,239. 5,142. 64,312. 1 Gross receipts 3,792. 35,531 13,700. 53,023. 2 Less: Contributions 8,400 1,539. 1,350. 11,289. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 1,000. 1,000. 6 Rent/facility costs 27,000. 885. 28,648. 763. 7 Food and beverages 400. 5,041. 4,641. 8 Entertainment 9 Other direct expenses 316. 68. 384. 35,073. **10** Direct expense summary. Add lines 4 through 9 in column (d) -23,784. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2015

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

b If "No," explain:

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2015 LUCKY DOG ANIMAL RESCUE 30-	0559	03/	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			
		المما		07
	The organization's facility			<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
_	e If "Yes," enter name and address of the third party:			
	The ros, critic hame and address of the time party.			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Garming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?	Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule G	G (Form 990 or 990-EZ)	LUCKY DOG ANIMAL R	ESCUE	30-0559037 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
		· · · · · · · · · · · · · · · · · · ·		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE IMPORTANCE OF SPAY/NEUTER, OBEDIENCE TRAINING, AND GOOD NUTRITION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TO SAVE DOGS FROM HIGH KILL SHELTERS. BECAUSE LUCKY DOG HAS NO FACILITY OF OUR OWN, THE NUMBER OF DOGS WE CAN PULL OUT OF THE SHELTERS IS DIRECTLY DEPENDENT ON THE NUMBER OF FOSTER HOMES WE HAVE TO PLACE THEM IN 2015, WE CONTINUED OUR SUCCESSFUL FOSTER PROGRAM, RECRUITING AND TRAINING OVER 150 NEW FOSTERS. FOSTERING A LUCKY DOG REQUIRES A SPECIAL COMMITMENT, OPENING YOUR HOME UP TO A NEW DOG, PROVIDING HIM OR HER FOOD AND SHELTER, ATTENDING ADOPTION EVENTS, AND HELPING YOUR PUP FIND THE RIGHT HOME.

VOLUNTEER PROGRAM: WITHOUT LUCKY DOG'S VOLUNTEER PROGRAM, ORGANIZATION COULD NOT OPERATE. THROUGHOUT 2015, VOLUNTEERS CONTINUED TO MAINTAIN THE WEBSITE, ORGANIZE ADOPTION EVENTS AND FUNDRAISERS, DRIVE DOGS FROM THE SHELTERS TO WASHINGTON D.C., TRANSPORT DOGS TO AND FROM ADOPTION EVENTS, HANDLE DOGS AT ADOPTION EVENTS, FOSTER DOGS, AND COMPLETE ALL THE ADMINISTRATIVE WORK THAT MAKES THE ORGANIZATION RUN. IN 2015, LUCKY DOG ADDED MORE THAN 530 VOLUNTEERS TO ITS ROSTER, INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHICH IS A REAL TESTAMENT TO THE SUCCESS OF THE RESCUE.

EDUCATION PROGRAM: LUCKY DOG NOT ONLY STRIVES TO PLACE PETS IN LOVING FOREVER HOMES, WE ARE COMMITTED TO EDUCATING THE DC COMMUNITY ABOUT RESPONSIBLE PET OWNERSHIP. IN 2015, LUCKY DOG HOSTED MORE THAN 20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15

Name of the organization LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

EDUCATIONAL SEMINARS FOR BOTH ITS VOLUNTEERS AND THE PET COMMUNITY IN

GENERAL. IN ADDITION, WE ADDED A SIGNIFICANT AMOUNT OF RESOURCES TO OUR

WEBSITE ADDRESSING EVERYTHING FROM TRAINING TO NUTRITION TO COMMON

VETERINARY AILMENTS.

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL HOROWITZ AND MIRAH HOROWITZ HAVE A FAMILY RELATIONSHIP.

MIRAH HOROWITZ AND MARY TYDINGS HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD OF DIRECTORS REVIEWED THE 990 AT A BOARD MEETING BEFORE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE BOARD MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST

DISCLOSURE FORM IDENTIFYING ANY CIRCUMSTANCE A BOARD OR STAFF MEMBER

BELIEVES COULD CONTRIBUTE TO A CONFLICT. PRIOR TO A BOARD ACTION ON A

TRANSACTION INVOLVING A CONFLICT OF INTEREST, A BOARD OR STAFF MEMBER

DISCLOSES ALL THE FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH

DISCLOSURES ARE REFLECTED IN THE MINUTES. THE MEMBER DOES NOT VOTE ON THE

TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE ORGANIZATION.

FORM 990, PART VII, SECTION A:

Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30 – 0559037
THE DAY-TO-DAY ACTIVITIES OF THE ORGANIZATION ARE RUN B	Y A
NON-COMPENSATED EXECUTIVE DIRECTOR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BOARDING:	
PROGRAM SERVICE EXPENSES	1,003.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,003.
CONSULTING:	
PROGRAM SERVICE EXPENSES	97.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	97.
DOG WALKING:	
PROGRAM SERVICE EXPENSES	19,826.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,826.
TRANSPORTING:	
PROGRAM SERVICE EXPENSES	37,758.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,758.

Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037
VETERINARY:	
PROGRAM SERVICE EXPENSES	139,143.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	139,143.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	197,827.