PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

ΑF	or the	e 2012 calendar year, or tax year beginning an	d ending		
B c	Check if pplicable	C Name of organization		D Employer identifi	ication number
	Addre:	LUCKY DOG ANIMAL RESCUE			
	Name chang	Doing Business As		30-0	559037
	Initial return Termir ated	Number and street (or P.0. box if mail is not delivered to street address) 3636 WINFIELD ROAD, NW	Room/suite	E Telephone number 202-	er · 741 – 5428
	Ameno			G Gross receipts \$	632,459.
	Application			H(a) Is this a group r	eturn
	pendir			for affiliates? H(b) Are all affiliates in	Yes X No
	Toy oy	empt status: X 501(c)(3)) or 527	1 ` '	a list. (see instructions)
		e: NWW.LUCKYDOGANIMALRESCUE.ORG) 01 321	H(c) Group exemption	
		organization: X Corporation	I Vear		M State of legal domicile: DC
	art I	Summary	L 1 cai	or formation. 2007	VI State of legal domicile. DC
1 6		Briefly describe the organization's mission or most significant activities: SEE	ד ייסעס	TT T.TNF 1	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	IANI	.11, 111111 1.	
nar	,	Check this box Full if the organization discontinued its operations or disp	acad of mar	than 25% of its not a	on oto
ver				1	5
ဗွ	1	Number of voting members of the governing body (Fart VI, line Ta) Number of independent voting members of the governing body (Part VI, line 1b)			5
ø v		Total number of individuals employed in calendar year 2012 (Part V, line 1a), \dots			2
ij	1				1300
ξ		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			_
Ă		Net unrelated business taxable income from Form 990-T, line 34			_
_		Net unrelated business taxable income nom Form 990-1, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	157,623.	
ne				466,251.	-
Revenue				0.	·
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,739.	1
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		632,613.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	* -
'n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	-
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	
per	h	Total fundraising expenses (Part IX, column (D), line 25)	046.	•	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		432,215.	385,530.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		432,215.	
		Revenue less expenses. Subtract line 18 from line 12		200,398.	
es		Trevende 1633 expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		491,314.	692,460.
Ass 1 Ba	21	Total liabilities (Part X, line 26)		17,512.	
Net Piet		Net assets or fund balances. Subtract line 21 from line 20		473,802.	688,050.
Pa	art II	Signature Block		•	,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of m	ny knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
Sigr	n	Signature of officer		Date	
Her		MICHAEL HOROWITZ, CHAIRMAN			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i			if self-employ	ved
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			
	,	BETHESDA, MD 20814-2930		Phone no. (301) 951-9090
 Mav	/ the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
7	- "				

232002 12-10-12

SEE SCHEDULE O FOR CONTINUATION(S)

372,914.

Total program service expenses

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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	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		. v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
10	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		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 d		
D	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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States 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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	O.C.L.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	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?	00	y	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012) LUCKY DOG ANIMAL RESCUE Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 I if all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did I if Yea, I set if tide a Form 990 of Tor this year? If Yea, Provide an explanation in Schedule O 4 A any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial saccount?) 4 Different the name of the foreign country. I was not a provided the organization of the schedule O 5 Did any taxoline party notify the granization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did (if Yes, I take 1) and the organization file Form 8886.7 5 Did any taxoline party notify the organization file Form 8886.7 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization his clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization in all very solicitations are express statement that such contributions or gifts were not tax dedu						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 I if all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did I if Yea, I set if tide a Form 990 of Tor this year? If Yea, Provide an explanation in Schedule O 4 A any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial saccount?) 4 Different the name of the foreign country. I was not a provided the organization of the schedule O 5 Did any taxoline party notify the granization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did (if Yes, I take 1) and the organization file Form 8886.7 5 Did any taxoline party notify the organization file Form 8886.7 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization his clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 Did (if Yes, I did the organization in all was or is a party to a prohibited tax shelter transaction? 5 Did (if Yes, I did the organization in all very solicitations are express statement that such contributions or gifts were not tax dedu	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 30 bit the organization have unrelated business gross income of \$1,000 or more during the year? 31 bit 1 "Yes," has 1 filed a Form 900-71 for this year II "No," provide an explanation in Schedule O 32 bit 1 "Yes," and a filed a Form 900-71 for this year II "No," provide an explanation in Schedule O 33 bit 1 "Yes," and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account! γ sile of year or provided year. 33 bit 1 "Yes," and the the name of the foreign country, level. as a bank account, securities account, or other financial account;? 34 a Yes, and the organization appropriate on prohibited tax shelter transaction at any time during the tax year? 35 bit 1 "Yes," and the organization appropriate on the Form 898617 or the year of the organization specified the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 36 bit 1 "Yes," old the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization splicit any contributions that were not tax deductibles a charitable contributions? 37 bit 1 "Yes," old the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles a charitable contribution and partly for goods and services provided to the payor? 38 bit 1 "Yes," indicate the number of Forms 8982? filed during the year. 39 bit 1 "Yes," indicate the number of Forms 8982? filed during the year. 30 bit the organization receive a payment in excess of \$75 made partly as a contribution of qualification receive a payment in exce	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result. 2	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
field for the calendar year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calandary year, did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calandary year, did the organization have an inferset in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the name of the foreign country. 5b if Yes, "there the name of the foreign country (such as a bank account, securities account, or other financial account). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization in a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In the second property of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Did the organization selection appropriation in the contribution of the value of the goods or services provided? 9c Did the organization selection appropriation in the contribution of the value of the goods or services provided? 9c Did the organization in the party organization in the party organization in the party organizatio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	2			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 5b If "Yes," either the name of the foreign country." ▶ 5c einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c If "Yes," the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If the organization shall expressed eductible contributions under section 170(c). a Did the organization shall expressed eductible contributions under section 170(c). a Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," file the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 6d If "Yes," file the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?? 7d If "Yes," file the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C/A organization make any taxable distribution su doer section 4966? 8	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or that deductibles or that deductibles a charitable contributions? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Bo Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c C Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization nortly the donor of the value of the goods or services provided? 7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88887. 5 If Yes, 'indicate the number of Forms 8882 filed during the year and property for which it was required to the Form 88887. 5 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Organization received any funds, directly or indirectly, on a personal benefit contract? 7 Organization recei		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization required as whether transaction at any time during the tax year? Sa Was the organization include with a was or is a party to a prohibited tax shelter transaction? 5b Was to the organization include with every solicitation and party torganization solicit any contributions under section 170(c). So Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Varganization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Was were not tax deductible contributions under section 170(c). So Was the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Was were not access any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Was were not access any funds, directly or indirectly, on a personal benefit contract? To Was the organization service and contribution of qualified intellectual property, (dit the organization file a Form 1098-C? Sponsoring organizations maintaining donor a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?				igsquare	X
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10 Section 501(c)(7) organizations. Enter: a 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: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		, ,, , , ,	10a				
a Gross income from members or shareholders N/A 11a	_						
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a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	· · · · · · · · · · · · · · · · · · ·	ا ا				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the consciention was in a second of the fact that a second or			11-		x
						$\vdash \vdash \vdash$	
	Ü	ii res, rias it ilieu a roini rzo to report triese payments (ii rvo, provide air explanation iir Scheduk	<i>,</i>			990	(2012)

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.

	Check if Schedule O contains a response to any question in this Part VI			X
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			
	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 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	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 "Yes," describe			
	in Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	MIRAH HOROWITZ - 202-246-3332			
232000	3636 WINFIELD ROAD, NW, WASHINGTON, DC 20007			

232006 12-10-12

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

- 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.

(A) Name and Title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) sition more erson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL HOROWITZ	5.00									0
PRESIDENT	40.00	Х		Х	Ш			0.	0.	0.
(2) MIRAH HOROWITZ	40.00	٠,,		٠,,					_	0
EXECUTIVE DIRECTOR	F 00	Х		Х	<u> </u>			0.	0.	0.
(3) JONATHAN SMITH	5.00	Ψ,		37					_	•
SECRETARY	10 00	Х		Х	⊢			0.	0.	0.
(4) JANINE CASTORINA	10.00	. ,		X					٠ .	0
TREASURER (5) MARGARET MULQUEEN	5.00	Х		Λ	₩			0.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation		am	(F) timate tount o	
	week (list any hours for related organizations below line)	(list any nours for related panizations below repair to the property of the pr						D)	comp fro orga and	other pensate om the anization I relate nization	e on ed		
					~								
1b Sub-total c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						e) wh	no r	0 • eceived more than \$100		0.			0.
compensation from the organization												Yes	No
Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J 1	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors	•				•			•			5		Х
Complete this table for your five highest country the organization. Report compensation for										ens	ation f	rom	
(A) Name and business	·		ONI		*****	<u> </u>		(B) Description of s		C	(C omper		1
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation 🕨				(0					Form 9	990 (2	(012)

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Form 990 (2012) LUCKY De Part VIII Statement of Revenue

		Check if Schedule O cont	ains a resnonse	to any question i	in this Part VIII			
		Check if Schedule O cont	anis a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
일	b	Membership dues	1b					
s, C	С	Fundraising events	1c	4,398.				
불교		Related organizations						
ini,		Government grants (contributi						
isi		All other contributions, gifts, grant	· ·					
the late		similar amounts not included above		205,453.				
ÖĘ	а	Noncash contributions included in lines		1,682.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			209,851.			
				Business Code				
o	2 a	ADOPTION FEES		900099	411,165.	411,165.		
ا <u>چ</u>	b				,	,		
Ser	c		<u> </u>					
E S	d							
Program Service Revenue	u ۵							
P.	f	All other program service reve	nue					
		Total. Add lines 2a-2f			411,165.			
\dashv	3	Investment income (including						
	Ū	other similar amounts)		· ·				
	4	Income from investment of tax						
	5	Royalties		•				
	Ū	rioyanios	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Fical	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
								
		Net rental income or (loss)						
	<i>i</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses						
	С.	Gain or (loss)						
		Net gain or (loss)		·····				
ne	8 a	Gross income from fundraising including \$ 4,3						
l e		· · · · · · · · · · · · · · · · · · ·						
Be		contributions reported on line	•	10,372.				
Other Revenu		Part IV, line 18		1,139.				
₹		Less: direct expenses			0 222			0 222
		Net income or (loss) from fund	-	D	9,233.			9,233.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less		1,000.				
		and allowances		4 4 4 4				
		Less: cost of goods sold			-191.	-191.		
ŀ	С	Net income or (loss) from sale			-1910	1910		
ŀ	44 -	Miscellaneous Revenu MISCELLANEOUS	е	Business Code 90099	71.			71.
		•		700099	/ _ •			/ 1 •
	b							_
	C							
		All other revenue			71.			
		Total. Add lines 11a-11d Total revenue. See instructions.			630,129.	410,974.	0.	9,304.
232009 12-10-	12	TOTAL TEVERNE. SEE HISH UCHOUS.		P	030,129.	410,7140	<u> </u>	Form 990 (2012)
12-10-	14							. 01111 222 (2012)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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) 30,351. 30,351 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 19,397. 19,397. С Accounting Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 308,508. 308,508. column (A) amount, list line 11g expenses on Sch O.) 6,804. 6,804. 12 Advertising and promotion 10,871. 3,434. 7,437. 13 Office expenses Information technology 14 15 Royalties Occupancy 16 671. 671. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,046. 1,046. Conferences, conventions, and meetings 19 <u>9.</u> 9. 20 21 Payments to affiliates 3,834. 3,834. 22 Depreciation, depletion, and amortization 2,284. 2,284. 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.) 19,000. 18,136. 864. PET SUPPLIES VOLUNTEER EVENTS 12,485. 12,485. 477. OTHER COSTS 477. EQUIP RENRTAL & MAINTAN 140. 140. 4 4. All other expenses 415,881. 372,914. 41,921. 1,046. 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. if following SOP 98-2 (ASC 958-720)

Form 990 (2012) Part X Balance Sheet

Part	<u>X</u>	Balance Sheet					
		Check if Schedule O contains a response to any	/ quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,121.	1	54,539.
	2	Savings and temporary cash investments			436,732.	2	612,426.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
,,		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	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,523.			
	b	Less: accumulated depreciation	10b	7,028.	26,461.	10c	25,495.
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	101 011	15	500 450		
	16	Total assets. Add lines 1 through 15 (must equ			491,314.	16	692,460.
1	17	Accounts payable and accrued expenses	17,512.	17	4,410.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
. <u>e</u>	21	Escrow or custodial account liability. Complete				21	
.≝ ²	22	Loans and other payables to current and former					
lei		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		· · ·		05	
۔ ا	26	Schedule D Total liabilities. Add lines 17 through 25			17,512.	25 26	4,410.
+	26	Organizations that follow SFAS 117 (ASC 958			17,3126	20	4,410.
ا س		complete lines 27 through 29, and lines 33 ar		K liere Las and			
ğ	27	Unrestricted net assets			473,802.	27	688,050.
alar	28	Temporarily restricted net assets			17070020	28	333,3331
B S	29					29	
š 1	23	Organizations that do not follow SFAS 117 (A		8) check here		23	
F		and complete lines 30 through 34.	30 33	oj, check here			
ء ا د	30	Capital stock or trust principal, or current funds				30	
ı ı	31	Paid-in or capital surplus, or land, building, or ed				31	
ا پّ	32	Retained earnings, endowment, accumulated in		T-		32	
8 S	33	Total net assets or fund balances			473,802.	33	688,050.
	34	Total liabilities and net assets/fund balances			491,314.	34	692,460.
					,		Form 990 (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 29.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			81.
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	3,8	02.
5	Net unrealized gains (losses) on investments	5			
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	68	8,0	50.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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	X	
	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				
	Act and OMB Circular A-133?	-	. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number

30-0559037

Par	t I	Reason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
The o	rgani	zation is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)						
1 [A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 [tal service organization of		in section	170(b)(1)	A)(iii).						
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the ho	spital	s nam	ne.
		city, and state	-							•		•		,
5		•		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describ	ed in			
•		-	(b)(1)(A)(iv). (Comple	-			, , , , ,	a govern						
6				•	t doscribo	d in coctio	n 170/h)/1	VAVA						
7	_	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 [
9	x	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
J _				nctions - subject to certa										
				axable income (less sect										
			509(a)(2). (Complete		on on la	, 110111 Du	011100000	oquireu D	y the orga		anci U	ui 1 0 0	J, 1 <i>31</i>	J.
10				perated exclusively to te	st for nubli	ic safety S	See sectio	n 509(a)(4	ı)					
11 [ī	-	-	perated exclusively for the	•	•			-	v out the	nurno	ses n	f one	or
•••		•		ations described in section						•				Oi
			•	organization and comple		•	, , ,	.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(0): 011	ook tric	DOX	tilat	
		a Type I				nctionally i		d	Typ	e III - No	n-funct	ionall	v inted	arated
e [, ,	,	at the organization is not		•	-		,,				, ,	•
•				han one or more publicly										
f				ten determination from t						,(4)(1)			(-/(-/-	
•			rganization, check th						·					
g				organization accepted ar					owina pers	sons?				
3				irectly controls, either al									Yes	No
				upported organization?								1g(i)		
				n described in (i) above?								lg(ii)		
				person described in (i) o								g(iii)		
h				about the supported org								3()		
			3	,	,	()								
(i) N	lame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is organizațio	the	(vii) Ar	nount	of moi	netary
(1)		nization	(11) = 111	(described on lines 1-9	in col. (i) lis	sted in your	organizat	on in col.	organizatio (i) organiz	on in col. ed in the	(***)/**	sup		iotal y
					governing (document?	(i) of your	support?	U.S.	.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
Γotal														
otal														

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

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

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
Se	ction B. Total Support			_							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities,	etc. (see instructi	ons)			12					
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)					
_	organization, check this box and stop						<u></u>				
	ction C. Computation of Publ					1 1					
	Public support percentage for 2012 (I					14	%				
	Public support percentage from 2011					15	%				
16a	33 1/3% support test - 2012. If the o	•		•		•					
	stop here. The organization qualifies										
k	33 1/3% support test - 2011. If the c	-									
	and stop here. The organization qualifies as a publicly supported organization										
17a	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization										
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances test	-									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the										
	organization meets the "facts-and-circ						▶;				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a		ns • L				

Schedule A (Form 990 or 990-EZ) 2012

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	low, piedoc com	proto r art m.,				
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	` ,	,	
	membership fees received. (Do not						
	include any "unusual grants.")		37,361.	149,615.	157,623.	195,041.	539,640.
2	Gross receipts from admissions,		,	,	,	,	<u> </u>
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		269 282	427,444.	470.746.	410,974.	1,578,446.
2	Gross receipts from activities that		20372021	127 / 1110	17077101	110/5/11	
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		306,643.	577,059.	628,369.	606,015.	2,118,086.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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.)						2,118,086.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2) 2000	306,643.	577,059.	628,369.	606,015.	2,118,086.
	Gross income from interest,		,	,	, , , , , , ,	, , ,	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		1.				1.
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
			1				1.
	Add lines 10a and 10b Net income from unrelated business		1.				<u>_ + •</u>
•••	activities not included in line 10b,						
	whether or not the business is			6 0 4 17	F 750	00 007	24 002
40	regularly carried on			6,047.	5,759.	22,997.	34,803.
12	Other income. Do not include gain or loss from the sale of capital			0.0			0.00
	assets (Explain in Part IV.)		206 644	98.	60.	71.	229.
13	Total support. (Add lines 9, 10c, 11, and 12.)		306,644.	583,204.	634,188.	629,083.	2,153,119.
14	First five years. If the Form 990 is for the	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	
_	check this box and stop here		-				<u>▶X</u>
	ction C. Computation of Public						
	Public support percentage for 2012 (lin					15	<u>%</u>
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
	Investment income percentage for 201					17	<u>%</u>
	18 Investment income percentage from 2011 Schedule A, Part III, line 17						
19	9a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box an	d stop here. The	e organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2011. If the o	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writin	or that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's exclu	_	
6	Did the organization inform all grantees, donors, and donor advisor		
•	for charitable purposes and not for the benefit of the donor or dor		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (c		,
	Preservation of land for public use (e.g., recreation or educa		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l l
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after		- I
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located >	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it hold	ds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and $ \\$	enforcing conservation easements o	luring the year
7	Amount of expenses incurred in monitoring, inspecting, and enfor	cing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above say	tisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections of Ar		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		
	historical treasures, or other similar assets held for public exhibition		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t		
b	If the organization elected, as permitted under SFAS 116 (ASC 95		
	treasures, or other similar assets held for public exhibition, educa-	tion, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasure		al gain, provide
	the following amounts required to be reported under SFAS 116 (A		. .
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2012

	, , ,	collections of A		reasures, c	r Other		sets/contin	
	o gamento o constanting consta							
Ū	(check all that apply):							
а	Public exhibition	d	I can or ex	change progra	ıme			
b	Scholarly research	e		criarige progra				
C	Preservation for future generations	C						
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	nn'e avamr	nt nurnose in E	ort YIII	
5	During the year, did the organization solicit of						ait Aiii.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							L NO
	reported an amount on Form 990, Par		ete ii tile organizat	ion answered	163 1010	1111 990, 1 ait 1	v, iii le 3, 0i	
12	Is the organization an agent, trustee, custodi		liany for contribution	one or other as	eete not in	cluded		
Ia			•			Г	Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and the arrangement in Part XI					۲	163	
b	ii res, explain the arrangement in Fart Allia	and complete the to	llowing table.				Amount	
С	Reginning balance					1c	Amount	
	Additions during the year					1d		
u	Additions during the year					1e		
f	Distributions during the year							
	Ending balance	orm 990 Part Y line	212				Yes	□ No
	If "Yes," explain the arrangement in Part XIII.							
	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year			Three years bac	ck (e) Four	vears back
1 a	Beginning of year balance	` ' '	(b) i noi year	(6)	s suon (u)	, 55 , 54 54.	(0) - 54	youro suorr
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
۰ و	Other expenditures for facilities							
·	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent vear end halanc	e (line 1a, column	(a)) held as:				
– a		one your one balanc	%	(a)) Hold do.				
b	Permanent endowment	%						
	Temporarily restricted endowment							
Ū	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse	•	ation that are held	and administe	red for the	organization		
-	by:	colori or tire organiza		aria aariiinoto	104 101 1110	organization.	Γ	Yes No
	(i) unrelated organizations						3a(i)	100 110
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					
4	Describe in Part XIII the intended uses of the						[32]	
	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o	i	st or other	(c) Accı	umulated	(d) Bool	value
		basis (investr	',	s (other)		eciation	(-,	
	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment			32,523.		7,028.	2.	5,495.
	Other			-		-		-
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10(c).)		•	2.	5,495.

Schedule D (Form 990) 2012

TITCKV	DOG	ANTMAL	DE.	CCITE
11UU.N.1	1111	AN 1 MA11	ПП	71.UF

Part VII Investments - Other Securities. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	l-of-year market value	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
(I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. Se	oo Form 000 Port V I	ino 12			
(a) Description of investment type	(b) Book value		valuation: Cost or end	l-of-year market value	
(1)	(B) Book value	(e) metrica er i	Talidation. Good or one	toryour market value	
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets. See Form 990, Part X, line					
(a)	Description			(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9) (10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15)				
Part X Other Liabilities. See Form 990, Part X,					
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		. ,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	ct of the footnote to th	ne organization's financia	al statements that rep	orts the organization's	

	Edule D (1 01111 990) 2012				OSSSOS Fage I
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	
1	Total revenue, gains, and other support per audited financial statements			1	717,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a			
b	Donated services and use of facilities	2b	84,599.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	2,330.		
е	Add lines 2a through 2d			2e	86,929.
3	Subtract line 2e from line 1			3	630,129.
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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	630,129.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	n Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	502,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	84,599.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	2,330.		
е	Add lines 2a through 2d			2e	86,929.
3	Subtract line 2e from line 1			3	415,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			70	415,881.

Part XIII Supplemental Information

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

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2012, LUCKY DOG HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEAR

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Onen To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to 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. ➤ See separate instructions.

Open To Public Inspection

Name of the organization	OG ANIMAL RESCUE					Employer ide	ntification number
Part I Fundraising Activities	Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, li	ne 17		
required to complete this par Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicitates of Solicitates Gamma Special Specia	tion of tion of fundra (includerofess	non-govern govern dising of ding of ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Fotal			—				
List all states in which the organizatio or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

232081 01-07-13

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

Schedule G (Form 990 or 990-EZ) 2012

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 NONE	(d) Total events (add col. (a) through
				BBQ	(total number)	col. (c))
ηne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	11,005.	3,765.		14,770.
	2	Less: Contributions	2,469.	1,929.		4,398.
	3	Gross income (line 1 minus line 2)	8,536.	1,836.		10,372.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	390.	749.		1,139.
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				(1,139, 9,233.
Рa	11 rt I	Net income summary. Combine line 3, column Gaming. Complete if the organization a				9,233.
		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	000,1 art 10, mic 10, 011	eported more than	
enc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		_				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		>	
•						
		ter the state(s) in which the organization opera he organization licensed to operate gaming ac	_	states?		Yes No
		No," explain:				
100		are any of the eventination's gaming licenses w	avolved evenended extension	mainstand during the toy.	100xQ	Yes No
		ere any of the organization's gaming licenses re Yes," explain:		minated during the tax y	/Gal !	Yes No
	_					

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

J 1 J J			
	_ Ye	s ∟	No
12 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?	☐ Ye	s [No
13 Indicate the percentage of gaming activity operated in:	_ [.	_	
	,		07
a The organization's facility	_		<u>%</u>
/	Bb		<u>%</u>
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?	Ye	s	□No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
u N			
Name ▶			
Address >			
16 Gaming manager information:			
Name ▶			
Gaming 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			
retain the state gaming license?	Ye	, [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 > \$			
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) an lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
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:

BOARDING FACILITIES, WE ARE ABLE TO RESCUE HUNDREDS OF ANIMALS EVERY

YEAR, PROVIDE THEM WITH LOVING TEMPORARY CARE, AND FIND THEM

WELL-MATCHED, CAREFULLY SCREENED FOREVER HOMES. WE ALSO SERVE AS A

RESOURCE TO OUR COMMUNITY AND ALL PET OWNERS BY PROVIDING EDUCATION AND

INFORMATION ON RESPONSIBLE PET OWNERSHIP, INCLUDING THE IMPORTANCE OF

SPAY/NEUTER, POSITIVE BEHAVIOR TRAINING, AND GOOD NUTRITION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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. IN 2012, WE CONTINUED OUR SUCCESSFUL FOSTER PROGRAM, RECRUITING AND

TRAINING OVER 200 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, THE

ORGANIZATION COULD NOT OPERATE. THROUGHOUT 2012, 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 2012, LUCKY DOG ADDED MORE THAN 500 VOLUNTEERS TO ITS ROSTER,

INCLUDING A NUMBER OF LUCKY DOG ADOPTERS WHICH IS A REAL TESTAMENT TO

THE SUCCESS OF THE RESCUE.

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

Schedule O (Form 990 or 990-EZ) (2012)

LUCKY DOG ANIMAL RESCUE

Employer identification number 30-0559037

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 2012, LUCKY DOG HOSTED MORE THAN 18

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 ALLMENTS.

FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF THE BOARD AND EXECUTIVE DIRECTOR HAVE A FAMILY 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

COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY

CIRCUMSTANCE A BOARD MEMBER BELIEVES COULD CONTRIBUTE TO A CONFLICT. PRIOR

TO A BOARD ACTION ON A TRANSACTION INVOLVING A CONFLICT OF INTEREST, A

BOARD MEMBER SHALL DISCLOSE ALL THE FACTS MATERIAL TO THE CONFLICT OF

INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES. THE MEMBER

SHALL NOT VOTE ON THE TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST ARE AVAILABLE TO THE PUBLIC UPON REQUEST THROUGH THE ORGANIZATION.

232212 01-04-13

Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037
FORM 990, PART IX, LINE 11G, OTHER FEES:	
BOARDING:	
PROGRAM SERVICE EXPENSES	63,432.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,432.
DOG WALKING:	
PROGRAM SERVICE EXPENSES	33,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,550.
TRANSPORTING:	
PROGRAM SERVICE EXPENSES	10,863.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,863.
VETERINARY:	
PROGRAM SERVICE EXPENSES	156,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	156,000.
ADMINISTRATIVE HELP:	
PROGRAM SERVICE EXPENSES 232212 01-04-13	44,663. Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization LUCKY DOG ANIMAL RESCUE	Employer identification number 30-0559037			
MANAGEMENT AND GENERAL EXPENSES	0.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	44,663.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	308,508.			