Form **990-PF** Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2021 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending							
Nai	ne of	foundation	A Employer identification	number			
L	UC:	KY DOG REFUGE INC	84-4146698				
		nd street (or P.O. box number if mail is not delivered to street	,	Room/suite	<b>B</b> Telephone number		
6	00	STEAMBOAT RD, 3RD FLOO	R		203-625-92	00	
		own, state or province, country, and ZIP or foreign p <b>ENWICH , CT 06830</b>	ostal code		C If exemption application is pr	ending, check here	
		all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here	
		Final return	Amended return				
		Address change	Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test, putation	
H (	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat		
	] Se		Other taxable private founda	tion	under section 507(b)(1)		
I Fa	ir ma	arket value of all assets at end of year J Accounti	ng method: 🛛 🗶 Cash	Accrual	F If the foundation is in a 6	60-month termination	
(fr	om F	Part II, col. (c), line 16) 01	her (specify)		under section 507(b)(1)		
	\$	62,086. (Part I, colum	nn (d), must b <mark>e on cash bas</mark> i	is.)			
Pa	nrt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	( <b>a</b> ) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	<ul> <li>(d) Disbursements</li> <li>for charitable purposes</li> <li>(cash basis only)</li> </ul>	
	1	Contributions, gifts, grants, etc., received	389,716.				
	2	Check Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
		Net rental income or (loss)					
~	6a	Net gain or (loss) from sale of assets on line 10					
nu	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Par		0	•		
£	8	Net short-term capital gain			0.		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11	389,716.	0		0	
	13	Compensation of officers, directors, trustees, etc.	0. 150,585.	0		150,585.	
	14	Other employee salaries and wages	10,000	0	• <u> </u>	10,000	
es	15	Pension plans, employee benefits Legal fees <u>STMT</u> 1	4,680.	0	. 4,680.	4,680.	
) SUS	10a   ь	Accounting fees	±,000•	0	· · · · · · · · · · · · · · · · · · ·		
Expense		Accounting fees STMT 2	3,000.	0	. 3,000.	3,000.	
е Е	17	Interest	2,004.	0		2,004.	
Operating and Administrative	18	Interest Taxes STMT 3	8,552.	0	· · ·	8,552.	
listr	19	Depreciation and depletion	· · · · ·		,		
min	20	Оссирапсу					
Ad	21	Travel, conferences, and meetings	298.	0	. 298.	298.	
pue	22	Printing and publications					
ng é	23	Other expenses STMT 4	223,807.	0	. 428,427.	428,427.	
ratiı	24	Total operating and administrative					
)pel		expenses. Add lines 13 through 23	392,926.	0	. 597,546.	597,546.	
0	25	Contributions, gifts, grants paid	0.			0.	
	26	Total expenses and disbursements.		-			
		Add lines 24 and 25	392,926.	0	. 597,546.	597,546.	
		Subtract line 26 from line 12:	2				
		Excess of revenue over expenses and disbursements	-3,210.	^			
		Net investment income (if negative, enter -0-)		0	0.		
	C C	Adjusted net income (if negative, enter -0-)			0.		

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

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2020.05000 LUCKY DOG REFUGE INC

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Form	8868
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(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File	2 6002	irata ai	oplicatio	n for	oach	roturn	

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	r Name of exempt organization or other filer, see instructions.			Taxpaye	Taxpayer identification number (TIN)	
print	INT LUCKY DOG REFUGE INC				84-41	16698
File by the		soo instruc	tions		04 41	40090
due date fo filing your	600 STEAMBOAT RD 3RD FLOO					
return. See instruction			Iress, see instructions.			
Enter th	e Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	0.	For			10
Form 99	0-T (sec. 401(a) or 408(a) t	05	Fori \$069			11
Form 99	0-T (trust other than above IOSLINGER	06	Form 1870			12
Telep If the If this box 1 Ir th 2 If [	whone No. ► 724-934	as in the Ur Group Exe and atta NOVEI ganization's , an check reas	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2021 , to file s return for: d ending on: Initial return	90 f this is fo f all memb	r the whole <u>c</u> ers the exter npt organizat	roup, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less		¢	0.
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			3a	\$	0.
			-	0	<b>•</b>	0.
	timated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p ing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	¢	0.
Caution instructi	: If you are going to make an electronic funds withdrawa	ıl (direct de	bit) with this Form 8868, see Form 8			

orm 990-PF (2020) LUCKY DOG REFUGE INC				84-4146698 Page		
Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	End of (b) Book Value	(c) Fair Market Value		
1.			61,986.	61,986		
	Cash - non-interest-bearing Savings and temporary cash investments		01,500.	01,500		
	Accounts receivable					
	Less: allowance for doubtful accounts					
	Pledges receivable					
	Less: allowance for doubtful accounts					
	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
<u> </u>	disqualified persons					
		0	100	100		
		0.	100.	100		
8	Inventories for sale or use					
9	Prepaid expenses and deferred charges					
	Investments - U.S. and state government obligations					
	Investments - corporate stock					
C	Investments - corporate bonds					
	nvestments - land, buildings, and equipment: basis 🕨					
	Less: accumulated depreciation					
	Investments - mortgage loans					
	Investments - other					
14	Land, buildings, and equipment: basis 🕨					
l	Less: accumulated depreciation					
	Other assets (describe )					
16	Total assets (to be completed by all filerencee the					
i	instructions. Also, see page 1, it (1)	1.	6,086.	62,086		
17	Accounts payable and accrued penses		0,196.			
18	Grants payable					
19	Deferred revenue					
20 I	Loans from officers, directors, trustee and other disguarded pers					
21	Mortgages and other notes payable		55,100.			
	Other liabilities (describe 🕨 )					
	· · · · · · · · · · · · · · · · · · ·					
23	Total liabilities (add lines 17 through 22)	0.	65,296.			
	Foundations that follow FASB ASC 958, check here					
	and complete lines 24, 25, 29, and 30.					
	Net assets without donor restrictions					
	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here 🕨 🗴					
	and complete lines 26 through 30.					
	Capital stock, trust principal, or current funds	0.	0.			
	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
	Retained earnings, accumulated income, endowment, or other funds	0.	-3,210.			
	Total net assets or fund balances	0.	-3,210.			
2			0,2200			
30	Total liabilities and net assets/fund balances	Ο.	62,086.			
art I		lances				
Total r	net assets or fund balances at beginning of year - Part II, column (a), line 2	9				
	agree with end-of-year figure reported on prior year's return)		1	C		
	amount from Part I, line 27a			-3,210		
Other	increases not included in line 2 (itemize)		3	(		
Add lii	nes 1, 2, and 3		4	-3,210		
Decre	ases not included in line 2 (itemize)		5	(		
	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	(1)    00		-3,210		

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	CKY DOG REFUGE IN	C		84-414	6698 Page 3
Part IV Capital Gains	and Losses for Tax on Ir	vestment Income			
	e the kind(s) of property sold (for exam varehouse; or common stock, 200 she		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	( <b>d)</b> Date sold (mo., day, yr.)
1a					
b NC	ONE				
C					
d					
е	(4) Depresistion allowed	(a) Coat an other basis		(h) Cain an (lasa	\
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss ((e) plus (f) minus	
•	(01 0110 110210)			((0) p.a.e (1) 1ae	(9/)
 b					
<u> </u>					
d					
e					
	ing gain in column (h) and owned by	the foundation on 12/31/69.		(I) Gains (Col. (h) gain	minus
	(j) Adjusted basis	(k) Excess of col. (i)	C	col. (k), but not less tha Losses (from col. (	n -0-) <b>or</b>
(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any			(11))
a					
b					
C					
d					
e					
2 Capital gain net income or (net o	capital loss)		2		
3 Net short-term capital gain or (Ic If gain, also enter in Part I, line 8 Part I, line 8 Part V Qualification I	B, colver (c). See in excitons extoss	s), enter in Reduced Tailon Net	3		
Part V Qualification SECT				come COMPLETE.	
1 Reserved			515 - DO IN		
(a)	(b)		(C)		(d)
Reserved	Reserved		Reserved	Re	es`eríved
Reserved					
2 Reserved				2	
3 Reserved				3	
A Received				4	
4 NESEIVEU					
5 Reserved				5	
6 Reserved				6	
7 Reserved				7	
8 Reserved				8	
				I	orm 990-PF (2020

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Part VI Excise Tax Based on Investment Income (Section 49		- see instr	uctions)		
<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <b>b</b> and					
Date of ruling or determination letter: (attach copy of letter if ne					
b Reserved					0.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, ent					
of Part I, line 12, col. (b)		)			•
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;					0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	, , , , , , , , , , , , , , , , , , , ,				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:	1.1				
a 2020 estimated tax payments and 2019 overpayment credited to 2020		0.			
<b>b</b> Exempt foreign organizations - tax withheld at source		0.			
<b>c</b> Tax paid with application for extension of time to file (Form 8868)		0.			
d Backup withholding erroneously withheld	6d	0.			0
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is at					0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax	Refunde	1			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local leg				res	No
any political campaign?			1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purp		definition	1b		X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies	s of any materials published or				
distributed by the foundation in connection with the activities.					
			1c		X
	he year:	•			
		0.			
e Enter the reimbursement (if any) d by the foundation due g the year for poincal experience	diture tax imposed on fou				
managers. ▶ \$0.					37
2 Has the foundation engaged in any accurate ave not previous and control to be	IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing					
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye		/	_		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?					v
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	r?		5		X
If "Yes," attach the statement required by General Instruction T.					
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:				
• By language in the governing instrument, or					
• By state legislation that effectively amends the governing instrument so that no mandate					v
remain in the governing instrument?			6	77	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	nplete Part II, col. (c), and Part XV		7	Х	
8a Enter the states to which the foundation reports or with which it is registered. See instruct	ions.				
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	- , - ,			v	
of each state as required by <i>General Instruction G?</i> If "No," attach explanation			8b	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of s				v	
year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," co				X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	dule listing their names and addresses				X
			Form <b>99</b>	J-PF	(2020)

	Form	990-PF	(2020)	
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LUCKY DOG REFUGE INC

Part VII-A Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
10	If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 13	X	X
13	Website address  LUCKYDOGREFUGE • COM	13	л	
14	The books are in care of $\blacktriangleright$ HOSLINGER Telephone no. $\blacktriangleright$ 724–93	4-4	880	
	Located at ▶ 117 VIP DRIVE, 3RD FLOOR, WEXFORD, PA			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		►	•
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
1,	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. a During the year, did the foundation (either directly or indirectly):		res	NO
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified percon)?			
	(6) Agree to pay money or properture a government official <b>CCCeption</b> . Pck "No			
	if the foundation agreed to make a grant to or to employ the official for a block a			
	termination of government solice, if terminating with 90 days.) Yes X No			
1	b If any answer is "Yes" to $1a(1)$ -(6) d <b>any</b> of the acts fail to ualify under the metric described in Regulations section 53.4941(d)-3 or in a current otice regarding disast, essistance? So instructions <b>N/A</b>	46		
	section 53.4941(d)-3 or in a current otice regardie disaster assistance? So instructions N/A Organizations relying on a current not compared disaster assistance k here	1b		
	big disaster assume the function of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2020?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
á	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020? Yes 🗴 No			
	If "Yes," list the years ►,,,,			
ł	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
	statement - see instructions.)	2b		
3:	▶,, _,, _			
	during the year?			
ł	b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2020.) $$ N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			37
	had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		X

Form **990-PF** (2020)

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#### Form 990-PF (2020) LUCKY DOG REFUGE INC 84-4146698 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions \_\_\_\_\_ Yes X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for **b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A 5b Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? \_\_\_\_\_ Yes \_\_\_\_ No If "Yes," attach the statement required by Regulations section 53.4945-5(d). **6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? \_\_\_\_\_ Yes 🗴 No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х 6b

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? \_\_\_\_\_\_ Yes 🗴 No

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?			es X No	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	y	
1 List all officers, directors, trustees, and to undation managers and t	heir c <u>ompensati</u> on.			
(a) Name address	(b) de, and as the hou per week de ted to position	) Compension (If not p enterna)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARIA MENDE 600 STEAMBOAT ROA 3RD FLOC	IR CTOR ND	PR V DENT		
GREENWICH, CT 0683	5.00	0.	0.	Ο.
600 STEAMBOAT ROAD, 3RD FLOOR	DIR CTOR AND	SEC ETARY		
GREENWICH, CT 06830	5.00	0.	0.	0.
	DIRECTOR AND	TREASURER		
600 STEAMBOAT ROAD, 3RD FLOOR				
GREENWICH, CT 06830	10.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	, ,	, enter "NONE."		<b>6 1 F 1 1 1 1 1</b>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

7b

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Total number of other employees paid over \$50,000

If "Yes" to 6b, file Form 8870.

و با ماد

Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
tal number of others receiving over \$50,000 for professional services	····	►
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statisti umber of organizations and other beneficiaries served, conferences convened, research papers prod		Expenses
N/A		
Part IX-B Summary of Program-Religied In estments		<u> </u>
	lines 1 and 2.	Amount
N/A		
II other program-related investments. See instructions.		
r <b>tal.</b> Add lines 1 through 3		0

Turretees

Formulation Manager

023561 12-02-20

9 2020.05000 LUCKY DOG REFUGE INC

P	art X Minimum Investment Return (All domestic foundations	must complete this part	. Foreign found	dations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:			
a	Average monthly fair market value of securities			1a	0.
	Average of monthly cash balances			1b	89,417.
C	Fair market value of all other assets			1c	
	Total (add lines 1a, b, and c)			1d	89,417.
e	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	89,417.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)	Γ	4	1,341.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	88,076.
6	Minimum investment return. Enter 5% of line 5			6	4,404.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3)			certain	
	foreign organizations, check here $\blacktriangleright$ $X$ and do not complete this particular the second sec	rt.)			
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2020 from Part VI, line 5				
b	Income tax for 2020. (This does not include the tax from Part VI.) 2b				
C	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa			7	
1	art XII Qualifying Distribution instruction Amounts paid (including administrative expenses) to accomm sh charitable, et app			<b>7</b>	
a				1a	597,546.
b	Description and the state of th			1b	0.
2	Amounts paid to acquire assets use or held for us direct, a carrying out parit	table tc., purposes		2	
3	Amounts set aside for specific charitab.	· · · · · · · · · · · · · · · · · · ·			
	Suitability test (prior IRS approval required)	-		3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8;			4	597,546.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in				
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	597,546.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.				

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### Part XIII Undistributed Income (see instructions)

	Undistributed income (s	ee instructions)	N/A		
		<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2019	(c) 2019	<b>(d)</b> 2020
	le amount for 2020 from Part XI,				
	d income, if any, as of the end of 2020:				
	unt for 2019 only				
<b>b</b> Total for p					
	, ,				
3 Excess dis	tributions carryover, if any, to 2020:				
<b>a</b> From 2018	5				
<b>b</b> From 2016					
<b>c</b> From 2017	7				
<b>d</b> From 2018	3				
e From 2019					
f Total of lir	es 3a through e				
	distributions for 2020 from				
Part XII, lii					
	2019, but not more than line 2a 📖				
	undistributed income of prior				
	tion required - see instructions)				
	distributions out of corpus				
	equired - see instructions)				
	2020 distributable amount				
-	amount distributed out of corpus				
(If an amoun	ibutions carryover applied to 2 <sup>r</sup> t appears in column (d), the statement wn in column (a).)				
6 Enter the indicated					
a Corpus. Add	l lines 3f, 4c, and 4e. Subtract 5				
-	s' undistributed income. Sub-				
	m line 2b				
undistribu deficiency	mount of prior years' ted income for which a notice of has been issued, or on which 1 4942(a) tax has been previously				
	ne 6c from line 6b. Taxable				
amount - s	ee instructions				
	ted income for 2019. Subtract line				
4a from lir	e 2a. Taxable amount - see instr				
<b>f</b> Undistribu	ted income for 2020. Subtract				
lines 4d ar	d 5 from line 1. This amount must				
be distribu	ted in 2021				
7 Amounts t	reated as distributions out of				
corpus to	satisfy requirements imposed by				
	0(b)(1)(F) or 4942(g)(3) (Election				
	quired - see instructions)				
	tributions carryover from 2015				
	l on line 5 or line 7				
	stributions carryover to 2021.				
	nes 7 and 8 from line 6a				
10 Analysis o					
a Excess fro					
<b>b</b> Excess fro					
c Excess fro					
d Excess fro					
e Excess fro	III ZUZU				

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2020.05000 LUCKY DOG REFUGE INC

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Form **990-PF** (2020)

Part XIV Private Operating Fo			A, question 9)		
<b>1 a</b> If the foundation has received a ruling or					
foundation, and the ruling is effective for				01/20	
<b>b</b> Check box to indicate whether the found	<u> </u>	oundation described in		4942(j)(3) or 4942	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	( <b>a</b> ) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Total
investment return from Part X for					
each year listed	0.	0.	0.	0.	0.
<b>b</b> 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII,					
line 4, for each year listed	597,546.	0.	0.	0.	597,546.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	597,546.	0.	0.	0.	597,546.
3 Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					0.
<b>c</b> "Support" alternative test - enter:				_	•••
(1) Total support other than gross					
investment income (interest, dividends, rents, payments o					
securities loans (section					
512(a)(5)), or royalties)	38 <u>9</u> ,76.				389,716.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)	139,716.				139,716.
(3) Largest amount of support from					_
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Infor			f the foundation	had \$5,000 or mor	e in assets
at any time during the	ne year-see instru	ctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation who			butions received by the f	oundation before the close	of any tax
year (but only if they have contributed m	ore than \$5,000). (See sect	ion 507(d)(2).)			
NONE					

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

### NONE

Form 990-PF (2020)

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

LUCKY DOG REFUGE INC

c Any submission deadlines:

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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(continued) ar or Approved for Future F If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Payment Foundation status of recipient	Purpose of grant or contribution	Amount
If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		1	
$\bigcap$	D		
		► 3a	0

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► 3b

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Total

NONE

Ο.

### Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	741104111	
a					
с					
q					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c			1		
d					
e					0
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)					0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	mplishment of E	xemp	ot Purposes	
	·				
Line No. Explain below how each activity for which incor the foundation's exempt purposes (other than t			A CONTU	buted importantly to the acco	mplishment of
the foundation's exempt purposes (other than the second					

Form 990-PF (	(2020)
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Part	XVII	Information Re Exempt Organ		sfers to a	nd T	ransactions a	nd Relations	hips With Noncha	ritable	•	
1 Did	l tha ar	ganization directly or indi		of the followin	a with	any other organizati	on described in sect	tion 501(c)		Yes	No
		n section 501(c)(3) organ			-			1011 50 1(0)		163	NU
		from the reporting found	,			-					
					-				1a(1)		х
											X
		sactions:							· · · · · · · · · · · · · · · · · · ·		
			hle evemnt organizat	ion					1b(1)		х
(י) (?)	Durch	usees of assets from a nor	ncharitable exempt o	raanization					1b(1)		X
											X
(0)	Reimł	n or racinitics, equipment,	01 01101 033013						1b(3)		X
(-)	Loang	or loan quarantees							1b( <del>1</del> )		X
		rmance of services or me							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		X
				-							X
								market value of the goods,		L I sets	
or	services		oundation. If the four	ndation receive		• •		n or sharing arrangement,		,010,	
(a)Line n	<u> </u>	(b) Amount involved			e exemp	ot organization	(d) Description	n of transfers, transactions, and	d sharing ar	rangeme	nts
<u> </u>			. ,	N/A		-				-	
					,						
		dation directly or indirect						-			_
in s	section	501(c) (other than sectio	n 501(c)(3)) or in se	ction 527?				L	Yes	X	No
<b>b</b> If "	Yes," co	mplete the following sch									
		(a) Name of org	anization		(b) T	/pe of organization		(c) Description of relation	ship		
		N/A									
	Under	penalties of perjury, I declare	that I have examined this	s return includin		panying schedules and	statements, and to the	best of my knowledge			
Sign		lief, it is true, correct, and con						r has any knowledge. M	ay the IRS turn with th	e prepare	er
Here							TREASU		X Yes		
	Sign	ature of officer or trustee				Date	Title		A Yes		J No
	I	Print/Type preparer's na		Preparer's s			Date	Check if PTIN			
			-		Junatar			self- employed			
Paid		WILLIAM R.	COLLTER	WTT,T.TA	мв	COLLTE	11/11/21		0158	203	
Prepa	arer	Firm's name ► HOL					,,	Firm's EIN ► 23-2			
Use (											
		Firm's address 🕨 11	7 VIP DRI	VE, ST	E 2	20					
			XFORD, PA	-				Phone no. 724-9	34-4	880	

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

OMB No. 1545-0047

2020

Employer identification number

~ 4	4 1	10	~	~ ~
84-	4 L	46	6	98

Organization type (check one):

### LUCKY DOG REFUGE INC

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

		-					
Х	For an organization filing	rm 990, 990-EZ, or	0-PF that receiv	, du	a the version	ntributio	aling \$5,000 or more (in money or
	property) from any one co	ributor. Com <u>ple</u> te F	ts I and II. See	struc	ns for determi	ning a coi	butor'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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet 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) (2020)

LUCKY DOG REFUGE INC

Name of organization

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 KIRMAR FOUNDATION X Person Payroll 600 STEAMBOAT ROAD, 3RD FLOOR 250,000. Noncash \$ (Complete Part II for GREENWICH, CT 06830 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 17

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2020.05000 LUCKY DOG REFUGE INC

Name of organization

Employer identification number

84-4146698

### LUCKY DOG REFUGE INC

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 siven	(c) FMV (or estimate) (Set instruction)	(d) Date received
(2)		\$	
(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
—   <u> </u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-25-20	18	Schedule B (Form	990, 990-EZ, or 990-PF

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			ction 501(c)(7), (8), or (10) that total more than \$1,000 fo
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,		
	Use duplicate copies of Part III if additiona		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(~)	(0) 000 01 g	(, 2000) passion of the second
-			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_			_
		(e) Transfer of gift	
	Transferen name, address, a	ZIP + 4	elation up or ansferor to transferee
-			/ Y
-			
-			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift		(d) Description of how gift is held
rom		(e) Transfer of gift	
rom	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
rom		(e) Transfer of gift	
rom  art I  -  -  -  -  -  -	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
rom  art I        -  -  -  -  -  -		(e) Transfer of gift	
rom	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
rom  art I        -  -  -  -  -  -	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
rom  art I        -  -  -  -  -  -	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held
rom  art I        -  -  -  -  -  -	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee
rom  art I               	Transferee's name, address, a	(e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held

DESCRIPTIONEXPENSES PER BOOKSNET INVEST- MENT INCOMEADJUSTED NET INCOMECHAI PUTLEGAL FEES4,680.0.4,680.0.TO FM 990-PF, PG 1, LN 16A4,680.0.4,680.0.FORM 990-PFOTHER PROFESSIONAL FEESSTATEM(A)(B) EXPENSES(C) ADJUSTED(C) ADJUSTED	STATEMENT 1	
TO FM 990-PF, PG 1, LN 16A4,680.0.4,680.FORM 990-PFOTHER PROFESSIONAL FEESSTATEM(A)(B)(C)DESCRIPTIONEXPENSESNET INVEST- PER BOOKSADJUSTED NET INCOMECHAI PUTOTHER PROFESSIONAL FEES3,000.0.3,000.	(D) RITABLE RPOSES	
FORM 990-PFOTHER PROFESSIONAL FEESSTATEM(A)(B)(C)DESCRIPTION(B)(C)OTHER PROFESSIONAL FEESNET INVEST- PER BOOKSADJUSTED MENT INCOMECHAI PUTOTHER PROFESSIONAL FEES3,000.0.3,000.	4,680.	
(A)(B)(C)DESCRIPTIONEXPENSES PER BOOKSNET INVEST- MENT INCOMEADJUSTED NET INCOMECHAI PUTOTHER PROFESSIONAL FEES3,000.0.3,000.	4,680.	
DESCRIPTION       EXPENSES PER BOOKS       NET INVEST- MENT INCOME       ADJUSTED NET INCOME       CHAI PUT         OTHER PROFESSIONAL FEES       3,000.       0.       3,000.       0.	ENT 2	
	(D) RITABLE RPOSES	
TO FORM 990-PF, PG 1, LN 16C 3,000. 0. 3,000.	3,000.	
	3,000.	
FORM 990-PF TAES STATEM	ent 3	
EXINCE NIC INVEST- DJUSTED CHAI	(D) RITABLE RPOSES	
FEDERAL BUSINESS TAX       408.       0.       408.         STATE BUSINESS TAX       71.       0.       71.         REAL ESTATE TAXES       7,823.       0.       7,823.         STATE REGISTRATION       250.       0.       250.	408. 71. 7,823. 250.	
TO FORM 990-PF, PG 1, LN 18 8,552. 0. 8,552.	8,552.	

FORM 990-PF	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	448.	0.	448.	448.
ADVERTISING	2,428.	0.	2,428.	2,428.
CLEANING	1,853.	0.	1,853.	1,853.
INSURANCE	6,100.	0.	6,100.	6,100.
LANDSCAPING	213.	0.	213.	213.
PAYROLL FEES	3,077.		3,077.	3,077.
REPAIRS AND MAINTENANCE	2,916.	0.	2,916.	2,916.
SUPPLIES/OFFICE EXPENSES	2,907.		2,907.	2,907.
UTILITIES	3,219.	0.	3,219.	3,219.
ANIMAL SHIPPING	44,936.		44,936.	44,936.
BOARDING & TRAINING	213.	0.	213.	213.
FEED AND BEDDING	4,969.	0.	4,969.	4,969.
MEDICAL & VETERINARIAN	139,358.	0.	139,358.	139,358.
MISC EXPENSES	11,170.	0.	215,790.	215,790.
TO FORM 990-PF, PG 1, LN 23	223,807.	0.	428,427.	428,427.

COPY