EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

Form **990** (2018)

			of the Treasury	▶ Do not en								\ \ \ \ \	Open to Public Inspection	$\widetilde{\hspace{1cm}}$
			nue Service			ov/Forn JUL		instruction 1018			UN 30		\ inspection	
				lar year, or tax year beg	ming	ООП	1, 2	1010	anu e	anding 0	1		otion number	
	B C	heck if pplicable	able									yer identific	ation number	
		_]chang	Address BEAGLE FREEDOM PROJECT							55-0882647				
	X	chang	ange Doing business as								<b>!</b>			—
	$\vdash$	return □Finat	Number	r and street (or P.O. box if			l to street	address)		Room/suite	E Teleph	one number		
	L	return. termir	m/ 4004 HAOREL CARTON BEVE								(818) 382-6500 G Gross receipts \$ 1,801,959.			a
		ated Amen	ded TATT.	EY VILLAGE,					ode		H(a) is this a group return			
~. V	$\vdash$	_return Applic _tion		and address of principal of					·-··	2-	7	ubordinates?		Nο
2/-	_	pendi		AS C ABOVE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4	$\sim$		subordinates inc		No
	1 1	ax-ex	empt status		(c) (	)◀ (	nsert no.	) 494	47(a)(1) o	527	1 ' '		ist (see instructions)	
21				BFP.ORG					•		H(c) Grou	p exemption	number -	
2021			f organization:	X Corporation Tr	rust	Associa	tion	Other 🕨	<u> </u>	L Year	of formation:	2004 M	State of legal domicile:	CA
අත	Pa	ırt I	Summary									<del>-</del> .	<u>-</u> -	
67	à	1	Briefly describ	be the organization's mis	sion or mo	st signi	ficant ac	tivities <u>E</u>	BEAGL	E FRE	EDOM F	ROJECT	'S MISSION	
MAR	Governance			LIMINATE THE										
$\geq$	ern.	2		ox 🕨 💹 if the organi					r dispose	ed of more	than 25% o	1 1	ets	2
Ω	Š	3		oting members of the gov	_	•		-	4.1			3	<del>,</del>	<u>3</u>
回	<u>م</u> ع	4		dependent voting member	-		-	•	7			4	<del></del>	<del>26</del>
SCANNED	Activities &	5		of individuals employed			018 (Pa	π v, line 2	a)			6		5
₹	ξ	7.		of volunteers (estimate if ed business revenue from	-		(C) line	12				7a		0.
Ø	Ac	l .		I business taxable income				_	11130	7		7b		0.
	_	Ť				-	RF	CEIV			Prior Y	<del></del>	Current Year	
_		8	Contributions	and grants (Part VIII, line	e 1h)	Ì	-135			81 🗀		2,321.	1,684,75	2.
<b>(2)</b>	ige (	9		rice revenue (Part VIII, line	-	/5	≧\ MA	YOB	50Sa /	[第] <u></u>		5,512.	29,72	
77.7	Revenue	10	Investment in	come (Part VIII, column (	A), lines 3,	الأسسساة	<i>≅</i> √ <i>k</i> .			' <del>'</del> =\		3,419.	1,18	
9	α	11	Other revenue	e (Part VIII, column (A), Iir	nes 5, 6d, 8	3c, 9c,	10c, and	GOEN	, 01	— ⊢		7,581.	15,97	
7		12	Total revenue	e - add lines 8 through 11	(must equ	al Part	VIII, eold	mn (A), lın	ne 12)		1,79	7,833.	1,731,63	
SEP		13		ımılar amounts paid (Part						<u> </u>		0.	10,97	
ट		14	•	to or for members (Part I			-		- 4-D	<u> </u>	00.	0.	766,94	0.
	es	15		er compensation, employe				ın (A), lines	s 5-10)	-	90.	0.	<del></del>	0.
601	Expenses	16a		fundraising fees (Part IX,				1.3	21,34					<del>"</del>
-	Exp	D		sing expenses (Part IX, co ses (Part IX, column (A), III		-	_		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-	829	9,108.	975,70	7.
-	-	17 18	•	es Add lines 13-17 (must			•	line 25)		-		2,428.	1,753,62	
2		19		expenses Subtract line	-		anni y y	, 20,				5,405.	-21,98	
232	20.4			Parada and mile		· · · · · · · · · · · · · · · · · · ·		•		Ве	ginning of C		End of Year	
3	sets	20	Total assets (I	(Part X, line 16)								7,290.	2,263,00	<u>6.</u>
04	t Assets or	21		s (Part X, line 26)								0.	134,37	8.
	Set .	22		fund balances Subtract	line 21 fro	m line 2	20				2,26	7,290.	2,128,62	8.
	_	art II												
_				, I declare that I have examin									knowledge and belief, it	IS
913	true	, corre	ct, and complete	e. Declaratio <del>n of</del> preparer (of	ther than off	icer) is t	ased on	all informati	ion of whi	ich preparer	has any kno	wledge.	1000	
Q			Signatur	re-of pfficer		-					<u>I</u>	ate 7/1	14000	—
	Sig				RESID	מאמי						alc /	•	
	Her	e		print name and title	KESID.	DIV 1							.,	
Ú			Print/Type pre			Pren	arer's sig	inature			Date	Check	PTIN	
757	Paid	j		CUMMINGS, C	PA			CUMM	4INGS	, CP	4/14/2	20 self-employe	F00043433	
7		parer	Firm's name	► COHNREZNIC						· J		rm's EIN 🕨	22-1478099	
		Only	Firm's address	100		L, S	UITE	1200						
				SACRAMENTO							[_P	<u>нопе по.</u> 916	5-442-9100	
	Ma	the I	RS discuss thi	is return with the prepare	er shown al	oove? (	see instr	uctions)						No

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

orm	990 (2018) BEAGLE FREEDOM PROJECT	<u>55-088</u>	<u> 2647                                     </u>	Page 2
Pa	↑ III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission			
	SEE SCHEDULE O			· ·· · · · · · · · · · · · · · · · · ·
			···	
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.	,		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others			
	revenue, if any, for each program service reported.	•		
4a	(Code) (Expenses \$1, 281, 862. including grants of \$) (Revenue		65,	383.)
-	RESCUES AND ADOPTIONS 2018: RESCUED, REHABILITATED AND RE			
	FROM LABORATORIES, SHELTERS AND OTHER ABUSIVE SITUATIONS.			
				<del></del>
	110 602 10 075			
4b	(Code ) (Expenses \$ 118,693. including grants of \$ 10,975.) (Revenue		TTM	0.)
	EDUCATIONAL AND OUTREACH PROGRAMS 2018: EDUCATED THE PUBL			
	ANIMAL CRUELTY, HOW TO BE A CRUELTY-FREE CONSUMER AND ALS	O EXTE	ирер	
	OUTREACH TO SCHOOLS ACROSS THE US AND ABROAD.			
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$		)
		-		
		·		
			-	
				<del></del>
		<del></del>		
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		_)	
4e	Total program service expenses ▶ 1,400,555.			
			Form 9	990 (2018)

Form 990 (2018) BEAGLE FREEDOM PROJECT
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	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u> </u>
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			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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	10		<del></del> -
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
ŭ	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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	i		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	٠.		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUÜ		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
32003	12-31-18			(2018)
	The existence of the control of the		1	

Form 990 (2018) BEAGLE FREEDOM PROJECT
Part IV Checklist of Required Schedules (continued)

Га	Checkist of Required Scriedules (continued)			
	D 11		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	~		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			
	·	23		х
24 3	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<del></del>
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		·
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
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		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)			لبيا
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1 1	v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash$	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
24	contributions? If "Yes," complete Schedule M	_30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	· · ·	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ_		
ω	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	<u> </u>		
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ł
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	,		
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			. [
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	X	
83200	4 12-31-18	Form	990	(2018)

Form	990 (2018) BEAGLE FREEDOM PROJECT 55-0882	647	Р	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.5	100	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ADDRESS AND LA	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		Х
ь́	If "Yes," enter the name of the foreign country	W.J.	100	CONTRACK CONTRACK
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		33.0	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	34.7	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	( a) (		i de la composição de l
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7. G	an.	\$ 3 T
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
e •	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>4</u> 7h	<del></del>	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	* * * * * * * * * * * * * * * * * * *	3 8695 W C 3960 C	Zed
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	32773	LEEN
9	Sponsoring organizations maintaining donor advised funds.		Fifther Chiles	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X.81.230	202223
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		2132	20 Jay	A 3 4 4
10	Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12			
	Finitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		2000	
	Section 501(c)(12) organizations. Enter	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 40 34	12.00
11	Gross income from members or shareholders	1.00 to 10.00		
a				400
b	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		22.22
		124	0200	(10 to 10 to
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
13		40-	* 000000	80.2H
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	200	
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the	100	1	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	*****	10000000000000000000000000000000000000	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\vdash$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del> </del>	<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		l	<b></b>
	excess parachute payment(s) during the year?	15	4000000	X
	If "Yes," see instructions and file Form 4720, Schedule N.	Sille		7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	134. 20 AL	X
	If "Yes," complete Form 4720, Schedule O	£###	<u> </u>	/2010)

Form 990 (2018) BEAGLE FREEDOM PROJECT 55-0882647 Page 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 or note to any line 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 1a 3	2. XX.3.4	10000000000000000000000000000000000000						
	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 3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7					
_	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?	<b>′</b> з ]		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	5 6		X					
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:	1 30 30 5	1.00						
а	The governing body?	8a	X	Sincethard and the state of the					
b	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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.)								
	THIS Occition by reducing information about policies for required by the internal revenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	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	and the contract of the contra	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		É PORT	1. W. A. A.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0							
•	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistlebiower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent	٠٠ <u>﴾</u> ﴿	-jj-7/201.2	養養物					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X	لنستنت					
b	Other officers or key employees of the organization	15b	Х						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	) jagg, ,	李瞳子	<b>家保護</b>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		海童 ×						
	taxable entity during the year?	16a		X					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		W. 3	75W					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		<b>斯德</b> 克						
	exempt status with respect to such arrangements?	16b	تستنششه	. A. A. T. W. S					
Sec	tion C. Disclosure	.00							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) :	availah	.lo					
,0	for public inspection. Indicate how you made these available. Check all that apply	Jilly) e	avalial.						
10		funanci	al						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	irianci	aı						
22	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records  SHANNON KEITH - (818) 382-6500								
	4804 LAUREL CANYON BLVD #534, VALLEY VILLAGE, CA 91607	•							
	TOUT DIVINE CANTON DEVD HOUT, VALUE VILLAGE, CA DIOUT								

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

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

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

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

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

Check this box if neither the organization in	or any related							ed any current officer, d		
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than box, unless person is bot officer and a director/trus				one	Reportable	Reportable compensation	Estimated
•	hours per	box					an	compensation		amount of
	week	-	Cerai	U a u	recid	rrus	lee)	from	from related	other
	(list any	recto	1					the	organizations	compensation
	hours for related	9 0 0	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	trus		e e	E E		(***2/1033-101130)		and related
	below	dualt	llona		l de	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- · <b>G</b>
(1) JEREMY BERNARD	1.00								· · · ·	
BOARD MEMBER (OUTGOING)		X	-					0.	0.	0.
(2) KEVIN KJONAAS	40.00							,		
VICE PRESIDENT/SECRETARY (OUTGOING)		X		X		<u> </u>		0.	0.	0.
(3) SHANNON KEITH	40.00						1			
PRESIDENT		X	<u> </u>	Х		<u> </u>		140,000.	0.	0.
(4) SHANNON WARNER	1.00	ļ							,	
CHAIR (OUTGOING)	1 00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) VALERIE KELLY	1.00	١					-			•
SECRETARY/TREASURER	1 00	X		X	_	⊢	_	0.	0.	0.
(6) ZOLTAN TEGLAS	1.00	x		<b>.</b> ,				0.	0.	
CHAIR	-	^		X	├	-	-	0.	0.	0.
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Form 990 (2018)

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			_	C)			(D)	(E)	(F)
Name and title	Average	/40			ition	than d	nna.	Reportable	Reportable	Estimated
*	hours per	box.	, unles	ss pe	rson t	s both	ал	compensation	compensation	amount of
	week	1	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for	ecto		ŀ				the	organizations	compensation
	related	o d	9 8	1	l	aled		organization	(W-2/1099-MISC)	from the
	organizations	ustee	lrust		gy.	Suado		(W-2/1099-MISC)		organization and related
	below	ual tr	trona		olog	2 8	_			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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dh Cub asasi	<u> </u>		L			<u> </u>		140,000.	0	. 0.
1b Sub-total								0.	0	
c Total from continuation sheets to Part VI	i, Section A							140,000.	0	
d Total (add lines 1b and 1c)	-4		1 4 .	ا ـ اـ		حاد د				• 1 0 •
2 Total number of individuals (including but n	ot ilmited to th	ose	liste	o at	oove	e) wn	o re	ceived more than \$100,	000 of reportable	1
compensation from the organization							-			Yes No
O Did the appropriate but any facility of financial	d	4								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 Did the organization list any former officer,		ıstee	е, ке	y en	npio	yee,	or r	nignest compensated er	nployee on	
line 1a? If "Yes," complete Schedule J for s							- 41-			3 X
4 For any individual listed on line 1a, is the su									ne organization	4 X
and related organizations greater than \$150										1 4 1 A
5 Did any person listed on line 1a receive or a							aate	ed organization or individ	iuai for services	5 X
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e <i>J t</i>	or st	ich j	oers	on				5 X
							AL		100,000 of according	
1 Complete this table for your five highest co									•	sauon irom
the organization Report compensation for	me calendar ye	ar e	nair	ıg w	iil C	U WI	uun T		ear.	(0)
(A) Name and business	address	NT/	ONE	7			J	( <b>B)</b> Description of s	ervices	(C) Compensation
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O Total number of independent contraction (	noludina but :	o+ I	nıtc -	1 + -	+b.c.		<u></u>	ahaya) wha racawad ==	are then	i
2 Total number of independent contractors (iii		or iin	ппес	10			rea	above) who received mo	ore triall	ļ
\$100,000 of compensation from the organiz	zation					<u>)                                    </u>				1

Form 990 (2018)

Total revenue control of the control	ha do rete	Check if Schedule O contains a response or note to any line in this Part VIII										
b Membership dues c Fundrasing events d Related organizations d Related Relate	100					or note to any lin	+ 12-11/2 (A)	Related or exempt function	Unrelated business	l Revenuè excluded		
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d Related organizations e George organizations of All other contributions, eiths, grains, and similar amounts not included above g Noval amounts not include above g Noval amounts n	E a			•	- <del>  -   -  </del>	01 007	and the second					
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Security of All other program service revenue   1,182.	뜵펵		d	Related organizations	— ·-t·	== -	**	14				
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2 a ADOPTION FEE INCOME  2 a ADOPTION FEE INCOME  900099 29,728. 29,728.  4 Income from investment of tax exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less rental expenses 6 Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other bases and sales expenses c Gain or (loss) 8 a Gross notome from from from from from tundraising events (not including \$ 21,827. of contributions reported on line Irs) b Less cost or other bases and sales expenses c San or (loss) 6 Net income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other bases and sales expenses c San or (loss) 6 Net income or (loss) 7 a Gross income from fundraising events (not including \$ 21,827. of contributions reported on line Irs) See Part IV, line 19 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross amount from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 10 Less cost of goods sold v Net income or (loss) from gaming activities 11 Less cost of goods sold v Net income or (loss) from gaming activities 11 Less cost of goods sold v Net income or (loss) from gaming activities 11 Less cost of goods sold v Net income or (loss) from gaming activities 12 Less cost of goods sold v Net income or (loss) from gaming activities 12 Less cost of goods sold v Net income or (loss) from gaming activities 12 Less cost of goods sold v Net income or (loss) from gaming activities 13 Less cost of goods sold v Net income or (loss) from gaming activities 14 Less cost of goods sold v Net income or (loss) from gaming activities 15 Less cost of goods sold v Net income or (loss) from gaming ac	<u>೧</u> ಕ		h	Total. Add lines 1a-1f			1,684,752.	1/2/2		4.5		
b c c d d d d d d d d d d d d d d d d d												
Total. Add lines 2a-2f   29,728.   3   Investment income (including dividends, interest, and other similar amounts)   1,182.   1,	ر ا	2	а			900099	29,728.	29,728.				
Total. Add lines 2a-2f   29,728.   3   Investment income (including dividends, interest, and other similar amounts)   1,182.   1,	له ≩. ً		b									
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other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Royalties  G a Gross rents  Less rental expenses c Rental income or (loss) d Net rental income or (loss) ra a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) a gross income from fundraising events (not including \$ 21,827. or contributions reported on line Ic) See Part IV, line 18 b Less direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 b Less cost of goods sold u Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  T a 35, 655.  1, 182. 1, 1			g	Total. Add lines 2a-2f		<b>&gt;</b>	29,728.					
A Income from investment of tax exempt bond proceeds Royalties  (i) Real (ii) Personal  (ii) Real (iii) Personal  (iii) Personal  (iii) Real (iii) Personal  (iii) Person		3		Investment income (including di	vidends, intere	st, and			-			
For Angulation Program   (ii) Personal   (iii) Personal				other similar amounts)		<b>&gt;</b>	1,182.			1,182.		
6 a Gross rents b Less cental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gan or (loss) a Gross income from fundraising events (not including \$ 21,827. or contributions reported on line ic) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less cost of other basis and sales expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of other basis and sales expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of odds sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a b c c d All other revenue e Total. Add lines 11a.11d	_	4		Income from investment of tax-e	xempt bond p	roceeds <b>&gt;</b>						
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b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Cain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income from fundraising events (not including \$ 21,827. of contributions reported on line Irc) See Part IV, line 18 c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b C d All other revenue e Total. Add lines 11a-11d	,			·	(i) Real	(ii) Personal						
The state of the s	- 1	6	а	Gross rents			4 7 6 6 7 1					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 21,827. or contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold c Inventory, less returns and allowances a Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a	- 1		b	Less rental expenses								
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contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d	- B			including \$ 21,82	7. òf							
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and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d		10								16.00		
b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d	•					60,874.			4			
Use the second of the second			ь	- • • •	•			produce and the Maria Maria Maria	75 E 7			
Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d					of inventory		35,655.	35,655.		***************************************		
11 a b c d All other revenue e Total. Add lines 11a-11d						Business Code	m. But a tour cour american care			in and an area		
b		11	a							1000 100000 10000 1000 1000 1000 1000		
c d All other revenue e Total. Add lines 11a-11d		' '	_	•				,				
e Total. Add lines 11a-11d			2									
e Total. Add lines 11a-11d			ų	All other revenue								
						<b></b>			Taraka ka			
		12		Total revenue. See instructions			1,731,639.	65,383.	0.	-18,496.		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses general expenses Grants and other assistance to domestic organizations 10,975. 10,975. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 100.786. 23.212. 16,002. 140,000. 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) 95,172. 65,610. 574,017. 413,235. Other salaries and wages -- ---Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,524 581 3,506. 401. Other employee benefits 49,422. 35,578. 8,194. 5,650. Payroll taxes Fees for services (non-employees) Management 5.039. 835. <u>577.</u> 3,627. Legal 20,479. 14,743. 2,340. 3,396. c - Accounting Lobbying **1887、1887、1887、1887、1887** Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 18,283. 18,283. column (A) amount, list line 11g expenses on Sch O.) 32,497. 32,497. Advertising and promotion 12 6,388. 79,462. 40,232. 32.842. Office expenses 13 Information technology 14 15 Royalties 29,109 5,308. 90,514 56,097 16 - Occupancy 5.335. 3.841. 884. 610. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 7,858. 5,657 1,303 898. Depreciation, depletion, and amortization 22 .923. 11,598. 8.349 326. 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.) 429,139. 429,139. RESCUE & ADOPTION 118,693. 118,693. EDUCATIONAL CAMPAIGN 67,482. 48,580. 11,188. 7,714. PUBLIC AWARENESS 37,274. 51,776. 8,584. 5,918. d MARKETING 14,507. 2,600. 37,552. 20,445 e All other expenses 1,753,627. 1,400,555. 231,730. 121,342. 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) Check here

Form 990 (2018)

Rant X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 152,263. 94,813 Cash - non-interest-bearing 1 2,058,191. 2 1,667,685 Savings and temporary cash investments -Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 .8 14,879 8 " Inventories for sale or use Prepaid expenses and deferred charges 9 Links. 10a - Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 477,541 ·8.597 b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 9,000. . . 8 , 088. Other assets. See Part IV, line 11 15 15 2,263,006. 2,267,290. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 134,378. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 134,378. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,267,290. 2,128,628. Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here . . and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 2,267,290. 2,128,628. 33 33 Total net assets or fund balances 2,267,290. 2,263,006. Total liabilities and net assets/fund balances 34 Form 990 (2018)

832012 12-31-18

Act and OMB Circular A-133?

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form 990 (2018)

За

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Inspection

Name of the organization

**Employer identification number** 

BEAGLE FREEDOM PROJECT 55-0882647 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 BEAGLE FREEDOM PROJECT 55-0882647

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

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

Sec	tion A. Public Support		- martine and an annual section of the section of t			<del></del>	1		
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	· (c) 2016	(d) 2017	(e) 2018 -	(f) Total	_	
1	Gifts, grants, contributions, and	, -		,		•			
	membership fees received. (Do not		,						
	ınclude any "unusual grants.")	1398895.	1948904.	1308694.	1582321.	1684752.	7923566	<u></u>	
٠2	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	•	'	ī	•	•	· · ·		
	the organization without charge	•		•				_ •	
4	Total. Add lines 1 through 3	1398895.	1948904.	1308694.	1582321.	1684752.	7923566	<u> </u>	
	The portion of total contributions				3.4				
	by each person (other than a		1. S.		5.0	3 A S			
	governmental unit or publicly		1.5				, ,		
	supported organization) included								
-	on line 1 that exceeds 2% of the								
	amount shown on line 11,							•	
	column (f)						347,210		
	Public support. Subtract line 5 from line 4	e e e e e e e e e e e e e e e e e e e	0370 ST 37 37 37 5	22.1			7576356		
	tion B. Total Support			-	•	TO STATE OF THE ST		_,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	. <b>(d)</b> 2017	(e) 2018	(f) Total	_	
	Amounts from line 4	1398895.	1948904.	1308694.	1582321.	1684752.	7923566	•	
	Gross income from interest,						,		
	dividends, payments received on		•				4		
	securities loans, rents, royalties,		,				7		
	and income from similar sources	496.	537.	914.	1,196.	1,182.	4,325	•	
9	Net incomé from unrelated business	•		<b>~</b>	•	•		<del>-</del> .	
•	activities, whether or not the			•			1		
	business is regularly carried on	,			•		<b>^</b> ,		
10	Other income. Do not include gain						•	_ `	
	or loss from the sale of capital	-					- 4		
	assets (Explain in Part VI.)	38,250.	64,403.	13,794.	'	25,423.	141,870	. ,	
11	Total support. Add lines 7 through 10	- MANAGEMENT CONTRACTOR OF THE PARTY OF THE	- NAME OF ASSESSMENT OF PROJECT AND ASSESSMENT OF PROJECT ASSESSME				8069761		
	Gross receipts from related activities,			1 W. O.C. W. C. W.	2010-1010-1010-1010-1010-1010-1010-1010	12	792,314		
	First five years. If the Form 990 is for	•		d fourth or fifth ta	x vear as a section			_	
	organization, check this box and stor		, mon, 0000ma, am	a, rourin, or maria	or your do a source	. 00 . (0)(0)	▶□	1	
Sec	tion C. Computation of Publi	c Support Per	centage				A	_	
	Public support percentage for 2018 (I			olumn (fl)	-	14	93.89	<u>~</u> %	
	Public support percentage from 2017					15	22	<u>~</u> %	
				n line 13, and line 1	14 is 33 1/3% or m	•			
.00	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
~									
172	and stop here. The organization qualifies as a publicly supported organization .								
174	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI now the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
Ð	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
40	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
<u> 18</u>	rivate foundation. If the organization		DOX OF THE 13, 10	a, 100, 17a, 01 170		dule A (Form 990		<u> </u>	

Schedule A (Form 990 or 990-EZ) 20 8 BEAGLE FREEDOM PROJECT

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

(Complete only if you checke				to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed Section A. Public Support	below, please comp	olete Part II.)* '^*	1 (\$			
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not	(12) 2014	(5) 2013	(6) 2010	(d) 2011	(6) 2010	(i) Total
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-	\				:	
iness under section 513			1			
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		<del>                                     </del>			-	
furnished by a governmental unit to						•
the organization without charge		\\				
6 Total. Add lines 1 through 5		\\	<u>.</u>			
7a Amounts included on lines 1, 2, and		\	V		_	
3 received from disqualified persons	i		<u> </u>			
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support				<del>, ··· · · · · · · </del>	···	
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2018	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6			+			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			\			
<b>b</b> Unrelated business taxable income	~	ļ		\		
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		_				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is	5					
regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)		<del> </del>	<u> </u>			
14 First five years. If the Form 990 is f	or the organization's	s first, second, the	rd, fourth, or fifth ta	x vear as a section	1 501(c)(3) organiza	ation.
check this box and stop here	or the organization	o mai, accond, im	, 100rui, 01 mar te	ix your as a sound	1001(0)(0) 019411120	<b>▶</b>
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2018			column (f))		15	9
16 Public support percentage from 201	•	=	(-,,		16	9
Section D. Computation of Inve						
17 Investment income percentage for 2	2018 (line 10c, colui	mn (f), divided by	line 13, column (f))		17	9
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2018. If th			on line 14, and line	15 is more than 3	·-··	₹ is not
more than 33 1/3%, check this box	_					\ ▶□
b 33 1/3% support tests - 2017. If the	•	-				nd
line 18 is not more than 33 1/3%, ch	eck this box and st	top here. The org	anization qualifies a	is a publicly suppo	rted organization	\ ▶□
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	9a, or 19b, check th	is box and see ins	tructions	<b>\</b>
832023 10-11-18 '					edule A (Form 990	or 990-EZ) 201

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No;" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	3a		
		3.12	
	3b 3c		
	4a		-
	4b		
	4c		
	5a		
	5c	77.	
_			
:	6	<u> </u>	
	7		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	-
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		-
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported ~		
	organizations, in excess of income from activity	<u> </u>		
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4_	Amounts paid to acquire exempt-use assets	<del>-,</del>		
_5_	Qualified set-aside amounts (prior IRS approval required)	<i>i</i>		
<u>_6</u> _	Other distributions (describe in Part VI) See instructions	<u> </u>		
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions		·	
9_	Distributable amount for 2018 from Section C, line 6	····		
<u>10</u> _	Line 8 amount divided by line 9 amount	<del></del>	T	
Secti	ion E = Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 ′	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions		. ,	
3	Excess distributions carryover, if any, to 2018			
a	From 2013	Provide the second		
b	From 2014	4 4 4 F		
c	From 2015			100000000000000000000000000000000000000
d	From 2016			e necessaria
е	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			10 mg
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$		2 1 1 1 1 1 1	
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount		\$4.00 m	J.
c_	Remainder, Subtract lines 4a and 4b from 4			- The state of the
5	Remaining underdistributions for years prior to 2018, if	nggangalonggan in the Park		abouting introducing the
	any. Subtract lines 3g and 4a from line 2. For result greater	THE STATE		
	than zero, explain in Part VI. See instructions		**************************************	10 Mart
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	40)		DOUBLE-manuel manuel of the Parketter and the country of the count
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c.			
_8_	Breakdown of line 7			A 14 W 6
<u>a</u>		7 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		
	Excess from 2015	7.64) 5.45		
	Excess from 2016	Part Control of the C		**************************************
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

## SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. . ► Attach to Form 990 or Form 990-EZ.

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

it the organization answered "tes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 40 (Political Campaign Activities), the	n
• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C	
• Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.	
Section 527 organizations Complete Part I-A only	

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III				
Nan	ne of organization	- · · · · · · · · · · · · · · ·		E	Emplo	yer identification number
		FREEDOM PROJECT				55-0882647
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c) o	or is a section 527	orga	anization.
1	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities in	n Part IV		
2	Political campaign activity expendit	ures			▶\$_	
3	Volunteer hours for political campai	ign activities			_	
_						
		janization is exempt unde				
	Enter the amount of any excise tax	, ,			<b>\$</b> _	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		▶\$_	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
	Was a correction made?					└─ Yes └─ No
	of If "Yes," describe in Part IV	anization is exempt unde	or coation FO1/o	avaant aastian E0	14/61/	<u>ar</u>
		<del></del>	<u></u>		<u> </u>	<u> </u>
	Enter the amount directly expended		•		<b>~</b> \$ _	
2	Enter the amount of the filing organ	lization's funds contributed to otr	ner organizations for se		•	
_	exempt function activities				▶ \$ _	<del></del>
3	Total exempt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
	line 17b				<b>S</b> _	
	Did the filing organization file Form					Yes No
- 5 	Enter the names, addresses and en	• •	•	•		
	made payments. For each organiza	·				· ·
	contributions received that were propolitical action committee (PAC). If	• •		· ·	oarate :	segregated fund or a
	<u> </u>	<del></del>		T		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization		(e) Amount of political contributions received and
				funds. If none, enter		promptly and directly
				1000000000000000000000000000000000000	-	delivered to a separate
		-				political organization.  If none, enter -0
	· · · · · · · · · · · · · · · · · · ·		<del></del>		-+	in none, enter -o
				İ	- 1	
			-	-	$\neg +$	
						· · · · · · · · · · · · · · · · · · ·

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

- Subtract line 1g from line 1a If zero or less, enter -0-
- Subtract line 1f from line 1c If zero or less, enter -0-
- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	<del></del>	<del></del>	<del></del>	<del></del>	
	Lobbying Exper	ditures During 4-Yea	r Averaging Period	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2015 	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2a Lobbying nontaxable amount	173,312.	209,879.	208,621.	215,056.	806,868.
b Lobbying ceiling amount (150% of line 2a, columni(e))	aninguitar udatem prisentari	an murani ahakee kaadaalaha ming maghaay	puning hand districtly (1)		_1_,210_,302.=
c Total lobbying expenditures	145,337.	90,664.	1,432.	18,399.	255,832.
d Grassroots nontaxable amount	43,328.	52,470.	52,155.	53,764.	201,717.
e Grassroots ceiling amount (150% of line 2d, column (e))					302,576.
f Grassroots lobbying expenditures	22,538.	4,611.	977.		28,126.

Schedule C (Form 990 or 990-EZ) 2018

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For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred by organization managers under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III:A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yer 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1 2		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Rant III:A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yer part III:B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1 2	ction	
or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III:A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yere answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1 2	ction	
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Rant III:A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.  1 Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1 2	ction	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Rart III:A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year.  Part III:B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1 2	ction	
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Rart III A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year.  Rart III B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political)	1 2	ction	200 (0.00 (0
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2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1		
	200		
		# 4	
a Current year	2a	]	
b Carryover from last year - was the second as the second was the second as the second was the second as the secon	- 2b		
c Total	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	ئىدا ئىشىك		
expenditure next year?	4		
5 Taxable amount of lobbying and political expenditures (see instructions)	5		
Part V Supplemental Information	<u> </u>		

## SCHEDULE D

(Form 990)

832051 10-29-18

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BEAGLE FREEDOM PROJECT

Employer identification number 55-0882647

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		<u></u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring .
	impermissible private benefit?		Yes No
Pa			IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
a			2a
	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired a listed in the National Register	after 7/25/06, and not on a historic structure	
2	Number of conservation easements modified, transferred, rel	logged extinguished or terminated by the era	2d
3	year	eased, extinguished, or terminated by the org.	anization during the tax
4	Number of states where property subject to conservation eas	coment is located	
4 5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	<b>&gt;</b>		and the second and year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$	<b>3</b>	,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the c	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>S</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	_	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1	,	\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

1.	(a) Description of liability	(b) Book value	
(1) Federal incom	ne taxes		yine:
(2)			
(3)			
(4)			
<u>      (5)                              </u>			
(6)			
(7)			
(8)	·		15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
- (9)			
Total. (Column (b) mu	st equal Form 990. Part X. col. (B) line 25.)	▶	

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

Schedule D (Form 990) 2018

CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

SETTLEMENTS,

832054 10-29-18

Schedule D (Form 990) 2018

IF APPLICABLE, THE ORGANIZATION RECOGN	NIZES INTEREST AND PENALTIES
ASSOCIATED WITH TAX MATTERS AS PART OF	F INCOME TAX EXPENSE AND INCLUDES
ACCRUED INTEREST AND PENALTIES WITH AC	CCRUED EXPENSES IN THE STATEMENT OF
FINANCIAL POSITION.	-
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
IN-KIND SERVICE CONTRIBUTIONS	8,502.
· , · · · · · · · · · · · · · · · · · ·	·
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-45,101.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	1.
IN-KIND SERVICE CONTRIBUTIONS	8,502.
FUNDRAISING EXPENSES	45,101.
TOTAL TO SCHEDULE D, PART XII, LINE 21	53,603.
	·····
PART XII, LINE 4B - OTHER ADJUSTMENTS:	3 At a 0 = 0
481 (A) ADJUSTMENT	4,069.
<u> </u>	·
	-
	•

## SCHEDULE G

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

	Inspection	1
mployer	identification	number

BEAGLE F	REEDOM PROJECT			55-0882	647
	Complete if the organization answ	ered "Yes"	on Form 990, Part IV,		
required to complete this part.					
<ul> <li>Indicate whether the organization raise</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written or key employees listed in Form 990, Par</li> </ul>	e Solicità f Solicità g Specia  oral agreement with any individua rt VII) or entity in connection with p	ation of non- ation of gove Il fundraising I (including e professional	government grants ernment grants g events officers, directors, trus fundraising services?	Yes	· · · · · · · · · · · · · · · · · · ·
b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the order.	,	uant to agre	ements under which t	he fundraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custod or control of contributions	f   from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
		<del>                                     </del>			
		<del>                                     </del>			
	* .				
	<u> </u>				
<u></u>		<u> </u>			
Total  3 List all states in which the organization	is registered or licensed to solicit	contribution	ns or has been notified	It is exempt from re	gistration
or licensing.					
			<u> </u>	<del></del>	
		<u> </u>			
LHA For Paperwork Reduction Act Notic	e, see the Instructions for Form	990 or 990-	·EZ.	Schedule G (Form 9	990 or 990-E <b>Z</b> ) 2018

		or full draining event contributions and gr				ts greater than \$5,000
- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRATION		NONE	(add col (a) through
			OF SURVIVAL			1 ' ' '
			(event type)	(event type)	(total number)	col (c))
ne				(******)		
Revenue		•	47 250			47 250
اڇَ	1	Gross receipts	47,250.		<del></del>	47,250
			04 000			04 005
	2	Less Contributions	21,827.			21,827
						,
ل	3	Gross income (line 1 minus line 2)	25,423.			25,423
ļ		-		1	,	
	4	Cash prizes				
						Ĭ
	5	Noncash prizes				
3		·				
בייייייייייייייייייייייייייייייייייייי	6	Rent/facility costs		-		
ļ	٦	Tionbladinty code				<u> </u>
į	_	Food and bases	2,303.			2,303
3	7	Food and beverages	2,303.			2,303
5						
	8	Entertainment	· · · · · · · · · · · · · · · · · · ·		******	40.50
	9	Other direct expenses	42,798.			42,798
ļ	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•	45,101
	11	Net income summary Subtract line 10 from I	ine 3, column (d)			-19,678
9	ırt İ	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than ,	
		\$15,000 on Form 990-EZ, line 6a.				
		<del> </del>		(b) Pull tabs/instant	4 3 6 4	(d) Total gaming (add
שמי שמים ש			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c
5			<del></del>			<del>  ``                                  </del>
2		•				
4	1	Gross revenue				<del>                                     </del>
,	2	Cash prizes				ļ
إ						
Ş	3	Noncash prizes				
Direct Experises						
2	4	Rent/facility costs	-	}	•	}
ŀ		•		· · · · · · · · · · · · · · · · · · ·		†—·
١	I			1		
	5	Other direct expenses				
	5_	Other direct expenses	V 0/	Vac 0/		
	_		Yes%		Yes %	
	_	Other direct expenses  Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
ַ	_				<u> </u>	
נ	_		No		<u> </u>	
	6	Volunteer labor	No		<u> </u>	
	6	Volunteer labor  Direct expense summary. Add lines 2 through	No n 5 in column (d)		<u> </u>	
	6	Volunteer labor	No n 5 in column (d)		<u> </u>	
	6 7 8	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No 1 5 in column (d) 2 from line 1, column (d)		<u> </u>	
9	6 7 8	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No 1 5 in column (d) 1 from line 1, column (d) 1 icts gaming activities	No No	<u> </u>	
	6 7 8 En	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduttee organization licensed to conduct gaming and	No  from line 1, column (d)  icts gaming activities ctivities in each of these	No No	<u> </u>	
a	6 7 8 En	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  from line 1, column (d)  icts gaming activities ctivities in each of these	No No	<u> </u>	
e a	6 7 8 En	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduttee organization licensed to conduct gaming and	No  from line 1, column (d)  icts gaming activities ctivities in each of these	No No	<u> </u>	
a	6 7 8 Entre 15 15 15 15 15 15 15 15 15 15 15 15 15	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization conduct the organization licensed to conduct gaming at the explain.	No  1 5 in column (d)  2 from line 1, column (d)  3 icts gaming activities  5 ctivities in each of these	No No	No ►	
ab	6 7 8 Entre 15 15 15 15 15 15 15 15 15 15 15 15 15	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduttee organization licensed to conduct gaming and	No  1 5 in column (d)  2 from line 1, column (d)  3 icts gaming activities  5 ctivities in each of these	No No	No ►	
ab	6 7 8 Entitle If " We	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization conduct organization licensed to conduct gaming at the organization.  Every explain.	No  1 5 in column (d)  2 from line 1, column (d)  3 icts gaming activities  5 ctivities in each of these services, suspended, or te	states?	No ►	Yes N
ab	6 7 8 Entitle If " We	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization conduct the organization licensed to conduct gaming at the explain.	No  1 5 in column (d)  2 from line 1, column (d)  3 icts gaming activities  5 ctivities in each of these services, suspended, or te	states?	No ►	Yes N
ab	6 7 8 Entitle If " We	Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  Iter the state(s) in which the organization conduct organization licensed to conduct gaming at the organization.  Every explain.	No  1 5 in column (d)  2 from line 1, column (d)  3 icts gaming activities  5 ctivities in each of these services, suspended, or te	states?	No ►	Yes N

Does the organization conduct gaming activities with nonmembers?  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?  Indicate the percentage of gaming activity conducted in 1 The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address  Address  If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   If "Yes," enter name and address of the third party  Address  Address  Baming manager information  Name  Gaming manager information  Name  Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  Yes  Yes  The reference of the exempt organizations or spent in the organizatio	chedule G (Form 990 or 990-EZ) 2018 BEAGLE FREEDOM PROJECT	55-0882647 Page
to administer chartable gaming?   Yes	1 Does the organization conduct gaming activities with nonmembers?	, — —
to administer chartable gaming?   Yes	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	rmed
Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   ▶ \$ and the amount of gaming revenue retained by the third party   ▶ \$   If "Yes," enter name and address of the third party  Name ▶  Gaming manager information  Name ▶  Gaming manager compensation ▶ \$	to administer charitable gaming?	Yes N
The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name  Address  Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?   If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party  \$ \$   If "Yes," enter the amount of gaming revenue received by the organization  \$ \$   Address   Address   Address   Gaming manager information  Name   Gaming manager compensation  \$ \$   Description of services provided   Director/officer		13a
Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name   Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?   If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$ if "Yes," enter name and address of the third party   \$ \$ if "Yes," enter name and address of the third party   \$ \$ \$ if "Yes," enter name and address of the third party   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		13b
Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization receives garning revenue?	•	d records
Address		
Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue received by the organization   \$ and the amount of gaming manager information     Address   Name		
If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Address >	
of gaming revenue retained by the third party ▶ \$	a Does the organization have a contract with a third party from whom the organization receives gaming revenue	ue? - Yes N
If "Yes," enter name and address of the third party  Name   Address   Gaming manager information  Name   Gaming manager compensation   \$\\$\$.\$  Description of services provided   Director/officer		the amount
Address  Gaming manager information  Name  Gaming manager compensation  \$\bigselon* \\$  Description of services provided  Director/officer	of gaming revenue retained by the third party > \$	-
Garning manager information  Name ▶  Garning manager compensation ▶ \$  Description of services provided ▶  Director/officer	c If "Yes," enter name and address of the third party	
Garning manager information  Name ▶  Garning manager compensation ▶ \$  Description of services provided ▶  Director/officer		_
Address ►  Gaming manager information  Name ►  Gaming manager compensation ► \$		
Gaming manager compensation ▶ \$		· - <del></del>
Gaming manager compensation ▶ \$		
Description of services provided  Director/officer	Carring manager information	-
Description of services provided  Director/officer	Name •	
Director/officer		
Director/officer	Description of services provided	
Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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  \$\frac{1}{2} \\$  Trivity Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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  \$\frac{1}{2} \\$  Trivity Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 \$  **TIV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Director/officer Employee Independent contractor	
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 \$  **TIV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Mandatory distributions:	
retain the state gaming license?  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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	-	
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. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Yes A
organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10  15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v v	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	· · · · · · · · · · · · · · · · · · ·	apent in the 1
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		and (v), and Part III, lines 9, 9b, 10b
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-Schedule G	(Form 990 or 990-EZ)	BEAGLE FREEDOM	PROJECT	<u>55-0882647</u> <sub>Page</sub>
Part IV	(Form 990 or 990 EZ)  Supplemental Info	ormation (continued)		
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#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

<u> 2018</u>

OMB No 1545-0047

Open to Public ?

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization Employer identification number BEAGLE FREEDOM PROJECT 55-0882647 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, (if applicable) noncash assistance or assistance or government cash grant non-cash FMV, appraisal, assistance other) TO ASSIST THE 2ND STREET HOOLIGANS RESCURE INC DRGANIZATION IN 1235 2ND ST ADVOCATING FOR THE HUMANE 82-3295785 501(c)(3) -NORCO CA 92860 6,700 TREATMENT OF ALL ANIMALS

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1				,	
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*				,	Α
	•			, 4	The state of the s
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2, Part III, columi	n (b), and any other ac	dditional information	
PART I, LINE 2: THE ORGANIZATION MONITORS THE GRAN	TS TO ENS	URE THAT	THE GRANTS	ARE USED FOR	
ITS EXEMPT PURPOSE.					<del>.</del>
				1	1
PART II, LINE 1, COLUMN (H):				<del></del>	
NAME OF ORGANIZATION OR GOVERNMENT	: 2ND STR	EET HOOLI	GANS RESCUR	E INC	٠,
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO ASSI	ST THE OR	GANIZATION	IN	
ADVOCATING FOR THE HUMANE TREATMEN	T OF ALL	ANIMALS T	HROUGH EDUC	ATION AND	<del></del>
INSPIRING CRUELTY FREE LIFESTYLE.					
32102 11-02-18					Schedule I (Form 990) (20

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

832211 10-10-18

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

BEAGLE FREEDOM PROJECT

Employer identification number 55-0882647

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, BY RESCUING EXPLOITED. ABUSED, UNWANTED AND HOMELESS ANIMALS AND BY EDUCATING THE PUBLIC OF THE VAST EXTENT OF THE SUFFERING ANIMALS ENDURE THROUGH ITS ACTIONS AND WORDS, IN OUR SOCIETY. BEAGLE FREEDOM PROJECT ADVANCES THE FREEDOM OF ALL ANIMALS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BEAGLE FREEDOM PROJECT'S MISSION IS TO ELIMINATE THE SUFFERING OF ALL THIS GOAL IS ACHIEVED BY RESCUING EXPLOITED, ABUSED, UNWANTED AND HOMELESS ANIMALS AND BY EDUCATING THE PUBLIC OF THE VAST EXTENT OF THE SUFFERING ANIMALS ENDURE IN OUR SOCIETY. THROUGH ITS ACTIONS AND BEAGLE FREEDOM PROJECT ADVANCES THE FREEDOM OF ALL ANIMALS. WORDS, FORM 990, PART VI, SECTION A, LINE 8B: "NO" BECAUSE THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT THE RESPONSE IS ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT REVIEWS THE FINAL DRAFT OF FORM 990 AND CONSIDERS ANY SUGGESTIONS. COMMENTS OR REVISIONS FROM THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY MEETING WITH INDIVIDUALS PRIVATELY ON A BI-ANNUAL BASIS IN ORDER TO HEAR ANY ISSUES THAT MAY HAVE ARISEN SO THAT AND BY REQUEST, THEY CAN BE IMMEDIATELY ADDRESSED.

2018.05070 BEAGLE FREEDOM PROJECT

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

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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  BEAGLE FREEDOM PROJECT.	Employer identification number 55-0882647
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION SURVEYS SALARIES FOR ORGANIZATION'S CEO,	, EXECUTIVE
DIRECTOR, OR TOP MANAGEMENT OFFICIALS IN COMPARABLE SIZE	ORGANIZATIONS.
THE BOARD REVIEWS THE VARIOUS SALARIES AND MAKES A DETERM	MINATION AS TO THE
LEVEL OF SALARY FOR THE OFFICER ON AN ANNUAL BASIS. THE	BOARD MAKES
DECISIONS ABOUT COMPENSATION OVER THE PHONE, E-MAIL, OR I	OURING IN-PERSON
MEETINGS AFTER REVIEWING EXPENSES, INCLUDING DONATIONS, V	VORK ACCOMPLISHED,
GOALS ACCOMPLISHED, THE MEASURE OF THE WORK PUT IN BY THE	E EMPLOYEE AND
COMPARABLE DATA.	
,,	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC VIA GUIDESTAR OR UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
481(A) ADJUSTMENTS	4,069.
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## Secretary of State Certificate of Amendment of ♣ AMDT-Articles of Incorporation

Name Change Only - Nonprofit

NP-NA

FILEL COM Secretary of State State of California

MAY 2 D 2019



IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First Page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)

Rescue + Freedom Project

This Space For Office Use Only

2. 7-Digit Secretary of State File Number --

2672062

3. New Corporation Name

Enter the number, letter, or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "I," "First," or "A"). See Instructions if the provision in the Articles of\_Incorporation being amended does not\_include a number, letter, or other

designation. Any attachment is made part of this document

Item 3b: Enter the new corporate name

3a.	ArticleIof the Articles of Incorporation is amended to read as shown in Item 3b below:	
3b.	The name of the corporation is Beagle Freedom Project	_
		L
_		

#### 4. Approval Statements

- 4a. The Board of Directors has approved the amendment of the Articles of Incorporation.
- 4b. Member approval was (check one):

By the required vote of the members in accordance with California Corporations Code section 5812,7812, or 12502.

Not required because the corporation has no members.

5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

5/10/2019 Date Signature

Shannon Keith

Type or Print Name of President

5/10/2019

Zoltan Teglas Type or Print Name of Secretary

AMDT-NP-NA (EST 09/2016)

2016 California Secretary of State www.sos.ca gov/business/be