# EXTENDED TO NOVEMBER 15, 2023

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2022 calendar year, or tax year beginning and	enaing		
<b>3</b> C	heck if	C Name of organization		D Employer identific	cation number
	Addres			]	
	Name change	Doing business as		26-41326	08
	Initial return	,	Room/suite	E Telephone number	
L	Final return/ termin			315-446-	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,177,375.
	Ameno return	NORTH SYRACUSE, NY 13212		H(a) Is this a group re	
	Applic tion pendir			for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or (insert no.) 4947(a)(1) or (insert no.)	or 527	<b>⊣</b> ′	list. See instructions
	Vebsit			H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 2009 M	State of legal domicile: NY
Ра			TNC HC	NIMING DOG DE	CCITE
S	1	Briefly describe the organization's mission or most significant activities: $\frac{ ext{HELP}}{ ext{PROVIDES}}$	BECCI	TE BY MATCHTI	NG HOMFT.FGG
nar					
ver	l	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		1 - 1	13
ဗိ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			13
φ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18
itie	l	Total number of violunteers (estimate if necessary)		_	377
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		519,937.	552,408.
ű		Program service revenue (Part VIII, line 2g)		563,730.	559,203.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,121.	34,845.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,134,788.	1,146,456.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
န	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		327,653.	454,536.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  27, 2		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	72.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		599,755.	600,355.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		927,408.	1,054,891.
- 10		Revenue less expenses. Subtract line 18 from line 12		207,380.	91,565.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sser	20	Total assets (Part X, line 16)		2,651,209.	2,665,996.
ndl	21	Total liabilities (Part X, line 26)		607,272.	537,240.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,043,937.	2,128,756.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ante and to the heet of m	knowledge and bolief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	KITOWIEUYE ATTU DEITEI, IL IS
ıuc,	COLLEC	נ, מוזם פטווואופנפ. ביבטומומנוטוו טו אופאמופו (טנוופו נוומוו טווונפו) וא ביבטומ טוו מוו ווווטווומנוטוו טו אוו	non preparei	inas any knowicuyc.	
Sigr	,	Signature of officer		I Date	
əigi Her		JOSEPH FOUSEK, PRESIDENT			
161		Type or print name and title			
		Print/Type preparer's name  Preparer's signature	$\circ$	Date Check	PTIN
Paid	ı	GREGG A. GOETTEL	$^{ imes}$ lo	08/07/23 of self-employe	□ P00311664
	arer	Firm's name BOWERS & COMPANY CPAS PLLC			0-1317788
	Only	Firm's address 120 MADISON ST - 1700 AXA TOWER	II	5 Em	
	-	SYRACUSE, NY 13202		Phone no.31	5-234-1100
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No

Га	Check if Schodule O contains a reapones or note to any line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  HELPING HOUNDS DOG RESCUE PROVIDES A COMPASSIONATE APPROACH TO DOG
	RESCUE BY MATCHING HOMELESS DOGS FROM OVERCROWDED SHELTER SYSTEMS WITH
	LOVING HOMES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 857,506. Including grants of \$ DOGS AT RISK FOR EUTHANASIA IN
	OVERCROWDED SHELTERS INTO LOVING HOMES. OVER 300 ACTIVE VOLUNTEERS HELPED US CARE FOR OUR DOGS, RAISE FUNDS, AND EDUCATE THE COMMUNITY IN
	ANIMAL SAFETY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 857 , 506 ,

# Form 990 (2022) HELPING HOUN 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III	8		Α.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	the organization's separate of 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		┢ᢚ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		<del> </del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2022) HELPING HOUNDS DOG Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<u>.</u> .		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  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	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		Х
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	<u> </u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?		<b>.</b>	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
. a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a response of flote to diff fille in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		. 50	- 10
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

# HELPING HOUNDS DOG RESCUE INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	NO				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0							
	filed for the calendar year ending with or within the year covered by this return	2a 18		v					
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	v				
3a			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				Х				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Λ				
D	If "Yes," enter the name of the foreign country	and (FDAD)							
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E-		Х				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		21				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30						
ua	any contributions that were not tax deductible as charitable contributions?								
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		X				
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		OD						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	•	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e						
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:	l I							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ايدا							
a	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446							
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a						
		12b	ıza						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.		100						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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 on Schedule Q. See instructions

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule of 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								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X					
5	3 , 3								
6	• • • • • • • • • • • • • • • • • • • •								
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY								
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	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial						
	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								
	GREGORY JARVIS - 315-446-5970								
	7268 CASWELL AVE, NORTH SYRACUSE, NY 13212								

# 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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T	organization compensat (C)					(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
Name and title	hours per							compensation	compensation	amount of
	week	_				or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	١.	nploy	st con yee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHY GILMOUR	40.00	Ι-	_		-		_			
EXECUTIVE DIRECTOR		1		x				83,728.	0.	0
(2) JOE FOUSEK	5.00									
PRESIDENT		Х		Х				0.	0.	0
(3) KATRINA CROCKER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(4) GREG JARVIS	5.00									
TREASURER		Х		Х				0.	0.	0
(5) DR.JAMIE LOVEJOY	1.00									
DIRECTOR		X						0.	0.	0
(6) EILERT BONK	1.00									
DIRECTOR		Х						0.	0.	0
(7) FRANK BATTISTA	1.00									
DIRECTOR		Х						0.	0.	0
(8) MATT GERMAIN	1.00									
DIRECTOR		Х						0.	0.	0
(9) KELLY GRIFFITH	1.00									
SECRETARY		Х		Х				0.	0.	0
(10) GRAYSON WALTER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(11) HANNAH FRANCEMONE-BOWER	1.00								_	
DIRECTOR		Х						0.	0.	0
(12) DAN O'CONNELL	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0
(13) HOPE RINALDI	1.00	۱								
DIRECTOR		Х						0.	0.	0
		1								
		<u> </u>								
		4								
		<u> </u>	_			_	<u> </u>			
		-								
							_			
		-								
	l	1	I	ĺ	l	ı	ĺ	1		

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			•	C)			(D)	(E)			(F)
	Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	;	Esti	imated
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation			ount of
		week		oci ai	iu a u	8010	Ji / ii uS	,,,,,,	from	from related		other	
		(list any hours for	irecto						the	organization			ensation
		related	or d	8			sated		organization	(W-2/1099-MIS			m the
		organizations	.nstee	trust		e e	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	nization related
		below	lualt	tional	١.	yoldı	yee	_	1099-1120)				nizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				0.94.	
			╫	-			1 0	<u> </u>					
			<u> </u>										
			_										
			-										
			L										
			<del> </del>										
			-										
	Subtotal		<u> </u>	<u> </u>					83,728.		0.		0.
10	Subtotal Total from continuation sheets to Part VI	I Section A						••	0.		0.		0.
									83,728.		0.		0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but n								-	1000 of reportab			
_	compensation from the organization	ot inflited to the	1036	ilott	su a	DOV	c) wi	10 1	eceived more than proc	,,000 or reportab	10		0
	compensation from the engantization											1	Yes No
3	Did the organization list any <b>former</b> officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from				177
_	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a	•				•			•		'	_	х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scheaui	e J T	or s	ucn	pers	son .					5	ΙΔ.
1	Complete this table for your five highest co	mpensated in	dep:	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation fro	om
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir T		year.			
	<b>(A)</b> Name and business	address	N	INC	Ξ				<b>(B)</b> Description of s	ervices	С	(C) ompen:	
								_					
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organic	zation					0						

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
s s		Fordament of community of the Land					366110113 312 - 314
ant		Federated campaigns 1a					
ڰٙڰٙ		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
ië jë		Related organizations 1d	95,625.				
Sin		Government grants (contributions) 1e	93,023.				
ē ţi	т	All other contributions, gifts, grants, and	456,783.				
동	_	similar amounts not included above 1f	430,703.				
i g	_	Noncash contributions included in lines 1a-1f		552,408.			
<del>0 (()</del>	n	Total. Add lines 1a-1f	Business Code	332,400.			
Program Service Revenue	٥.	ADOPTION FEES	812910	536,997.	536,997.		
		MD 3 TATTAG ODOOMTAG 3 AT	812910	22,206.			
Ser	b		012310	22,200.	22,200.		
E S	C						
gra	d						
Pro	•	All other program service revenue					
	'	Total. Add lines 2a-2f		559,203.			
-	3	Investment income (including dividends, intel		33372031			
	3	,	•				
	4	other similar amounts) Income from investment of tax-exempt bond					
	5	Royalties	•				
	3	(i) Real	(ii) Personal				
	6 2	2	(.,, : :::::::::::::::::::::::::::::::::				
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c	+				
	4	Not rental income or (loss)	1				
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>,</i> .	assets other than inventory <b>7a</b>					
	h	Less: cost or other basis					
e e		and sales expenses 7b					
Other Revenue	c	Gain or (loss) 7c	1				
ş		Net gain or (loss)	1				
ē		Gross income from fundraising events (not	<u> </u>				
뒴	o u	including \$ of					
-		contributions reported on line 1c). See					
		Part IV, line 18	52,513.				
	b	Less: direct expenses	1 2 - 2 2				
		Net income or (loss) from fundraising events		38,745.			38,745.
		Gross income from gaming activities. See					-
		Part IV, line 19	,				
	b	Less: direct expenses 9t	<u> </u>				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10	a 12,144.				
	b	Less: cost of goods sold 10	4 - 4 - 4				
		Net income or (loss) from sales of inventory		-5,007.	-5,007.		
<u>"</u>		. ,	Business Code				
og a	11 a	MISCELLANEOUS REVENUE	812910	1,107.	1,107.		
Miscellaneous Revenue	b						
le se	С						
Ĭŝ		All other revenue					
_		Total. Add lines 11a-11d		1,107.			
		Total revenue. See instructions		1,146,456.	555,303.	0.	38,745.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

-	Check if Schedule O contains a respon	•		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		enpenied	долога: одрогово	ол, <b>р</b> отгосо
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	427,938.	376,586.	25,676.	25,676.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	06 500	02.406	1 506	1 506
10	Payroll taxes	26,598.	23,406.	1,596.	1,596.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16 664		16 664	
	Accounting	16,664.		16,664.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	42,997.		42,997.	
13 14	Office expenses	14,0010		12,0076	
15	Information technology				
16	Royalties	29,327.	14,663.	14,664.	
17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	23,864.	11,932.	11,932.	
21	Payments to affiliates	-	-	·	
22	Depreciation, depletion, and amortization	50,466.	25,233.	25,233.	
23	Insurance	19,356.		19,356.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	BOARDING AND TRANSPORTA	219,536.	219,536.		
b	VETERINARY CARE	150,789.	150,789.		
С	OTHER PROGRAM	35,361.	35,361.		
d	REPAIRS AND MAINTENANCE	11,995.		11,995.	
е	All other expenses	1 051 551	0.55	450 (10	0= 0=0
25	Total functional expenses. Add lines 1 through 24e	1,054,891.	857,506.	170,113.	27,272.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0000)

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	684,126.	1	631,355.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	24,084.	4	95,625.		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
ţ		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			4,118.	9	7,347.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,016,056.			
	b	Less: accumulated depreciation	10b	145,693.	1,920,829.	10c	1,870,363.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			18,052.	15	61,306.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33	3)	2,651,209.	16	2,665,996.
	17	Accounts payable and accrued expenses			48,391.	17	23,920.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unrela			558,881.	23	513,320.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			607 070	25	F27 240
	26	Total liabilities. Add lines 17 through 25			607,272.	26	537,240.
S		Organizations that follow FASB ASC 958, che	ck here	X			
nce		and complete lines 27, 28, 32, and 33.			1 064 277		2 047 552
ala	27	Net assets without donor restrictions			1,964,377. 79,560.	27	2,047,553. 81,203.
В	28	Net assets with donor restrictions			79,300.	28	01,203.
Ë		Organizations that do not follow FASB ASC 9	58, che	ck here			
ō		and complete lines 29 through 33.					
əts	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		_	2 0/2 027	31	) 100 7E <i>E</i>
ž	32	Total net assets or fund balances			2,043,937.	32	2,128,756.
	33	Total liabilities and net assets/fund balances	2,651,209.	33	2,665,996.		

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		1,14				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,05		<u>91.</u> 65.		
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10 2,						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HELPING HOUNDS DOG RESCUE INC.

Employer identification number 26-4132608

Part I 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).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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 university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	-	VI how the organiz	zation
	meets the facts-and-circumstances to	•		, ,,	•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ısL

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

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

Se	ction A. Public Support	ciow, picase comp	noto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		,	,	,	( )	()
	membership fees received. (Do not						
	include any "unusual grants.")	385,848.	345,180.	423,167.	461,040.	559,203.	2,174,438.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		,	,		,	, ,
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	385,848.	345,180.	423,167.	461,040.	559,203.	2,174,438.
	Amounts included on lines 1, 2, and	-	-	-		-	· · ·
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2,174,438.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	385,848.	345,180.	(c) 2020 423,167.	461,040.	559,203.	2,174,438.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	385,848.	345,180.	423,167.	461,040.	559,203.	2,174,438.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here	<u></u> .					
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))			100.00 %
	Public support percentage from 2021					16	100.00 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20					17	.00 %
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box at	=		•			X
k	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio			•		· ·	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
_		
9a		
OL		
9b		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u>Caa</u>	supervised, or controlled the supporting organization.	2		Щ_
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). etion D. All Type III Supporting Organizations	1	ш	<u> </u>
500	Tion D. All Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	 )-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	$\sqcup$	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022			20-4132000 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

Sche		S DOG RESCUE I		2	6-4132608 Page 7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

Schedule A (Form 990) 2022

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
[ 2.17 51 ]	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

### **SCHEDULE D** (Form 990)

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

HELPING HOUNDS DOG RESCUE INC.

Employer identification number 26-4132608

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds o	r Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	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	advisors in writing that gra	ant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose cor	nferring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Parl	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	1	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			<b>2d</b>
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	terminated by the or	ganization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		nd opforoing concor	
6	Stair and volunteer flours devoted to monitoring, inspecting,	, riariuling or violations, ai	id emorcing conserv	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easements during the year
•	, and an expenses in carried in monitoring, ineposting, harm	aming or violations, and on	noroning contourvation	reasonneme dannig the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	easures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthera	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			ain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Pai	rt III Organizations Maintaining Co	ollections of A	rt. Hist	torical Tr	easures, or	Other	Simila	r Asse	<b>ts</b> /conti	nued)	
3	Using the organization's acquisition, accessio									raca,	
3	collection items (check all that apply):	in, and other record	is, crieci	Carry Or tine	Tollowing that i	nake sigi	illicant	use or its			
_	Public exhibition	d		Loop or ovo	hange program						
a		_		Other	nange program	1					
b	Scholarly research	е	•	Other							
C	Preservation for future generations							:- D	/!!!		
4	Provide a description of the organization's col			-	-	-		se in Par	t XIII.		
5	During the year, did the organization solicit or				•				٦,,		1
Do	to be sold to raise funds rather than to be mainty IV								」Yes		No
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part	•	ete if the	organizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	line 9, oi		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other asse	ets not in	cluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	•	3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						-		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•					]
	rt V Endowment Funds. Complete if										
		(a) Current year		rior year	(c) Two years I			ears back	(e) Fou	vears	back
12	Beginning of year balance	(, ,	(-):	···· <b>,</b>	(-, ,	1	, ,		(-)		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
g											
2	Provide the estimated percentage of the curre	•	ce (line 1	g, column (a	a)) held as:						
			_%								
b	Permanent endowment	%									
С		-									
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administere	ed for the			1		
	organization by:									Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment 1	funds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990, F	Part X, lir	ie 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accı	umulate	d	(d) Boo	k value	9
		basis (investr	,	basis	(other)	depre	ciation				
1a	Land	80,	000.						8	0,0	00.
	Buildings	1 000	056.			14	5,69	93.	1,79	0,3	63.
	Leasehold improvements										
	Equipment										
	Other										

Schedule D (Form 990) 2022

1,870,363.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments -	Other	Securities.

( ) Description of accounts on actorium	in rollingso, Fait IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			<del> </del>
(2)			
(2) (3)			
. ,			
(3)			
(3) (4) (5) (6)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of		e 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of		e 11e or 11f. See Form 990, Part X, line 29	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of		e 11e or 11f. See Form 990, Part X, line 29	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete in the organization of liability		e 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes		e 11e or 11f. See Form 990, Part X, line 29	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2)		e 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) (3)		e 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		e 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) (3) (4) (5)		e 11e or 11f. See Form 990, Part X, line 29	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		e 11e or 11f. See Form 990, Part X, line 29	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f. See Form 990, Part X, line 29	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		

Schedule D (Form 990) 2022	HELPING	HOUNDS	DOG	RESCUE	INC.		26-	4132608	Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1 Total revenue, gains, and oth	ner support per a	udited financia	al staten	nents			1	1,582	,484

1	Total revenue, gains, and other support per audited financial statements	1	1,582,484.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d	30,919.		
	Add lines 2a through 2d	2e	436,028.		
3	Subtract line 2e from line 1	3	1,146,456.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,146,456.		

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,497,000.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	411,855.		
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	30,919.		
е	Add lines 2a through 2d	2e	442,774.		
3	Subtract line 2e from line 1	3	1,054,891.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,054,891.		

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

HELPING HOUNDS DOG RESCUSE, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION COMPLIES WITH FASB ASC 740, INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" INCLUDING THE ENTITY'S CONTINUED EXEMPTION FROM INCOME TAXES AS A NOT-FOR-PROFIT. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

THE ORGANIZATION BELIEVES ITS FINANCIAL STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS. IT IS THE ORGANIZATION'S POLICY TO RECOGIZE ANY INTEREST AND PENALTIES IN OPERATING EXPENSES, IF APPLICABLE. THE

chedule D (Form 990) 2022 HELPING HOUNDS DOG RESCUE INC. 26-4132608 Page
Part XIII Supplemental Information (continued)
RGANIZATION'S INFORMATION TAX RETURNS ARE SUBJECT TO EXAMINATION BY
AXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE
'ILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
NVENTORY COST OF GOODS SOLD
DIRECT FUNDRAISING EXPENSE
PART XII, LINE 2D - OTHER ADJUSTMENTS:
NVENTORY COST OF GOODS SOLD
DIRECT FUNDRAISING EXPENSE

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number HELPING HOUNDS DOG RESCUE INC. 26-4132608 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

					<u> </u>	9	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			PUMPKINS AND ANNUAL		_	(add col. (a) through	
				APPEAL	5	col. <b>(c)</b> )	
<u>e</u>			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	12,864.	29,415.	10,234.	52,513.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	12,864.	29,415.	10,234.	52,513.	
	4	Cash prizes					
Se	5	Noncash prizes					
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
_	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)				
_		Net income summary. Subtract line 10 from li				52,513.	
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	ı	( ) Dull toba (instant		(n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				g-, pg		oon (a) amoagmoon (b)	
R	4	Gross revenue					
	Ė	aross revende					
S	2	Cash prizes					
nse							
Expe	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
		Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
		ter the state(s) in which the organization condu	_				
a Is the organization licensed to conduct gaming activities in each of these states?					Yes No		
b	If "	No," explain:					
		ere any of the organization's gaming licenses re Yes," explain:		erminated during the tax	year?	Yes No	
	_	Tes, explain.					

<u>Sch</u>	edule G (Form 990) 2022 HELPING HOUNDS DOG RESCUE INC. 26-4	11326	<b>υ</b> 8 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	☐ Ye	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s No
b	of gaming revenue retained by the third party \$ and the amount		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		- DN-
	retain the state gaming license?	└── Ye	s L No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		0.05.105
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, Iines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	i (Form 990)	HELPING	HOUNDS	DOG	RESCUE	INC.		26-4132608	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continu	ued)						
							·		

### **SCHEDULE 0** (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HELPING HOUNDS DOG RESCUE INC.

Employer identification number 26-4132608

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DOGS FROM OVERCROWDED SHELTER SYSTEMS WITH LOVING HOMES.
DOOD THOM OVERCHOUDED DIEDTER DISTERIO WITH HOVING HOMED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS REGULARLY MONITORS AND ADDRESSES CONFLICTS OF
INTEREST THROUGHOUT THE YEAR.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR ALL EMPLOYEES ON AN ANNUAL
BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
UPON WRITTEN REQUEST, INFORMATION WILL BE PROVIDED.