Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A | For the | 2022 calend | lar year, or tax year begin | ning | 07 | -01 ,20 | 022, and | ending | 06 | -30 ,2023 | | | | | |
|-------------------|--------------|---------------------|--|-------------------------------|-------------------------|--------------|------------|---------------------|-----------------|---------------------------|--|--|--|--|--|
| В | Check if a | applicable: | C Name of organization Fr | eedom Dogs | | | | | D Emplo | yer identification number | | | | | |
| | Address of | change | Doing business as | | | | | | | 43-2106405 | | | | | |
| | Name cha | ange | Number and street (or P.O. box | x if mail is not delivered to | street address) | | Ro | om/suite | E Teleph | one number | | | | | |
| | Initial retu | ırn | 521 Vandegrift | Blvd | | | | D | | (760)696-3076 | | | | | |
| $\overline{\Box}$ | Final retur | rn/terminated | City or town, state or province, | | n postal code | | | | G Gross | | | | | | |
| $\overline{\Box}$ | Amended | return | Oceanside, CA | 92057 | | | | | \$ | 377,224 | | | | | |
| $\overline{\Box}$ | Applicatio | n pending | F Name and address of principal | | | | | H(a) Is this a g | group return fo | or subordinates? Yes X No | | | | | |
| | | | | | | | | H(b) Are all s | subordinates | | | | | | |
| ı | Tax-exem | npt status: | 501(c)(3) 501(c) (|) (insert no.) | 4947(a)(1) or | 527 | | If "No," | attach a list | . See instructions | | | | | |
| J | Website: | | v.freedomdogs.org | | | | | H(c) Group e | | | | | | | |
| K | Form of o | rganization: X | Corporation Trust Ass | ociation Other | | L Year of | formation: | 2006 M S | State of lega | al domicile: CA | | | | | |
| Pa | art I | Summar | | | | 1 | | <u>'</u> | | | | | | | |
| | 1 | | ribe the organization's missi | ion or most significa | nt activities: Fr | eedom I | Dogs i | s devoted | to ser | ving wounded | | | | | |
| | | | of the military w | | | | | | | | | | | | |
| ce | | | c brain injury (T | | | | | | | | | | | | |
| nar | | | | | | | | | | | | | | | |
| Governance | 2 | Check this b | Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | |
| တိ | 3 | Number of v | oting members of the gove | rning body (Part VI, | line 1a) | | | | 3 | 9 | | | | | |
| დ თ | 4 | | ndependent voting members | | | | | | 4 | 9 | | | | | |
| Activities & | 5 | Total numbe | er of individuals employed in | calendar year 2022 | (Part V, line 2a) | | | | 5 | 2 | | | | | |
| 휹 | 6 | Total numbe | er of volunteers (estimate if r | necessary) | | | | | 6 | 22 | | | | | |
| ĕ | 7a | Total unrelat | ted business revenue from | Part VIII, column (C) | , line 12 | | | | 7a | 0 | | | | | |
| | | | ed business taxable income | | | | | | 7b | 0 | | | | | |
| | | | | | | | | Prior Year | | Current Year | | | | | |
| | 8 | Contributions | s and grants (Part VIII, line | 1h) | | | | 196 | ,743 | 228,893 | | | | | |
| ē | 9 | Program ser | | 0 | | | | | | | | | | | |
| en | 10 | Investment in | ncome (Part VIII, column (A | A), lines 3, 4, and 7d) | | | | | 432 | 7,441 | | | | | |
| Revenue | 11 | | ue (Part VIII, column (A), lin | | | | | 130 | ,470 | 126,232 | | | | | |
| | 12 | | ie - add lines 8 through 11 (i | | | | | | ,645 | 362,566 | | | | | |
| | 13 | Grants and s | similar amounts paid (Part I | X, column (A), lines | 1-3) | | | | 126 | 0 | | | | | |
| | 14 | Benefits paid | d to or for members (Part I) | | | | 0 | | | | | | | | |
| | 15 | Salaries, oth | ner compensation, employee | e benefits (Part IX, co | olumn (A), lines 5- | 10) | | 75 | ,308 | 166,703 | | | | | |
| ses | 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | 0 | | | | | |
| Expenses | b | | ising expenses (Part IX, col | 765 | | | | | | | | | | | |
| X | 17 | | ises (Part IX, column (A), lir | · · · · — | e) | | | 171 | ,927 | 196,831 | | | | | |
| | 18 | | ses. Add lines 13-17 (must | | | | | | ,361 | 363,534 | | | | | |
| | 19 | Revenue les | s expenses. Subtract line | 18 from line 12 | | | [| | ,284 | (968) | | | | | |
| | 8 | | | | | | | Beginning of Curre | ent Year | End of Year | | | | | |
| ets | <u>E</u> 20 | Total assets | (Part X, line 16) | | | | [| 1,063 | ,815 | 1,061,434 | | | | | |
| Net Assets or | <u></u> | Total liabilitie | es (Part X, line 26) | | | | [| 5 | ,189 | 3,776 | | | | | |
| Set | 를 22 | Net assets of | or fund balances. Subtract | line 21 from line 20 | | | | 1,058 | ,626 | 1,057,658 | | | | | |
| Pa | art II | Signatu | ire Block | | | | | | | | | | | | |
| | | | clare that I have examined this retuiction of preparer (other than offi | | | | | y knowledge and bel | ief, it is | | | | | | |
| | , 0011001, 1 | and complete. De | olaration of proparer (other than only | isory to based our all inform | ation of which proparer | nas any know | lougo. | | | | | | | | |
| ٠. | | Mich | ael Luther | | | | | | | | | | | | |
| Sig | jn | Signature of office | cer | | | | | | Date | | | | | | |
| He | re | Mich | ael Luther, Treas | urer | | | | | | | | | | | |
| | | Type or print nar | me and title | | | | | | | | | | | | |
| | | Print/Type pre | eparer's name | Preparer's signature | | Date | | Check | if | PTIN | | | | | |
| Pa | | | T Ivanovich | | | 12-04 | 1-2023 | self-em | ployed | P00249915 | | | | | |
| | eparer | | Easy Lif | e Management | Inc | | | Firm's EIN | | | | | | | |
| Us | e Only | Firm's addres | s 300 Crls | bd Vlg Dr Ste | 108A380 | | | Phone no. | | | | | | | |
| | | | Carlsbad | CA 92008 | | | | | 760-7 | 30-1817 | | | | | |
| May | the IRS | S discuss this | retum with the preparer sh | own above? See ins | structions | | | | | X Yes No | | | | | |

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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | |
| _ | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | |
| | 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," | 110 | | |
| h | complete Schedule D, Part VI | 11a | х | |
| D | 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 | | 37 |
| _ | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | TID | | X |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | v |
| ٨ | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | X |
| u | reported in 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 | х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| • | the organization's separate of consolidated infancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | | | |
| 124 | Schedule D, Parts XI and XII | 12a | | x |
| b | | 124 | | Λ |
| - | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| 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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 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 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20 a | 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 |

2) Freedom Dogs Checklist of Required Schedules (continued) Part IV

| | | | 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 | | X |
| 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 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 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 or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 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 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| ٠. | Fatastha numbar sanastad in Day 2 of Farm 4000 Fatas 0 Wast and Fathla | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 4 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X 000 (| (2022) |

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| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----------|--|------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7- | | |
| | required to file Form 8282? | 7c | | |
| d | | 7e | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 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? | 8 | | х |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | х |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| C 1/1a | | 14a | | v |
| 14a b | | 14a 14b | | Х |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | TJ | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | 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 income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities | | | |
| | 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 in Schedule O. See instructions.

| Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | | | |
|---|---|--|------------------|----|--|--|--|--|--|--|
| Se | ction 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 in line 1a, above, who are independent 1b 9 | | | | | | | | | |
| 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 | х | | | | | | | |
| 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 | | х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | | | | | |
| | one or more members of the governing body? | 7a | | х | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | | | |
| | the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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 Q | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| 40- | Diddle annualization have been been been been been been as a fill of a 0 | 40- | 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, | | | | | | | | | |
| | | 401- | | | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b 11a | x | | | | | | | |
| 11a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | | | | | | | | |
| 11a b 12a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a | х | | | | | | | |
| 11a b 12a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | | | | | | | | |
| 11a b 12a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b | x x | | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b | x x | | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b 12c 13 | x x x | | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b | x x | | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b 12c 13 | x x x | | | | | | | |
| 11a b 12a b c 13 14 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b 12c 13 | x x x x | | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a 12a 12b 12c 13 14 | x x x | x | | | | | | |
| 11a b 12a b c 13 14 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 11a 12a 12b 12c 13 | x x x x | x | | | | | | |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 11a 12a 12b 12c 13 14 | x x x x | x | | | | | | |
| 11a b 12a b c | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 11a 12a 12b 12c 13 14 | x x x x | x | | | | | | |
| 11a b 12a b c 13 14 15 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b 16a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b 16a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b b Teach | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b 5 6 16a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? **tion C. Disclosure** | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b 5 6 16a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? **tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |
| 11a b 12a b c 13 14 15 a b 5 6 16a b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Eight has states with which a copy of this Form 990 is required to be filed California 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) available for public inspection. Indicate how you made these available. Check all that apply. | 11a 12a 12b 12c 13 14 15a 15b | x x x x | | | | | | | |

State the name, address, and telephone number of the person who possesses the organization's books and records.

Michael Luther (760)696-3076, 521 Vandegrift Blvd, Oceanside, CA 92057

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Form 990 (2022) Freedom Dogs 43-2106405 Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See 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 instructions for the order in which to list the persons above.

EEA

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

| | (C) | | | | | | | | | |
|-------------------------------------|-------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------|-----------------------------------|---------------------------|
| (A) | (B) | | | | sition | | | (D) | (E) | (F) |
| Name and title | Average | | | | | nan one s both an | | Reportable | Reportable | Estimated amount |
| realle did title | hours | | | | | /trustee) | | compensation | compensation | of other |
| | per week | | | | | | | from the | from related | compensation |
| | (list any | or Inc | Ins | Q | Ke | em Hig | 6-J | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | from the organization and |
| | hours for related | direc | tituti | Officer | y em | ploy | Former | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | ee t con | | | | |
| | below | uste | trus | | 'ee | nper | | | | |
| | dotted line) | Ф | tee | | | Highest compensated employee | | | | |
| | | | | | | ۵ | | | | |
| | | | | | | | | | | |
| (1) Michael Luther | 3.50 | | | | | | | | | |
| Treasurer & Director | | х | | | | | | 0 | 0 | 0 |
| (2) Cooper Patterson | 1.32 | | | | | | | | | |
| Director | | х | | | | | | 0 | 0 | 0 |
| (3) Duane Gonyea | 1.32 | | | | | | | | | |
| Director | | Х | | | | | | 0 | 0 | 0 |
| (4) James Greenway | 5.00 | | | | | | | | | |
| Chairman | | Х | | | | | | 0 | 0 | 0 |
| (5) Lori Walton | 1.32 | | | | | | | | | |
| Director | | Х | | | | | | 0 | 0 | 00 |
| (6) George L Root, Jr. | 1.32 | | | | | | | | | |
| Director | | Х | | | | | | 0 | 0 | 0 |
| (7) Sharon Root | 1.32 | | | | | | | | | |
| Director | | Х | | х | | | | 0 | 0 | 0 |
| (8) Haley Bjerk | <u>3.5</u> 0 | | | | | | | | | |
| Director & Secretary | | Х | | х | | | | 0 | 0 | 0 |
| (9) Meribeth Russell | 19.80 | | | | | | | | | |
| President, Director, & Lead Trainer | | Х | | х | | | | 0 | 0 | 0 |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| (40) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(14)</u> | | | | | | | | | | |
| | | | | | | | | | | |

| Form 990 (2022) Freedom Dogs | | IZ F | | | | | | Park and Oncome | | 2106405 | Page 8 |
|--|--|-----------------------------------|-----------------------|----------------------------------|-------------------|---------------------------------|----------|--|---|-------------|--|
| Part VII Section A. Officers, Directors, T | rustees, | Key t | -mp | | | s, ar | nd F | lignest Comp | ensated E | mployee | S (continued) |
| (A) Name and title | (B) Average hours per week (list any | box | unles er and | Po: eck m ss pei d a di | rson is rector | han one s both a /trustee | n) | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (\) | n I c | (F) imated amount of other compensation from the |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | 1 7 | ganization and ted organizations |
| <u>(15)</u> | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit | | | | | | | | 0 ore than \$100,000 | of | 0 | 0 |
| reportable compensation from the organization | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu | le J for such | individ | lual . | | | | | | | 3 | х |
| 4 For any individual listed on line 1a, is the sum of re organization and related organizations greater the | an \$150,000 |)? <i>If</i> "Y | 'es," | con | nplei | te Sch | edu | le J for such | | | |
| individual | compensation | on from | any | unr | elate | ed org | aniz | ation or individual | | | X |
| for services rendered to the organization? <i>If</i> "Yes Section B. Independent Contractors | s," complete | Schea | lule . | J for | suc | h pers | son | | | 5 | X |
| Complete this table for your five highest compensation. | | | | | | | | | | | |
| compensation from the organization. Report comp | ensation for | the cal | enda | ar ye | ear e | nding | with | or within the orgai (B) | nization's tax y | year. (C | <u> </u> |
| Name and business addres | ss | | | | | | | Description of service | es | Compe | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total number of independent contractors (including) | g but not lim | ited to | thos | e lis | sted a | above |) wh | 10 | | | |
| received more than \$100,000 of compensation fro | m the organi | zation | | | | | | | | | |

43-2106405

Part VIII

Statement of Revenue

| | | Check if Schedule O contains a response or r | note to any line in this | s Part VIII | | | |
|---|-----------------------------|---|--------------------------|----------------------|--|--------------------------------------|--|
| | | | , | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above 1f | 15,155 213,738 | | | | |
| Contrib and Otl | g h | lines 1a-1f 1g | \$ Business Code | 228,893 | | | |
| Program Service Revenue | 2a b c d e f | All other program service revenue | | | | | |
| | 3 4 | Total. Add lines 2a-2f | and | 7,441 | | | 7,441 |
| | b | (i) Real (i) Real | (ii) Personal | | | | |
| | d | Rental income or (loss) Net rental income or (loss) Gross amount from (i) Securities | (ii) Other | | | | |
| enc | | sales of assets other than inventory Less: cost or other basis and sales expenses 7b | | | | | |
| Other Revenue | d | Gain or (loss) | | | | | |
| | | of contributions reported on line 1c). See Part IV, line 18 | - | 120,787 | | | 120,787 |
| | 9a b | Gross income from gaming activities, See Part IV, line 19 9a Less: direct expenses 9t | a b | | | | |
| | 10a b | Gross sales of inventory, less returns and allowances | b | | | | |
| ons e | 11a | Net income or (loss) from sales of inventory Payroll Tax Refund | Business Code 900099 | 5,445 | | | 5,445 |
| Miscellanous Revenue | | | | 5,445 | | | |
| | | Total revenue. See instructions | | 362,566 | 0 | 0 | 133,673 |
| | | | | | | | |

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 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 154,531 107,445 23,543 23,543 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 12,172 7,304 2,434 2,434 11 Fees for services (nonemployees): b Legal...... 100 100 7,372 7,372 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,350 1,410 470 470 12 1,043 1,043 Office expenses 13 4,384 4,384 14 15 16 58,864 58,864 17 8,059 8,059 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 8,042 181 7,861 23 Insurance 275 6,202 5,652 275 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.) 155 155 Organization License Program & Puppy Expenses 26,480 26,480 20,260 20,260 C Training Events d Bank Fees 31 31 е All other expenses 53,489 47,127 6,362 Total functional expenses. Add lines 1 through 24e. . 25 363,534 282,782 52,987 27,765 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Page **11** Form 990 (2022) Freedom Dogs 43-2106405

Part X **Balance Sheet**

| ı arı | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|-----------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 19,045 | 1 | 4,530 |
| | 2 | Savings and temporary cash investments | 952,142 | 2 | 972,318 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ets | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | 9 | |
| ' | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 115,161 | | | |
| | b | Less: accumulated depreciation | 87,563 | 10c | 79,521 |
| | 11 | Investments - publicly traded securities | 07,303 | 11 | 75,521 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | F 06F | 15 | F 06F |
| | | · | 5,065 | | 5,065 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,063,815 | 16 | 1,061,434 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| -iak | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 5,189 | 25 | 3,776 |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,189 | 26 | 3,776 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| S | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | Net assets without donor restrictions | 1,058,626 | 27 | 1,057,658 |
| alaı | 28 | Net assets with donor restrictions | | 28 | |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here | | | |
| -u | | and complete lines 29 through 33. | | | |
| or F | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| \SS(| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et A | 32 | Total net assets or fund balances | 1,058,626 | 32 | 1,057,658 |
| Ž | 33 | Total liabilities and net assets/fund balances | 1,063,815 | 33 | 1,061,434 |
| EEA | | | | | Form 990 (2022) |

EEA Form 990 (2022)

| Form | 1990 (2022) Freedom Dogs | 43-210 | 06405 | | Pa | age 12 |
|------|---|--------|-------|--------|-------|---------------|
| Pai | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | : | 362, | 566 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 534 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 968) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 1,0 | 58, | 626 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain 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 | | 1,0 | 57, | 658 |
| Pai | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | · | | | 1 | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash 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? | | 2 | 2a | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed 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? | | 2 | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule 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? | | 3 | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | \top | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | з | 3b | | |
| EEA | · · · · · · · · · · · · · · · · · · · | | F | orm | 990 (| (2022) |

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Attach to Form 990 or Form 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Freedom Dogs 43-2106405 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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: 5 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). 7 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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 а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

| g Provide the following information abo | ut the supported or | ganization(s). | | | | |
|--|---------------------|---|---|-------------|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the o listed in you docum | r governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 153,919 346,002 136,725 402,775 337,830 1,377,251 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 153,919 136,725 402,775 337,830 346,002 1,377,251 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) 283,923 Public support. Subtract line 5 from line 4. 1,093,328 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Amounts from line 4 1,377,251 7 153,919 136,725 402,775 337,830 346,002 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 788 567 5,044 432 7,441 14,272 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.) 5,445 5,445 11 **Total support.** Add lines 7 through 10 1,396,968 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 78.26 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

EEA Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Freedom Dogs
 43-2106405
 Page 3

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.)

| Secti | on A. Public Support | | | • | | | |
|-------------|--|------------------|-----------------|----------------|----------------|-----------------|---------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (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 | 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 | | | | | | |
| • | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| <i>i</i> a | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| D | | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| _ | or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Saati | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2010 | (a) 2020 | (4) 2024 | (a) 2022 | (f) Total |
| 9 | Amounts from line 6 | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| ์ 10a | Gross income from interest, dividends, | | | | | | |
| IUa | | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| b | royalties, and income from similar sources . Unrelated business taxable income (less | | | | | | |
| D | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | | | | | | |
| C 44 | | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| 40 | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 42 | (Explain in Part VI.) | | | 1 | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 4.4 | and 12.) | rappiestis ele " | rot occer-1 4 : | rd formula " | fth tox | 2 000tion F011 | (2) |
| 14 | First 5 years. If the Form 990 is for the or | | | | | | |
| Saati | organization, check this box and stop her on C. Computation of Public Support | | | | | <u> </u> | |
| | Public support percentage for 2022 (line 8 | | | 12 column (f)) | | 15 | 0/ |
| 15 16 | | | | | | | <u>%</u> % |
| 16 Socti | Public support percentage from 2021 Schon D. Computation of Investment Inc | | | | | 16 | |
| | | | | v line 12 colu | mn (f)) | 17 | 0/ |
| 17 10 | Investment income percentage for 2022 (| | | - | | 17 | <u>%</u> |
| 18 102 | Investment income percentage from 2021 | | | | | _ | |
| 19a | 33 1/3% support tests - 2022. If the orga | | | | | | |
| h | 17 is not more than 33 1/3%, check this b | = | - | | - | | |
| b | 33 1/3% support tests - 2021. If the organizat | | | | | | |
| 20 | line 18 is not more than 33 1/3%, check this bo | - | - | | | - | |
| 20 | Private foundation. If the organization di | u not check a | DUX UH IIHE 14, | 19a, Ul 19b, C | HECK HIS DOX A | แน ระษ เมริเโน | JUUI15 📋 |

Schedule A (Form 990) 2022 Freedom Dogs 43-2106405 Page 4

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.)

S

| Secti | on A. All Supporting Organizations | | | |
|-------|--|-----|-----|----|
| | | | Yes | No |
| 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. | 1 | | |
| 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). | 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. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i> | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| D | 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. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | 40 | | |
| C | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | titi till till till till till till till | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | 4- | | |
| F | purposes. | 4c | | |
| 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). | 5a | | |
| 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? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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. | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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 . | 9b | | |
| С | 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? <i>If "Yes," provide detail in Part VI.</i> | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| | | | | |

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.)

10b

Schedule A (Form 990) 2022 Freedom Dogs 43-2106405 Page 5
Part IV Supporting Organizations (continued)

| | - Cuppering Cigamization (Contantaco) | | 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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| _ | provide detail in Part VI. | 11c | | |
| Section | on 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, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on 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 | _ | | |
| 04 | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | Voc | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in 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 Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on 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 year (see | inst | ructio | ons). |
| 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 government entity (see instruc | ctions) | | |
| 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 | C. | | |
| _ | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 20 | | |
| L | 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 | 3h | | |
| | TOTALS SUCCESSED OF ANY AND USE OF THESE TRANSPORTED FAIL VEHICLE FOR DISVEYOR OF THE OF ANY AND OF THE PROPERTY OF THE PROPERTY OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE | | | |

Schedule A (Form 990) 2022 Freedom Dogs 43-2106405 Page 6

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gan | izations | |
|-------|---|--------|---------------------------|--------------------------------------|
| 1 | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | j trus | st on Nov. 20, 1970 (expl | lain in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | izati | ons must complete Secti | ons A through E. |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | Not about tarm conital gain | 1 | | (optional) |
| 1 2 | Net short-term capital gain | 2 | | |
| | Recoveries of prior-year distributions | | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| | 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 | | |
| | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Secti | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| | on 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). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | | ntegrated Type III suppor | ting organization |
| | | , | | . 3 - 3 |

EEA Schedule A (Form 990) 2022

(see instructions).

| Schedu | le A (Form 990) 2022 | | | | 6405 | Page 7 |
|-------------------|--|------------------------------------|--------------------------------------|------|------------------------------------|--------|
| Part | V Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | izations (continu | ıed) | | |
| Sect | on D - Distributions | | | | Current Ye | ar |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of support | ed | | | |
| | organizations, in excess of income from activity | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported organ | izations | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) |) - provide details in Part | VI) | 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 | h the organization is resp | onsive | | | |
| | (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 | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2022 | ons | (iii) Distributat Amount for | |
| Sect | on E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 | 1 | Underdistribution | ons | Distributat | |
| | | 1 | Underdistribution | ons | Distributat | |
| 1 | Distributable amount for 2022 from Section C, line 6 | 1 | Underdistribution | ons | Distributat | |
| 1 | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 | 1 | Underdistribution | ons | Distributat | |
| 1 | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See | 1 | Underdistribution | ons | Distributat | |
| 1 2 | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. | 1 | Underdistribution | ons | Distributat | |
| 1 2 | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2022 | 1 | Underdistribution | ons | Distributat | |
| 1 2 3 a | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 | 1 | Underdistribution | ons | Distributat | |
| 1 2 3 a b | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 | 1 | Underdistribution | ons | Distributat | |
| 1 2 3 a b c | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 | 1 | Underdistribution | ons | Distributat | |
| 1 2 3 a b c d | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2020 From 2020 | 1 | Underdistribution | ons | Distributat | |
| 1 2 3 a b c d d e | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 | 1 | Underdistribution | DNS | Distributat | |
| 1 2 3 a b c d e f | Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2020 From 2021 Total of lines 3a through 3e | 1 | Underdistribution | ons | Distributat | |

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

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

Excess distributions carryover to 2023. Add lines 3j

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

4 Distributions for 2022 from Section D, line 7:

Part VI. See instructions.

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

and 4c.

Schedule A (Form 990) 2022 EEA

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization Employer identification number Freedom Dogs 43-2106405

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization **Employer identification number**

Freedom Dogs 43-2106405

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|---|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| _1_ | Lori Walton 1010 Myrtle Way San Diego CA 92103 | \$ 5,000 | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | Michael and Kristen Burns 4094 Pepper Ave Yorba Linda CA 92886 | \$18,500 | Person Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3_ | The Fish Market 11150 Santa Monica Blvd Ste 760 Los Angeles CA 90025 | \$5,000 | Person X Payroll Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 4 | Karl and Tina Weber PO Box 151 Moose WY 83012 | \$ | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | Michael Marks 512 Via de La Valle Ste 300 Solana Beach CA 92075 | \$10,000 | Person X Payroll Concash Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 6 | Dale and Julie Yahnke 12320 Aquitaine Ct San Diego CA 92130 | \$10,000 | Person X Payroll Complete Part II for noncash contributions.) | | | |

Name of organization **Employer identification number**

Freedom Dogs 43-2106405

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|---|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 7_ | Charity Golf International 1540 Keller Prkwy Ste 108 PMB250 Keller TX 76248 | \$ 7,641 | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | Billy Lister 969 Roble Ave Menlo Park CA 94025 | \$ 5,000 | Person Rayroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 9 | Ark Antiques 7620 Girard Ave La Jolla CA 92037 | \$5,000 | Person Reproll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| _10_ | Bissell Pet Foundation 2345 Walker Ave NW Grand Rapids MI 49544 | \$25,000 | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| _11_ | American Legion Riders Chapter 365 1234 S Santa Fe Ave Vista CA 92084 | \$ 5,000 | Person X Payroll Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 12 | Amy and Bill Geppert 14950 Encendido San Diego CA 92127 | \$5,000 | Person x Payroll | | | |

Name of organization

Employer identification number

43-2106405

43-2106405 Freedom Dogs Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person x 13 Robert Best **Payroll** 5,000 Noncash 4650 Von Karman Ave (Complete Part II for Newport Beach CA 92660 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number Freedom Dogs 43-2106405

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Food, drinks, and supplies for open house 1 **\$** 5,150 12-15-2022 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| Free | lom Dogs | | 43-2 | 106405 | |
|------|--|--|----------------|---------------------------|----------------|
| Pa | rt I Organizations Maintaining Donor Advised | Funds or Other Similar Funds or Acc | ounts. | | |
| | Complete if the organization answered "Yes" | | | | |
| - | i Ü | (a) Donor advised funds | (| b) Funds and other acco | ounts |
| 1 | Total number at end of year | | • | , | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | | | |
| Ū | funds are the organization's property, subject to the organiz | = | | TYe | s 🗆 No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | 5 <u> </u> 140 |
| 6 | only for charitable purposes and not for the benefit of the do | | | | |
| | | | | □ v a | a □ Na |
| Dor | conferring impermissible private benefit? | | | Ye | s No |
| Par | | on Form 000 Port IV line 7 | | | |
| | Complete if the organization answered "Yes" | | | | |
| 1 | Purpose(s) of conservation easements held by the organiza | | | | |
| | Preservation of land for public use (for example, recreating | | - | • | |
| | Protection of natural habitat | Preservation of a c | certified hist | oric structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of a | conservati | on | |
| | easement on the last day of the tax year. | | | Held at the End of | the Tax Year |
| а | Total number of conservation easements | | . 2a | | |
| b | Total acreage restricted by conservation easements | | . 2b | | |
| С | Number of conservation easements on a certified historic st | ructure included in (a) | . 2c | | |
| d | Number of conservation easements included in (c) acquired | l after July 25, 2006, and not on a | | | |
| | historic structure listed in the National Register | | . 2d | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the or | rganization | during the | |
| | tax year | | | | |
| 4 | Number of states where property subject to conservation ea | asement is located | | | |
| 5 | Does the organization have a written policy regarding the pe | | | | |
| | violations, and enforcement of the conservation easements | | | □ Ye | s No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva | ation easem | nents during the year | ar |
| | <u> </u> | | | , | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | n easements | during the year | |
| | 3, 4, | , , , , , , , , , , , , , , , , , , , | | 3 · · 3 · · | |
| 8 | Does each conservation easement reported on line 2(d) about | ove satisfy the requirements of section 170(h) | (4)(B)(i) | | |
| | • | • | | □ Ye | s No |
| 9 | In Part XIII, describe how the organization reports conserva | | | _ | o |
| · | balance sheet, and include, if applicable, the text of the footr | | | | |
| | organization's accounting for conservation easements. | ioto to the organizations intariolal statements | triat accorn | 705 1110 | |
| Par | | of Art Historical Treasures or O | ther Sim | ilar Assats | |
| ı aı | Complete if the organization answered "Yes" | | tilei Oili | iliai Assets. | |
| 1a | | | l halanaa ah | oot works | |
| Id | If the organization elected, as permitted under FASB ASC 9 | | | | |
| | of art, historical treasures, or other similar assets held for pu | | erance or p | ublic | |
| | service, provide in Part XIII the text of the footnote to its fina | | | | |
| b | If the organization elected, as permitted under FASB ASC 9 | | | | |
| | art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in furthera | ance of publ | iic service, | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | |
| | (ii) Assets included in Form 990, Part X | | | | |
| 2 | If the organization received or held works of art, historical tro | _ | ain, provide | e the | |
| | following amounts required to be reported under FASB ASC | 958 relating to these items: | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | |
| b | Assets included in Form 990, Part X | | | . \$ | |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all trap apply): a Public exhibition d Loan or exchange program b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization ascicit or neave donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection's. | Par | t III Organizations Maintaining Co | ollections of Art, H | istorical | Treasures, | or Oth | er Similar Ass | sets (co | ntinu | ued) |
|--|--------|---|----------------------------|----------------|------------------|---------------|---------------------|----------|---------|-------|
| a Public exhibition d Lean or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive dorations of art. historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount | 3 | Using the organization's acquisition, accession, | and other records, check | any of the f | ollowing that m | ake signi | ficant use of its | | | |
| b Scholarly research e Other | | collection items (check all that apply): | | | | | | | | |
| c Presentation for future generations 1 | а | ☐ Public exhibition | d | Loan o | or exchange pro | ogram | | | | |
| A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donetions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as pan of the organization's collection?. \ Yes \ No Part IV \ Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X In Eq. b If Yes," explain the arrangement in Part XIII and complete the following table: Amount | b | Scholarly research | е | Other | | | | | | |
| XII. 5 During the year, did the organization solicit or receive donesions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. | С | Preservation for future generations | | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's colle | ections and explain how t | ney further th | e organization' | s exempt | purpose in Part | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! Manual III and complete the following table: It is | | XIII. | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. Tall is the organization an agent, trussee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX Inc. I | 5 | During the year, did the organization solicit or re | eceive donations of art, h | storical treas | sures, or other | similar | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | assets to be sold to raise funds rather than to b | e maintained as part of t | he organizat | ion's collection | ? | | Yes | ; | No |
| 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | | | | | | | |
| Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: | | | swered "Yes" on Fo | rm 990, F | Part IV, line | 9, or re | ported an amo | ount on | Form | 1 |
| included on Form 990, Part X? Mo If "Yes," explain the arrangement in Part XIII and complete the following table: | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | 1a | | · · | | | | | _ | _ | |
| c Beginning balance d Additions during the year e Distributions during the year 1 tel 1 Ending balance | | | | | | | | Yes | ; 📙 | No |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | b | If "Yes," explain the arrangement in Part XIII an | nd complete the following | table: | | | | | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | | | | | Amo | unt | | |
| e Distributions during the year f Endring balance 1 | С | | | | | | | | | |
| f Ending balance | d | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | | | | | | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | f | 3 | | | | | | | | |
| Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions | 2a | <u> </u> | | | | - | | | | No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses | | | check here if the explanat | on has been | provided on P | art XIII | | <u> </u> | | |
| (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years (e | Par | | | | | | | | | |
| Beginning of year balance | | · | | | | | | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's isled as required on Schedule R?. 3b A Description of property Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land b Buildings c Leasehold improvements 15,575 23,077 82,498 d Equipment 9,586 12,563 12,563 (2,977) | | | (a) Current year (b) | Prior year | (c) Two years I | back (| d) Three years back | (e) Four | years b | ack |
| c Net investment earnings, gains, and losses | _ | | | | | | | ₩ | | |
| d Grants or scholarships | b | | | | | | | ₩ | | |
| d Grants or scholarships | С | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | ₩ | | |
| f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | | | | | | | ₩ | | |
| f Administrative expenses | е | · · | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | ' " | | | | | | - | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | f | | | | | | | - | | |
| a Board designated or quasi-endowment | | | | | 1 | | | | | |
| b Permanent endowment | | , , | , | g, column (a | i)) held as: | | | | | |
| Term endowment | _ | | % | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) Unrelated organizations. (iv | b | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | С | | | | | | | | | |
| organization by: (i) Unrelated organizations | 2- | - | | | | al £a., 4la.a | | | | |
| (i) Unrelated organizations | 3a | • | ion of the organization th | at are neid a | na aaministered | a for the | | ı | V | Nia |
| (ii) Related organizations | | | | | | | | 2-(:) | res | NO |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 23,077 82,498 d Equipment 9,586 12,563 (2,977) e Other | | ,, | | | | | | - ' ' | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (f) Cost or other basis (other) | _ | (): | • | | · | | | 30 | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land <th></th> <th></th> <th></th> <th>Tunas.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | Tunas. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 23,077 82,498 4 Equipment 9,586 12,563 (2,977) | Pai | | | rm 000 E | Part IV/ line | 110 80 | o Form 000 F | Port V I | ina 1 | ^ |
| tall Land (investment) (other) depreciation b Buildings 23,077 82,498 c Leasehold improvements 105,575 23,077 82,498 d Equipment 9,586 12,563 (2,977) e Other 0ther 0ther <td< th=""><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>υ.</th></td<> | | • | | | | | | | | υ. |
| 1a Land b Buildings c Leasehold improvements 105,575 23,077 82,498 d Equipment 9,586 12,563 (2,977) e Other | | Description of property | 1 ' ' | 1 ' ' | | | | (d) Bool | value | |
| b Buildings c Leasehold improvements d Equipment e Other 105,575 23,077 82,498 12,563 (2,977) | | Lond | (iiiveadilelit) | | (04101) | чері | Columbia | | | |
| c Leasehold improvements 105,575 23,077 82,498 d Equipment 9,586 12,563 (2,977) e Other | _ | | | | | | | | | |
| d Equipment 9,586 12,563 (2,977) e Other 12,563 (2,977) | a - | · · · · · · · · · · · · · · · · · · · | 405 55 | - | | | 22 075 | | 00 | 400 |
| e Other | C | · · | | | | | | | | |
| | | | 9,580 | <u> </u> | | | 12,563 | | (2,9 | 9/7) |
| | | | IOL Form COO. Dort V! | ımn (D) lin- | 1001 | | | | 70 | E 0.1 |

| Schedule D (Form 990) 2022 Freedom Dogs | | 43-2106405 Page \$ |
|---|------------------------|---|
| Part VII Investments - Other Securities. | | |
| Complete if the organization answered "Yes" on Form | m 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| This interpretation of the property of th | | |
| (A) | | |
| (B) (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" on Form | m 990, Part IV, line 1 | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | II II | |

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

| (a) Description | (b) Book value |
|---|----------------|
| (1Rental Deposit | 5,065 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). | 5,065 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2)Credit Card Payable | 3,776 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 3,776 |

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

| Part | | - | Return. | |
|---------|--|----------------------------------|--------------|--|
| | Complete if the organization answered "Yes" on Form 990, Pa | art IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Part | | | er Return. | |
| | Complete if the organization answered "Yes" on Form 990, Pa | art IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| C | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | | 5 | |
| 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 1 | nes 1b and 2b; Part V, line 4; F | 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. | | |
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Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Name of the organization

Part I

1

а

b

С

d

1

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3

4

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9

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Total

OMB No. 1545-0047 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. Department of the Treasury Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Freedom Dogs 43-2106405 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. 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 Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization 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. |
|---|--|
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Schedule G (Form 990) 2022

9

10a

EEA

If "No," explain:

If "Yes," explain:

Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990) 2022 Freedom Dogs 43-2106405 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through Golf Event None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 135,445 135,445 2 Less: Contributions 3 Gross income (line 1 minus 135,445 135,445 Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 14,658 14,658 8 Entertainment 9 Other direct expenses 10 14,658 11 Net income summary. Subtract line 10 from line 3, column (d) 120,787 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8

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

SCHEDULE O (Form 990)

Freedom Dogs

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

43-2106405

| 01. Officer, directors, etc. family relationship (Part VI, line 2) |
|--|
| George and Sharon Root are married. |
| |
| 02 Committee meeting dogumentation (Part VI line 8h) |
| 02. Committee meeting documentation (Part VI, line 8b) |
| Committee meetings are documented and minutes kept. |
| |
| 03. Form 990 governing body review (Part VI, line 11) |
| Board of Directors provided copy of Form 990 for review. |
| |
| 04. Conflict of interest policy compliance (Part VI, line 12c) |
| Executive Board and other Board members are required to annually disclose any conflicts of |
| interest in writing. These are kept by the Secretary. |
| |
| |
| 05. CEO, executive director, top management comp (Part VI, line 15a) |
| When hiring the executive director, and subsequently providing salary increases, the board |
| reviews and benchmarks to industry comparables. |
| |
| 06. Governing documents, etc, available to public (Part VI, line 19) |
| All Documents are available upon request. |
| |
| 07. List of other expenses (Part IX, line 24e) |
| |
| See Attached Overflow Statement |
| |
| |
| |

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 **2022**

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 43-2106405 Freedom Dogs **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 6,719 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 1,323 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 8,042 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(Rev. January 2022)

Department of the Treasury

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

► File a separate application for each return.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Freedom Dogs 43-2106405 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 521 Vandegrift Blvd STE D filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Oceanside CA 92057 0 Application Return Application Return Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 5227 Form 990-PF 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 The books are in the care of ► Michael Luther, 521 Vandegrift Blvd Oceanside CA 92057 Telephone No.► 760-696-3076 FAX No.▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 05-15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or 06-30 ,20 23 . 07-01 , 20 22 , and ending X tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

nonrefundable credits. See instructions.

3a \$

3b \$

3с

| | Overflow Statement | |
|----------------------------|--|----------------------------|
| 990 | (This page is not filed with the return. It is for your records only.) | 2022 Page 1 |
| Name(s) as shown on return | (************************************* | FEIN |
| Freedom Dog | S | 43-2106405 |
| | | |
| | All Other Contributions | |
| | | |
| Description | | Amount |
| | Donation onation | |
| Grants | | |
| | Total: | \$ 213,738 |
| | | |
| | Investment Income | |
| Description | | Amount |
| <u>Interest</u> In | come | \$ 7,441 |
| | come Total: | \$7,441 |
| | | |
| | Fundrasing Income | |
| | _ | |
| Description | mont | Amount |
| GOIL TOURNA | ment Total: | - \$ 135,445 \$ 135,445 |
| | 10041. | 7 |
| | Assourting Book | |
| | Accounting Fees | |
| Description | | Amount |
| <u>Bookkeeping</u> | | |
| <u>Tax Prep</u> | Total• | 2,295 \$ 7,372 |
| | iotai. | Y |
| | | |
| | Other Fees For Services - G&A | |
| Description | | Amount |
| Payroll Pro | cessing | \$ 470 |
| | Total: | \$ |
| | Professional Fees for Fundraising Service | |
| | FIGURESSIONAL FEES TOL FUNCTIONAL SELVICE | E 5 |
| Description | | <u>Amount</u> |
| Payroll Pro | cessing Total: | \$ 470 \$ 470 |
| | Total: | ٠ <u>ـــــ</u> |
| | | |
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| 990 | Overflow Statement | 2022 | |
|---|--|-------------------|--|
| | (This page is not filed with the return. It is for your records only.) | 2022 | Page 2 |
| Name(s) as shown on return | | FEIN | |
| Freedom Dog | 3 | 4 | 13-2106405 |
| | | | |
| | Office Expenses | | |
| Description | | | Amount |
| | ubscriptions | <u>\$</u> | 349 |
| | Video Calls | | 183 |
| | nting Copying | | 724 |
| | lies | | 1,968 |
| | nternet | | 1,160 |
| | Total: | \$ | |
| | | | |
| | Insurance - Program | | |
| | | | _ |
| Description | | \$ | Amount |
| Worker's Co | | \$ | 824 4,828 |
| шартттсу | motol: | . \$ | |
| | TOTAL | · | 3,632 |
| Description | Insurance - Management & General | | Amount |
| Worker's Co | np | \$ | 275 |
| | Total: | : \$ | 275 |
| | | | |
| | | | |
| | Insurance - Fundraising | | |
| Description | Insurance - Fundraising | | Amount |
| _ | | \ | <u>Amount</u> 275 |
| Description Worker's Co | mp | <u> </u> | 275 |
| - | mp | ; \$ | 275 |
| - | mp | <u>\$</u> : \$ | 275 |
| Worker's Co | Total: | | 275 275 |
| Worker's Co | Total: | | 275 275 Amount |
| Worker's Co | Total: All Other Expenses , Repairs, and Supplies | <u></u> | 275 275 Amount 4,772 |
| Worker's Co Description Maintenance Merchant Fe | Total: All Other Expenses , Repairs, and Supplies | <u>\$</u> | 275 275 Amount 4,772 2,329 |
| Worker's Co Description Maintenance Merchant Fe Security | Total: All Other Expenses , Repairs, and Supplies | <u>\$</u> | 275 275 275 Amount 4,772 2,329 733 |
| Description Maintenance Merchant Fe Security Training | Total: All Other Expenses , Repairs, and Supplies | \$ | 275 275 275 Amount 4,772 2,329 733 956 |
| Description Maintenance Merchant Fe Security Training Utilities | Total: All Other Expenses , Repairs, and Supplies es | \$ | 275 275 275 Amount 4,772 2,329 733 956 2,621 |
| Description Maintenance Merchant Fe Security Training Utilities | Total: All Other Expenses , Repairs, and Supplies es Expenses | \$ | 275 275 275 Amount 4,772 2,329 733 956 2,621 35,716 |

| 990 | Overflow Statement (This page is not filed with the return. It is for your records only.) | 2022 | Page 3 |
|----------------------------|---|------|-----------|
| Name(s) as shown on return | | FEIN | _ |
| Freedom Dogs | | 4 | 3-2106405 |

All Other Expenses

| Description | | Amount |
|----------------------|-----------|--------|
| Memberships and Dues | <u> </u> | 2,645 |
| Software Licenses | | 3,717 |
| | Total: \$ | 6,362 |

Form 990 Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Freedom Dogs

Tax ID Number 43-2106405

2% of the amount on Schedule A, Part II, line 11, column (f) . .

27,939

| Name | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | (g) Excess contributions (col. (f) minus the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| Jobs Daughters | | 20,000 | | | | 20,000 | the 270 minutation) |
| Tom and Cindy Davidson | | 15,000 | 15,000 | 15,000 | | 45,000 | 17,061 |
| Lori Walton | | 15,000 | 9,200 | 40,723 | 5,000 | 69,923 | 41,984 |
| Michael and Kristen Burns | | 10,660 | 8,000 | 18,000 | 18,500 | 55,160 | 27,221 |
| SD Downtown Rotary Breakfast Club | | 10,000 | | | | 10,000 | |
| Cigna Health and Life | | 10,000 | | | | 10,000 | |
| Dana Saxton | | 6,933 | | | | 6,933 | |
| Adam and Lin Cheyer | | 6,000 | | | | 6,000 | |
| The Fish Market | | 5,000 | 5,000 | 5,000 | 5,000 | 20,000 | |
| Karl and Tina Weber | | 5,000 | 5,000 | | 20,000 | 30,000 | 2,061 |
| Emma Hareas | | 5,000 | 6,100 | 5,000 | | 16,100 | |
| Billy Lister III | | 5,000 | 5,000 | | | 10,000 | |
| Gary Hornbrook Revocable Trust | | | 160,000 | 58,606 | | 218,606 | 190,667 |
| CA Foundation for Stronger Communit | | | 20,000 | | | 20,000 | |
| Ace Hoyt | | | 5,000 | | | 5,000 | |
| Michael Lawrence | | | 5,000 | | | 5,000 | |
| Michael Marks | | | 10,000 | 10,000 | 10,000 | 30,000 | 2,061 |
| William and Margie Strauss | | | 5,000 | | | 5,000 | |
| Westar Associates | | | 5,000 | | | 5,000 | |
| Dale and Julie Yahnke | | | 10,007 | 10,800 | 10,000 | 30,807 | 2,868 |
| John Boldrick | | | 10,000 | | | 10,000 | |
| B Girls Foundation Trust | | | | | | | |
| Charity Golf International | | | | 10,849 | 7,641 | 18,490 | |
| Shirley Daw | | | | 10,000 | | 10,000 | |
| Adam & Lin Cheyer | | | | 5,000 | | 5,000 | |
| Jeffrey Geist | | | | 10,709 | | 10,709 | |
| Billy Lister | | | | 5,000 | 5,000 | 10,000 | |
| Jules Marine | | | | 10,000 | | 10,000 | |
| John Steele | | | | 8,110 | | 8,110 | |

| Form 990 Worksheet | Schedule A, Line 5 - Excess 2% Limitation Contributors | |
|----------------------------|--|---------------|
| | (This page is not filed with the return. It is for your records only.) | 2022 |
| Name(s) as shown on return | | Tax ID Number |
| Freedom Dogs | | 43-2106405 |

| | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|------------------------------------|------|------|------|-------|--------|--------|----------------------|
| Name | 2018 | 2019 | 2020 | 2021 | 2022 | Total | Excess contributions |
| | | | | | | | (col. (f) minus |
| | | | | | | | the 2% limitation) |
| Karl and Tina Weber | | | | 5,000 | | 5,000 | |
| Cali Strong | | | | 6,000 | | 6,000 | |
| Ark Antiques | | | | | 5,000 | 5,000 | |
| Bissell Pet Foundation | | | | | 25,000 | 25,000 | |
| American Legion Riders Chapter 365 | | | | | 5,000 | 5,000 | |
| Amy and Bill Geppert | | | | | 5,000 | 5,000 | |
| Robert Best | | | | | 5,000 | 5,000 | |

_____283,923

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

|] | Freedom Dogs | 1 | Г | | T | | | T | | | T | 43 | -2106405 | | |
|----|----------------------|----------|-------|---------------------|---------------------|----------------|-----------------------|----------------------|------|-----------|-------|-----------------------|-------------------------|--------------------------|----------------|
| 0. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
| 2 | Equipment - Dog Wash | 06102019 | 1,799 | | 100.00 | | | 1,799 | 7 | 200 DB MQ | 10.04 | 1,167 | 181 | 1,348 | 181 |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | Totals | | 1,799 | | | | | 1,799 | | | | 1,167 | 181 | 1,348 | 18: |

181

* Item is included in UBIA for Section 199A calculations.

See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General

2022

PAGE 1

Name(s) as shown on return

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

| I | Freedom Dogs | dom Dogs 43-2106405 | | | | | | | | | | | | | | |
|-----|-----------------------|---------------------|---------|---------------------|---------------------|----------------|-----------------------|----------------------|------|----|----------|-------|-----------------------|-------------------------|--------------------------|----------------|
| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
| 1 | Leasehold Improvement | 06102019 | 98,869 | | 100.00 | | | 98,869 | 15 | S | L MQ | 6.667 | 20,597 | 6,591 | 27,188 | 6,591 |
| 3 | Appliances | 06102019 | 3,371 | | 100.00 | | | 3,371 | 7 | 2 | 00 DB MQ | 10.04 | 2,186 | 338 | 2,524 | 338 |
| 4 | Leasehold Improvement | 07152019 | 6,706 | | 100.00 | | | 6,706 | 15 | 1 | 50 DB HY | 7.7 | 1,545 | 516 | 2,061 | 516 |
| 5 | Fence | 10192019 | 1,913 | | 100.00 | | | 1,913 | 15 | S | L HY | 6.667 | 320 | 128 | 448 | 128 |
| 6 | Office Equipment | 02292020 | 2,503 | | 100.00 | | | 2,503 | 5 | 21 | 00 DB HY | 11.52 | 1,783 | 288 | 2,071 | 288 |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Totals | | 113,362 | | | | | 113,362 | | | | | 26,431 | 7,861 | 34,292 | 7,861 |

7,861

(This page is not filed with the return. It is for your records only.)

Tax ID Number

2022

Name(s) as shown on return 43-2106405 Freedom Dogs Multi-Form Description Basis Method Deduction Form Date Life 6,591 MGT 1 Leasehold Improvement 06-10-2019 98,869 SL 15 7 PRG 1 Equipment - Dog Wash 06-10-2019 1,799 M 157 1 06-10-2019 3,371 7 294 MGT Appliances M MGT 1 Leasehold Improvement 07-15-2019 6,706 M 15 465 10-19-2019 1,913 15 1 Fence \mathtt{SL} 128 MGTMGT 1 Office Equipment 02-29-2020 2,503 M 5 288 TOTAL 7,923

TAXABLE YEAR 2022

California Exempt Organization Annual Information Return

FORM

199

| Comparison/Organization name California composition number 2595627 Additional information. See instructions. FRIN 43-2106405 FRIN | Calenda | r Year 2022 or fiscal year beginning (mm/dd/yyyy) $07-01-2022$, and ending (mm. | /dd/yyyy) | 06-30 | -2023 | | | |
|--|-------------------|---|-----------------|-------------|--------------|------|--|--|
| FEIN 43 - 21 0 6 4 0 5 | Corporati | on/Organization name | California | corporation | number | | | |
| Section A | FREE | DOM DOGS | 2595 | 627 | | | | |
| PMB no. | Additiona | I information. See instructions. | FEIN | | | | | |
| State | | | 43-2 | 10640 | 5 | | | |
| CEAN SIDE | Street ad | dress (suite or room) | | PMB no. | | | | |
| CEANSIDE | 521 | JANDEGRIFT BLVD APT D | | | | | | |
| Foreign country name Foreign province/state/county Foreign postal code | City | | State | Zip code | | | | |
| A First return | OCEAI | NSIDE | CA | 9205' | 7 | | | |
| B Amended return | Foreign c | ountry name Foreign province/state/county | | Foreign p | ostal code | | | |
| B Amended return | | | | | | | | |
| C IRC Section 4947(a)(1) prust | A First re | turn · · · · · · · · · · · · · · · · · · · | s to its guidel | ines | | | | |
| Definal information return? □ □ bissolved □ Surrendered (Withdrawn) □ Merged/Reorganized Enter date: (minds/yyyy) E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher F Federal return filed? (1) □ 907 (2) □ 909PF (3) □ style E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher F Federal return filed? (1) □ 907 (2) □ 909PF (3) □ style E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher F Federal return filed? (1) □ 907 (2) □ 909PF (3) □ style E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher F Federal return filed? (1) □ 907 (2) □ 909PF (3) □ style E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E Check accounting method: (1) □ cash (2) □ Accrual (3) □ cher E L is the organization seximpt under activities? See instructions (3) □ cher E L is the organization alimited liability company? . □ cher E L is the organization alimited liability company? . □ cher E L is the organization alimited liability company? . □ cher E L cash (3) □ cher E L cash (4) □ cher E L cash (4) □ cher E | B Amend | ed return · · · · · · · · · · · · · · · · · • ☐ Yes 🄀 No not reported to the FTB? See instructi | ons | | ● Yes X | No | | |
| Construction Surrendered (Withdrawn) Merged/Reorganized Rx is the organization exempt under RXTC Section 23701g? . Ves \(\) No No If "Yes," what is the parent's name? 990PF (3) Accrual (3) Other St. the organization is limited liability company? . *\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | C IRC Se | ction 4947(a)(1) trust · · · · · · · · · · · · | d, has the org | anization | | | | |
| Enter date: (nmiddyyyy) E Check accounting method: (1) | D Final in | formation return? engaged in political activities? See ins | structions · · | · • • • • | ● Yes X | No | | |
| E Check accounting method: (1) Cash (2) Accrual (3) Other F Federal return flied? (1) Other F Federal return | • 🗌 🗈 | rissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&T | C Section 23 | 701g?••• | ● Yes X | No | | |
| F Federal return filed? (1) • • 990T (2) • 990F (3) • Sch H (990) (4) | | | nonmembers | sources · · | · · | | | |
| (4) Other 990 series Available income? | | | mpany?··· | | • ☐ Yes 🏻 | No | | |
| G is this a group filing? See instructions | F Federa | l return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or l | Form 109 to re | eport | | | | |
| H Is this organization in a group exemption . | ` ' | | | | • Yes ∑ | No | | |
| Fart Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | | | | | _ | | |
| Part Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | H Is this | | | | | | | |
| Part Complete Part unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. | If "Yes, | what is the parent's name? O Is federal Form 1023/1024 pending? | | | ∐ Yes 🛚 | No | | |
| 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | Date filed with IRS | _ | | | | | |
| 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | | | | | | | | |
| 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3. | Part I | | | | 122 672 | T 00 | | |
| Receipts and Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3. | | | | | 133,6/3 | + | | |
| A Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 5 | | | | | 220 002 | + | | |
| This line must be completed. If the result is less than \$50,000, see General Information B | Receipts and | | | 3 | 228,893 | 00 | | |
| S Cost of goods sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses of assets sold S Cost or other basis, and sales expenses S Cost or other basis S Cost | Revenues | | | | 262 E66 | | | |
| 6 Cost or other basis, and sales expenses of assets sold | | · | | 302,300 | 100 | | | |
| 7 Total costs. Add line 5 and line 6. | | | | _ | | | | |
| 8 Total gross income. Subtract line 7 from line 4 | | | | | | 100 | | |
| September Preparer's Preparer's Signature Paid Address Subtract Issue Subtract | | | | | 362 566 | + | | |
| Title Date | | - | | | | + | | |
| 11 Total payments 12 Use tax. See General Information K 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 13 15 15 16 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 15 Penalties and interest. See General Information J 15 Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer MICHAEL LUTHER Title Date D | Expenses | | | | | _ | | |
| 12 Use tax. See General Information K 12 000 | | | | _ | (200) | _ | | |
| Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. 15 Penalties and interest. See General Information J. 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. 16 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 17 Ittle | | | | | | + | | |
| 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | | | | | | + | | |
| 15 Penalties and interest. See General Information J | | · | | | | + | | |
| 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result | | • | | | | + | | |
| Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer MICHAEL LUTHER TREASURER 11/10/2023 760-696-3076 | | | | . — | | + | | |
| Here Signature of officer MICHAEL LUTHER TREASURER 11/10/2023 760-696-3076 Preparer's signature ► Date 11/10/2023 760-696-3076 Paid Preparer's signature ► Date 11/10/2023 760-696-3076 Prim's rame (or yours, if self-employed) and address 300 CRLSBD VLG DR STE108A380 CARLSBAD, CA 92008 • Telephone 760-730-1817 | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | best of my know | | elief, it is | 1 | | |
| Signature of officer MICHAEL LUTHER TREASURER 11/10/2023 760-696-3076 Preparer's signature ► Date Check if self-employed ► P00249915 Firm's name (or yours, if self-employed) and address 300 CRLSBD VLG DR STE108A380 CARLSBAD, CA 92008 • TREASURER 11/10/2023 760-696-3076 Paid Preparer's Signature ► Preparer's Preparer's Signature ► P1N P00249915 • Firm's FEIN • Telephone 760-730-1817 | Sign Here | ı Title ı Date | wieage. | ●Telepho | ne | | | |
| Paid Preparer's Use Only Paid Preparer's Use Only Paid Preparer's Use Only Preparer's Use Only Preparer's Use Only Preparer's Signature Firm's name (or yours, if self-employed) and address An address An address Date 12/04/2023 Check if self-employed ► □ PTIN P00249915 Firm's name (or yours, if self-employed) and address An addre | | Signature of officer MICHAEL LUTHER TREASURER 11/1 | 0/2023 | | | | | |
| Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address Signature ► | | Date Check if | • | | | | | |
| Paid Preparer's Use Only If self-employed) and address Firm's name (or yours, if self-employed) and address Solve Only EASY LIFE MANAGEMENT INC 300 CRLSBD VLG DR STE108A380 CARLSBAD, CA 92008 ●Telephone 760-730-1817 | | Preparer's signature ► 12/04/2023 employe | ed ▶ 🗍 | P002 | 49915 | | | |
| Use Only if self-employed) and address EASY LIFE MANAGEMENT INC 300 CRLSBD VLG DR STE108A380 CARLSBAD, CA 92008 Telephone 760-730-1817 | | | | | | | | |
| and address 300 CRLSBD VLG DR STE108A380 | Use Only | if self-employed) ► EASY LIFE MANAGEMENT INC | | | | | | |
| | | | | ●Telephone | | | | |
| May the FTB discuss this return with the preparer shown above? See instructions · · · · · · · · · · · · · · • ☒ Yes ☐ No | | CARLSBAD, CA 92008 | | | | | | |
| | | May the FTB discuss this return with the preparer shown above? See instructions | | ● X Yes | No No | | | |

Part II Organizations with gross receipts of more than \$50,000 and private foundations 43-2106405 regardless of amount of gross receipts - complete Part II or furnish substitute information. Gross sales or receipts from all business activities. See instructions 1 126,232 00 2 7,441 00 3 00 Receipts Gross rents 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See instructions) 6 00 7 7 00 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. . . . 8 133,673 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 10 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 154,531 00 12 00 Expenses 13 ററ and 14 00 12,172 Disburse 15 15 00 ments 16 00 8,042 Other expenses and disbursements. Attach schedule 17 00 188,789 18 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line-9 -363,534 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (c) (d) 971,187 976,848 • • Federal and state government obligations · · · · • Investments in other bonds ۰ 7 ۰ Other investments. Attach schedule 115,161 115,161 **b** Less accumulated depreciation 35,640 27,598 87,563 79,521 **11** Land............. • • 5,065 5,065 1,063,815 1,061,434 Liabilities and net worth Contributions, gifts, or grants payable ۰ • **18** Other liabilities. Attach schedule 5,189 3,776 • 19 1,058,626 1,057,658 20 Paid-in or capital surplus. Attach reconciliation . ۰ • 21 Retained earnings or income fund 22 Total liabilities and net worth 1,063,815 1,061,434 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 7 Income recorded on books this year (968)not included in this return. Attach schedule 3 Excess of capital losses over capital gains . . . 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. Attach schedule Total. Add line 7 and line 8 · · · · · · · 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5 (968)Subtract line 9 from line 6 (968)

Side 2 Form 199 2022 043 3652224

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE

RRF-1 (Rev. 02/2021)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

| FREEDOM DOGS Name of Organization | | Check if: Change of address | | | | | | | |
|--|--|---|---------------------------------------|--------|---------|--|--|--|--|
| List all DBAs and names the organization uses or has | s used | Ame | nded report | | | | | | |
| 521 VANDEGRIFT BLVD APT D Address (Number and Street) | | State Cha | arity Registration Number $CT-132$ | 990 | | | | | |
| OCEANSIDE, CA 92057 | | 0505607 | | | | | | | |
| City or Town, State, and ZIP Code | | Corporation or Organization No. 2595627 | | | | | | | |
| 760-696-3076 Telephone Number E-m | nail Address | Federal E | Employer ID No. 43-2106405 | | | | | | |
| ANNUAL REGISTRATION REM | e Regs. se at of Justic | | | | | | | | |
| Total Revenue Fee | Total Revenue | Fee | <u>Total Revenue</u> | | Fee | | | | |
| Less than \$50,000 \$25 B | Between \$250,001 and \$1 milion | \$100 | Between \$20,000,001 and \$100 millio | on S | 800 | | | | |
| Between \$50,000 and \$100,000 \$50 B | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 mill | ion S | \$1,000 | | | | |
| Between \$100,001 and \$250,000 \$75 B | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | | \$1,200 | | | | |
| PART A - ACTIVITIES | | | | | | | | | |
| For your most recent full accounting per | riod (beginning $07-01-22$ | ending_ | 06-30-23) list: | | | | | | |
| Total Revenue \$ | | | | | | | | | |
| (including noncash contributions) 362,566 Noncash Contributions \$ Total Assets \$ 1,061,434 | | | | | | | | | |
| Program Expenses \$ | 282,782 Total | Expenses | \$363,534_ | | | | | | |
| PART B - STATEMENTS REGARDING ORGANIZAT | TION DURING THE PERIOD OF THIS | REPORT | | | | | | | |
| Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page | | | | | | | | | |
| providing an explanation and details for each | · · | | · | Yes | No | | | | |
| During this reporting period, were there any contr officer, director or trustee thereof, either directly or | | | , | | Х | | | | |
| 2. During this reporting period, was there any theft, e | embezzlement, diversion or misuse of t | he organiza | ation's charitable property or funds? | | Х | | | | |
| During this reporting period, were any organization | on funds used to pay any penalty, fine o | or judgmen | t? | | X | | | | |
| During this reporting period, were the services of coventurer used? | a commercial fundraiser, fundraising c | ounsel for o | charitable purposes, or commercial | X | | | | | |
| 5. During this reporting period, did the organization r | receive any governmental funding? | | | Х | | | | | |
| 6. During this reporting period, did the organization h | hold a raffle for charitable purposes? | | | | X | | | | |
| 7. Does the organization conduct a vehicle donation | n program? | | | | Х | | | | |
| Did the organization conduct an independent audi generally accepted accounting principles for this | | ents in acco | ordance with | | Х | | | | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | | | | | | | | | |
| I declare under penalty of perjury that I have exam belief, the content is true, correct and complete, ar | | nying doc | uments, and to the best of my knowled | ge and | | | | | |
| T.A. | IICHAEL LUTHER | ייי | REASURER 11- | -10- | 2023 | | | | |
| Signature of Authorized Agent | Printed Name | | Title | | ate | | | | |

TAXABLE YEAR Corporation Depreciation and Amortization

3885

| Attach to Form 100 or Form 100W. MANA | GEMENT/GEN | IERAL - | | | | | | |
|---|--------------------------------|-------------------------|------------------------|-------------------|---|------------|-------------------------|---------------------------------------|
| Corporation name | | | | | Cali | fornia cor | poration nui | mber |
| Freedom Dogs | | | | | 2! | 5956 | 27 | |
| Part I Election To Expense Certain Prope | rty Under IRC Sec | tion 179 | | | ' | | | |
| 1 Maximum deduction under IRC Section 179 for | California | | | | | . 1 | | \$25,000 |
| 2 Total cost of IRC Section 179 property placed | in service | | | | | . 2 | | |
| 3 Threshold cost of IRC Section 179 property be | | | | | | | | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line | | | | | | | | |
| 5 Dollar limitation for taxable year. Subtract line 4 | • | | | | | . 5 | | 25,000 |
| (a) Description of property | | (b) Cost (busine | | (c) Elec | | | | |
| 6 | | (3) 3 3 3 (3 3 3 3 1 1 | ,, | (0) 2.00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| 7 Listed property (elected IRC Section 179 cost) | | | 7 | | | - | | |
| 8 Total elected cost of IRC Section 179 property | | | | | | . 8 | | |
| 9 Tentative deduction. Enter the smaller of line | | · /· | | | | | | |
| | | | | | | | | |
| 10 Carryover of disallowed deduction from prior to | | | | | | | | 25 000 |
| 11 Business income limitation. Enter the smaller of | | | | | | | | 25,000 |
| 12 IRC Section 179 expense deduction. Add line 9 | • | | | | • • • • | . 12 | | |
| 13 Carryover of disallowed deduction to 2023. Ad | | | | 13 | 1050 | | | |
| Part II Depreciation and Election of Addition | | | | | | | | |
| (a) | (b) | (c) | (d) Depreciation | (e) Depre- | (f) | | (g) | (h) |
| Description of property | Date acquired | Cost or other basis | s allowed or allowable | ciation | Life or rate | | eciation for is year | Additional first year depreciation |
| 1 1 1 1 | (mm/dd/yyyy) | 20000 | in earlier years | | | | | |
| | 06/10/2019 | | | | 15 | 6 | 5,591 | |
| | 06/10/2019 | | | | 7 | | 338 | |
| | 07/15/2019 | | | | 15 | | 516 | |
| | 10/19/2019 | | | | 15 | | 128 | |
| Office Equipmen | 02/29/2020 | 2,503 | 1,783 | 3 200 DB | 5 | | 288 | |
| 15 Add the amounts in column (g) and column (h) | . The total of colum | n (h) may not exc | eed \$2,000. | | | | | |
| See instructions for line 14, column (h) | | | | | · · 1 | 15 7 | 7,861 | |
| Part III Summary | | | | | | | | |
| 16 Total: If the corporation is electing: | | | | | | | | |
| IRC Section 179 expense, add the amount or | line 12 and line 15 | i, column (g) or | | | | | | |
| Additional first year depreciation under R&TC | Section 24356, ad | d the amounts on | line 15, column | ns (g) and (h) | or | | | |
| Depreciation (if no election is made), enter the | amount from line 1 | 5, column (g) | | | | | 16 | 7,861 |
| 17 Total depreciation claimed for federal purposes | s from federal Form | 4562, line 22 · | | | | | 17 | 7,861 |
| 18 Depreciation adjustment. If line 17 is greater th | nan line 16, enter the | e difference here a | and on Form 100 | or Form 100 | W, Side | 1, line 6 | i. | |
| If line 17 is less than line 16, enter the difference | ce here and on Forn | n 100 or Form 10 | 0W, Side 2, line | 12. (If Californ | nia depre | ciation | | |
| amounts are used to determine net income be | fore state adjustmer | nts on Form 100 o | r Form 100W, n | o adjustment i | s necess | sary) . | 18 | i |
| Part IV Amortization | | | | | | | | |
| (a) | (b) | (c) | (d) | (е |) | (f) | | (g) |
| Description of property | Date acquired | Cost or other basis | Amortization allow | wed or R&TC Se | ection | Period or | | Amortization |
| | (mm/dd/yyyy) | | allowable in earlier | years (see ins | str.) p | percentag | е | for this year |
| 19 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | | 20 | |
| 21 Total amortization claimed for federal purposes | s from federal Form | 4562 line 44 | | | | - | 21 | |
| 22 Amortization adjustment. If line 21 is greater th | | • | | | Ν. | · | | |
| Side 1, line 6. If line 21 is less than line 20, enter | | | | | | | 22 | |
| Side 1, mile 6. ii mile 21 is less than mile 20, ente | 2. 4.10 GIII OI OI I I I I I I | o and one office to | ,5 51 1 51111 1001 | ., Oldo 2, III IE | | | | |

043 7621224 FTB 3885 2022

TAXABLE YEAR Corporation Depreciation and Amortization

3885

| 2022 and Amortizati | | | | | | | | 3885 |
|---|----------------------------|---------------------|--------------------------|---------------------|-----------------|-----------------------|-----|---------------------------------------|
| | RAM SERVIC | ES - 1 | | | | | | |
| Corporation name | | | | | | rnia corporat | | nber |
| Freedom Dogs | | | | | 25 | 95627 | / | |
| Part I Election To Expense Certain Prop | | | | | | | | |
| 1 Maximum deduction under IRC Section 179 fo | | | | | | 1 | | \$25,000 |
| 2 Total cost of IRC Section 179 property placed | | | | | | 2 | | |
| 3 Threshold cost of IRC Section 179 property b | | | | | | 3 | | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from lin5 Dollar limitation for taxable year. Subtract line | · | | | | | 5 | | 25,000 |
| (a) Description of property | | (b) Cost (busine | | (c) Elect | | , J | | 23,000 |
| 6 | | (b) Cost (busine | oo doc orny) | (0) 11000 | 00 0001 | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 Listed property (elected IRC Section 179 cos | t) | | 7 | | | | | |
| 8 Total elected cost of IRC Section 179 propert | y. Add amounts in co | lumn (c), line 6 ar | nd line 7 | | | 8 | | |
| 9 Tentative deduction. Enter the smaller of line | e 5 or line 8 · · · · | | | | | 9 | | |
| 10 Carryover of disallowed deduction from prior to | axable years | | | | | 10 | | |
| ${\bf 11} \ {\bf Business \ income \ limitation. \ Enter \ the \ smaller}$ | of business income (| not less than zero | o) or line 5 | | | 11 | | 25,000 |
| 12 IRC Section 179 expense deduction. Add line | • | | | | • • • • | 12 | | |
| 13 Carryover of disallowed deduction to 2023. A | | | | | | | | |
| Part II Depreciation and Election of Addit | | | | | | | | |
| (a) | (b) | (c) | (d) Depreciation | (e) Depre- | (f) | (g) | | (h) |
| Description of property | Date acquired (mm/dd/yyyy) | Cost or other basis | allowable | ciation | Life or rate | Depreciati this ye | | Additional first year depreciation |
| 14 Equipment - Dog | 06/10/2019 | 1,799 | in earlier years 1,167 | method | 7 | - | 181 | |
| 14 Equipment - Dog | 00/10/2019 | 1,799 | 1,107 | 200 DB | 7 | - | гот | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 15 Add the amounts in column (g) and column (h |). The total of column | (h) may not exce | eed \$2,000. | | | | | |
| See instructions for line 14, column (h) | • • • • • • • • • | | | | . 15 | _ | 181 | |
| Part III Summary | | | | | ' | | | |
| 16 Total: If the corporation is electing: | | | | | | | | |
| IRC Section 179 expense, add the amount of | n line 12 and line 15, | , column (g) or | | | | | | |
| Additional first year depreciation under R&T0 | C Section 24356, add | I the amounts on | line 15, columns (| g) and (h) o | r | | | |
| Depreciation (if no election is made), enter the | | | | | | | 16 | |
| 17 Total depreciation claimed for federal purpose | | • | | | | | 17 | 181 |
| 18 Depreciation adjustment. If line 17 is greater t | | | | | | | | |
| If line 17 is less than line 16, enter the differer | | | | | | | 40 | |
| amounts are used to determine net income be | erore state adjustmen | ts on Form 100 o | r Form 100vv, no a | iajustment is | necessa | ıry) • • • | 18 | |
| Part IV Amortization (a) | (b) | (c) | (d) | (e) | | (f) | | (g) |
| Description of property | Date acquired | Cost or other basis | Amortization allowed | | tion P | eriod or | | Amortization |
| Description of property | (mm/dd/yyyy) | Cost of other basis | allowable in earlier yea | rs (see insti | r.) pe | rcentage | | for this year |
| 19 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 20 Total. Add the amounts in column (g) · · · | | | | | | 20 | | |
| 21 Total amortization claimed for federal purpose | es from federal Form 4 | 4562, line 44 • | | | | 21 | | |
| 22 Amortization adjustment. If line 21 is greater t | han line 20, enter the | difference here a | nd on Form 100 or | Form 100W | / , | | | |
| Side 1 line 6. If line 21 is less than line 20, on | tor the difference here | and on Form 10 | 0 or Form 100\M | Sido 2 lino 1 | 2 | 22 | | |

7621224 FTB 3885 2022

| CAOVFLOW | State Supporting Statements | 2022 Page 1 |
|----------------------------|-----------------------------|--------------------|
| Name(s) as shown on return | | SSN/FEIN |
| Freedom Dogs | | 43-2106405 |

Taxes

| Description | Amoun | .t |
|---------------|------------|-------|
| Payroll Taxes | <u> </u> | 2,172 |
| - | Total: \$1 | 2,172 |

Other Expenses

| Description | | Amount |
|------------------------------------|-----------|---------|
| Legal Fees | : | \$ 100 |
| Accounting | | 7,372 |
| Other Fees and Services | 2,350 | |
| Advertising and Promotion | 1,043 | |
| Office Expenses | | 4,384 |
| Occupancy | | 58,864 |
| Travel | | 8,059 |
| Insurance | | 6,202 |
| Licenses | | 155 |
| Program and Puppy Expenses | | 26,480 |
| Training Events | | 20,260 |
| Bank Fees | | 31 |
| Maintenance, Repairs, and Supplies | | 4,772 |
| Merchant Fees | | 2,329 |
| Security | | 733 |
| Training | | 956 |
| Utilities | | 2,621 |
| Dog Trainer Expenses | | 35,716 |
| Memberships and Dues | | 2,645 |
| Software Licenses | | 3,717 |
| | Total: \$ | 188,789 |