FOR TAX YEAR 2022

RENEGADE PAWS RESCUE, INC.

COASTAL CONSULTING MANAGEMENT GROUP

33 BULL STREET SUITE 201 SAVANNAH, GA 31401

(912)495-8686

33 BULL STREET SUITE 201 SAVANNAH, GA 31401

Phone: (912)495-8686 | Fax: (912)385-4901

July 17, 2023

Renegade Paws Rescue, Inc. 21 Keystone Drive Savannah, GA 31406

Subject: Preparation of 2022 Tax Returns

Renegade Paws Rescue, Inc.:

Thank you for choosing COASTAL CONSULTING MANAGEMENT GROUP to assist with the 2022 taxes for Renegade Paws Rescue, Inc.. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Renegade Paws Rescue, Inc.. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Renegade Paws Rescue, Inc., the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (912)495-8686.

Sincerely,

William B Whitfield CPA COASTAL CONSULTING MANAGEMENT GROUP

Accepted By:

Officer

Date

33 BULL STREET SUITE 201 SAVANNAH, GA 31401

Phone: (912)495-8686 | Fax: (912)385-4901

July 17, 2023

Renegade Paws Rescue, Inc. 21 Keystone Drive Savannah, GA 31406

Renegade Paws Rescue, Inc.:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Renegade Paws Rescue, Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (912)495-8686.

Sincerely,

William B Whitfield CPA COASTAL CONSULTING MANAGEMENT GROUP

33 BULL STREET SUITE 201 SAVANNAH, GA 31401

Phone: (912)495-8686 | Fax: (912)385-4901

July 17, 2023

Renegade Paws Rescue, Inc. 21 Keystone Drive Savannah, GA 31406

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (912)495-8686.

Sincerely,

William B Whitfield CPA COASTAL CONSULTING MANAGEMENT GROUP

33 BULL STREET SUITE 201 SAVANNAH, GA 31401

Phone: (912)495-8686 | Fax: (912)385-4901

Customer Name		Customer Information
Renegade Paws Rescue, Inc.	Invoice #:	
21 Keystone Drive	Date:	July 17, 2023
Savannah, GA 31406	Phone:	(912)665-6046
	E-mail:	

Your 2022 tax return was prepared by William B Whitfield CPA.

Description		Fee
Federal And Supplemental	l Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule O	Supplemental Information, page 1	
Form 8868	Application for Extension	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Statement Sch D	Schedule D - Part VI, Line 1e	
Overflow	Itemized Listing Attachment	

Overflow	Itemi	zed Listing /	Attachment	
EF Notice	Gener	ral Informati	Attachment ion for Electronic Filing	
Fotal Forms		35	Forms Subtotal	0.00
			Total Balance Due	0.00
	D 1	•		
	Payment due upo	on receipt.	Thank you for your business!	

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return		Employer Identification Number
RENEGADE PAWS 1 Entity address 21 KEYSTONE D SAVANNAH, GA Thank you for pa 1. X 2022 8868-01 an electronic sig The submission	Entities That File Returns Electronically RESCUE, INC. RIVE 31406 rticipating in IRS e-file.	Employer Identification Number **_**5500 lectronically. mai Identification Number (PIN) as ther or generate a PIN signature. TO THE

Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Depar	Department of the Treasury Do not enter social security numbers on this form as it may be made public.						Open to Public			
		ue Service	Go	to www.irs.gov/Fori	m990 for instructions	and the lates	t inform	ation.		Inspection
A	or the	2022 calend	ar year, or tax year b	eginning		, 2022 , a	and endi	ng		, 20
Β	heck if a	applicable:	C Name of organization	RENEGADE PAW	S RESCUE, INC.				D Emplo	oyer identification number
A	ddress o	change	Doing business as							83-3915500
۱ 🗌	lame cha	ange	Number and street (or F	P.O. box if mail is not deliver	ed to street address)		Room/sui	te	E Teleph	none number
<u> </u>	nitial retu	Irn	21 KEYSTONE	E DRIVE						(912)665-6046
F	inal retu	rn/terminated	City or town, state or pro	ovince, country, and ZIP or f	oreign postal code				G Gross	receipts
A	mended	return	SAVANNAH, C	A 31406					\$	808,989
A	pplicatio	n pending	F Name and address of p	rincipal officer:				H(a) Is this a g	roup return f	or subordinates? Yes X No
								H(b) Are all s	ubordinate	es included? Yes No
<u> </u> 1	ax-exem	npt status: X	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		lf "No," a	attach a lis	t. See instructions
JV	Vebsite:	REN	EGADEPAWSRESCU	JE.ORG		1		H(c) Group e	xemption i	number
K F	orm of o	rganization: X	Corporation Trust	Association Other		L Year of format	tion: 201	.9 M S	tate of leg	al domicile: GA
Pa	rt I	Summar	у							
	1	Briefly descr	ibe the organization's	mission or most signi	ficant activities: REI	NEGADE PAW	NS RES	CUE IS 2	A 5010	C3 VOLUNTEER
		BASED OR	GANIZATION DEI	ICATED TO PRO	VIDING THE HIGH	HEST LEVEL	OFC	ARE FOR	UNWAI	NTED, ABUSED, OR
Activities & Governance		INJURED	DOGS IN THE CO	ASTAL EMPIRE	AND SURROUNDING	G AREAS.				
rna										
ove	2	Check this b	ox 🗌 if the organizat	tion discontinued its o	perations or disposed of	of more than 25	5% of its	net assets.		
ğ	3	Number of v	oting members of the	governing body (Part	t VI, line 1a)				3	5
s v	4	Number of ir	ndependent voting me	mbers of the governir	ng body (Part VI, line 1t	o)			4	0
itie	5	Total numbe	r of individuals employ	ved in calendar year 2	2022 (Part V, line 2a)				5	0
ctiv	6	Total numbe	r of volunteers (estima	te if necessary)					6	500
∢	7a	Total unrelat	ed business revenue	from Part VIII, columr	n (C), line 12				7a	0
	b	Net unrelate	d business taxable in	come from Form 990-	T, Part I, line 11				7b	0
				×				Prior Year		Current Year
	8	8 Contributions and grants (Part VIII, line 1h) 138,169					562,624			
ne	9							167	,425	246,365
Revenue	10				7d)					0
Re	11	Other revenu	ue (Part VIII, column (J	A), lines 5, 6d, 8c, 9c,	10c, and 11e)			54	,151	0
	12	Total revenu	e - add lines 8 through	n 11 (must equal Part	VIII, column (A), line 12	2)		359	,745	808,989
	13	Grants and s	similar amounts paid (Part IX, column (A), li	nes 1-3)					0
	14	Benefits paid	d to or for members (F	art IX, column (A), lin	e4)					0
	15	Salaries, oth	er compensation, emp	loyee benefits (Part I	X, column (A), lines 5-1	0)				0
ses	16a	Professional	fundraising fees (Par	t IX, column (A), line	11e)					0
cpenses	b	Total fundrai	sing expenses (Part I	X, column (D), line 25)	0				
Ĕ	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f	-24e)		_	311	,503	696,662
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)			311	,503	696,662
	19	Revenue les	s expenses. Subtract	line 18 from line 12				48	,242	112,327
ž							Begir	nning of Curre	nt Year	End of Year
ets c	20	Total assets	(Part X, line 16)					84	,090	362,358
Asse	21									0
20Total assets (Part X, line 16)21Total liabilities (Part X, line 26)22Net assets or fund balances. Subtract line 21 from line 20					20			84	,090	362,358
Pa	Part II Signature Block									
					anying schedules and stateme		t of my know	vledge and beli	ef, it is	
true,	correct,	and complete. De	claration of preparer (other th	nan officer) is based on all ir	nformation of which preparer h	as any knowledge.				
		JENN	IFER TAYLOR							
Sig	n	Signature of offic	cer						Dat	e
Her	е	JENN	IFER TAYLOR, D	IRECTOR						
		Type or print nar								
		Print/Type pre	eparer's name	Preparer's signature	e	Date		Check	if	PTIN
Paie	b	William	B Whitfield (CPA William B	Whitfield CPA	07-17-20	23	self-emp		XXXXX6875
	pare			1	MANAGEMENT GRO			irm's EIN		· -
	Only				ITE 201			hone no.		
-	•									

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2022) RENEGADE PAWS RESCUE, INC. 83-3915500 Pag	ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	RENEGADE PAWS RESCUE IS A 501C3 VOLUNTEER BASED ORGANIZATION DEDICATED TO PROVIDING THE HIGHE	ST
	LEVEL OF CARE FOR UNWANTED, ABUSED, OR INJURED DOGS IN THE COASTAL EMPIRE AND SURROUNDING ARE	AS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$639,260 including grants of \$) (Revenue \$)	
	THE RENEGADE PAWS RESCUE FOUND HOMES AND PROVIDED CARE FOR UNWANTED, ABUSED, OR INJURED DOGS	IN
	THE COASTAL EMPIRE AND SURROUNDING AREAS. OVER 500 VOLUNTEERS SUPPORT THE RENEGADE PAWS IN OR	DER
	TO ACCOMPLISH THE RENEGADE PAWS MISSION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 639,260	
EEA	Form 990 (20	022)

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>II</i> "Yes," complete Schedule A			915500	F	Page 3
 complete Schedule A. Is the organization required to complete Schedule B. Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behaft of or in opposition to condidates for public office? <i>If "tes"</i>. <i>Complete Schedule C, Part I</i> 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? <i>If "tes"</i>. <i>complete Schedule C, Part I</i> Is the organization a section 501(c)(4). 501(c)(5), or 5501(c)(5) comprised Schedule C, Part II. Did the organization marking any doorn advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization marking collection of vokes of art, historical trassures, or other similar assess? If Yes," complete Schedule D, Part II. Did the organization marking collection of vokes of art, historical trassures, or other similar assess? If "Yes," complete Schedule D, Part II. Did the organization more collection of vokes of art, historical trassures, or other similar assess? If "Yes," complete Schedule D, Part II. Did the organization reports an amount In Part X, line 21, for secrew or custodial account lability, serve 4s a custodian for amounts not listed in Part X, line 21, for secrew or outstold account lability, serve 4s a custodian networks? If "Yes," complete Schedule D, Part II. Did the organization, report an amount for lands, buildings, and equipment in Part X, line 10? Has 10, Vi, Vi, VII, VII, VII, VII, VII, VII,	Pa	Int IV Checklist of Required Schedules		Yes	No
 complete Schedule A. Is the organization required to complete Schedule B. Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behaft of or in opposition to condidates for public office? <i>If "tes"</i>. <i>Complete Schedule C, Part I</i> 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? <i>If "tes"</i>. <i>complete Schedule C, Part I</i> Is the organization a section 501(c)(4). 501(c)(5), or 5501(c)(5) comprised Schedule C, Part II. Did the organization marking any doorn advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization marking collection of vokes of art, historical trassures, or other similar assess? If Yes," complete Schedule D, Part II. Did the organization marking collection of vokes of art, historical trassures, or other similar assess? If "Yes," complete Schedule D, Part II. Did the organization more collection of vokes of art, historical trassures, or other similar assess? If "Yes," complete Schedule D, Part II. Did the organization reports an amount In Part X, line 21, for secrew or custodial account lability, serve 4s a custodian for amounts not listed in Part X, line 21, for secrew or outstold account lability, serve 4s a custodian networks? If "Yes," complete Schedule D, Part II. Did the organization, report an amount for lands, buildings, and equipment in Part X, line 10? Has 10, Vi, Vi, VII, VII, VII, VII, VII, VII,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		165	NO
 Did the organization engage in direct on indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 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 Is the organization a section 501(c)(d), 501(c)(c), 501(c)(c), 501(c)(c) (organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89-197 II Yes," complete Schedule C, Part II. Did the organization receive or hold a conservation easimal runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easimers in the user server or easing asset? If Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easimers in the summa server of the similar asset? If Yes," complete Schedule D, Part II. Did the organization receives of an amount in Part X, line 21, for escrew or custodal account lability, serve els a custodain for amounts not listed in Part X, or provide credit counseling, dott management, credit regari, or debt negatization services? If Yes," complete Schedule D, Part IV. Did the organization carbot an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V. Did the organization amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part X. Did the organization aspe		complete Schedule A	1	x	
 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying schwites, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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. 98-191 "Yes," complete Schedule C, Part II. 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? II "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, inclusing easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve es a custodia for noruns no fulls of IPAT X; or provide cred to currenting, dott management, tredit regarit, or debt negotiation services? II "Yes," complete Schedule D, Part IV. Did the organization rised in Part X; or rowide cred to currenting, dott management, tredit regarit, or debt negotiation services? II "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment II: Part X, line 10; IV *Yes," complete Schedule D, Part V. Did the organization report an amount for investments phorgan related in Part X, line 10; Part VII. Did the organization report an amount for investments phorgan related in Part X, line 13; Mart 13; SV or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments phorgan related N Part X, line 13; Lint 13; SV or more of its total assets	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		х
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
 election in effect during the tax year <i>II</i> "Yes," complete Schedule C, Part <i>II</i>. Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) or spritzion that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 <i>II</i> "Yes," complete Schedule C, Part <i>III</i>. 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 7 <i>II</i> "Yes," complete Schedule D, Part II. Did the organization celeve or hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or historic structures? <i>II</i> "Yes," <i>complete Schedule D, Part II</i>. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve et a custodian for amounts not lised in Part X, or provide credit counseling, debt management, credit regain or debt negotiation services? <i>II</i> "Yes," <i>complete Schedule D, Part IV</i>. Did the organization report an amount for land. buildings, and equipment In Part X, line 10, <i>II</i> "Yes," <i>complete Schedule D, Part V</i>. If the organization report an amount for investments - other socurities in Part X, line 12, build 5% or more of its total assets reported in Part X, line 17 "Yes," <i>complete Schedule D, Part V</i>. If the organization report an amount for investments - other socurities in Part X, line 12, build 5% or more of its total assets reported in Part X, line 17 "Yes," <i>complete Schedule D, Part VI</i>. Did the organization report an amount for investments - other socurities in Part X, line 12, build 5% or more of its total assets reported in Part X, line 17 "Yes," <i>complete Schedule D, Part VI</i>. Did the organization report an amount for investments - other socurities in Part X, line 12, build 5% or more of its total assets reported in Part X, line 17 "Yes," <i>complete Sc</i>		candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
 5 Is the organization a section 501(c)(d), 501(c)(d), 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 II "Yes," complete Schedule C, Part II. 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historics structures? If Yes," complete Schedule D, Part II. 8 Did the organization approximation collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part III. 9 Did the organization approximation to Part X, line 21, for escrow or custodial account liability, serve es a custodian to amounts not liaded in Part X, line 21, for escrow or custodial account liability, serve es a custodianto service? If Yes," complete Schedule D, Part IV. 10 Did the organization approximation any of the following questons is Yes," then complete Schedule D, Part VI. 11 If the organization report an amount for land, buildings, and equipment 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. 12 Did the organization report an amount for investments - other sacutina 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. 13 Did the organization report an amount for investments - plagram related in Part X, line 15% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for investments - plagram related in Part X, line 16? If Yes, "complete Schedule D, Part VII. 14	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
 assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Ves," complete Schedule C, Part III. Did the organization neurons 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 Did the organization necebor on hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve es a custodian to amounts on tited in Part X, or provide craft Counseling, delt management, cradit pregir or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for land, buildings, and equipment in Part X, line 10, Part V, VII, VIII, VII, X or X as applicable. a bid the organization report an amount for investments - other securities in Part X, line 12, Part V, VII, VII, VII, VII, X or X as applicable. a bid the organization report an amount for investments - other securities in Part X, line 12, Part S 5, or more of its total assets reported in Part X, line 16, III: Science D, Part VII. b Did the organization report an amount for investments - other securities in Part X, line 12, Iral is 5% or more of its total assets reported in Part X, line 16, III: Science D, Part VII. b Did the organization report an amount for investments - Negram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16, III: Science D, Part VII. b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16, III: Science Complete Schedule D, Part X X. b Did the organization report an amount for investments - o		election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
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 complete Schedule D, Part VI. b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X e) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		VII, VIII, IX, or X as applicable.			
 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part VII</i>. c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part VII</i>. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part VII</i>. e Did the organization's lability of uncertain tax positions under FIN 48 (ASC 740)? <i>II</i> "Yes," <i>complete Schedule D, Part X</i> . 12a Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? <i>II</i> "Yes," <i>complete Schedule D, Part X</i> . b Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
 of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VX</i>. e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>. f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X</i>. 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X</i>. b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts X I and XII</i>. b Was the organization a school described in section 170(b)(1)(A)(iii)? <i>If "Yes," complete Schedule E</i>. 14a Did the organization naintain an office, employees, or agents outside of the United States? b Did the organization nave agregate revenues or expenses of more than \$10.000 form grartmaking, fundraising, business, investment and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule E, Parts I and IV</i>. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts I and IV</i>. 16 Did the organization report atotal of more than \$15,000 of expenses for professiona		complete Schedule D, Part VI	11a	x	
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 of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part VIII</i>. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part IX</i>. e Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. Was the organization included in consolidated, independent audited financial statements for the tax year? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. Was the organization included in consolidated, independent audited financial statements for the tax year? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. Was the organization aschool described in section 170(b)(1)(A)(iii)? <i>II</i> "Yes," <i>complete Schedule E</i>. bid the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the <i>F</i>. Parts <i>I</i> and <i>IV</i>. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate rates or other assistance to or for rolegin graphization report on Part IX, column (A), line 3, more than \$5,000 of aggregater as or other assistance to or for rolegin graphization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6, more than \$5,000 of aggregate grants or other assistance to or for rolegin individuals? <i>II</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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 relign individuals? <i>II</i> "Yes," <i>complete Schedul</i>		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		х
 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," <i>complete Schedule D, Part IX</i>. e Did the organization report an amount for other liabilities in Part X, line 25? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>II</i> "Yes," <i>complete Schedule D, Part X</i>. 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>II</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>. b Was the organization a school described in section 170(b)(1)(A)(iii)? <i>II</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>. 13 Is the organization a school described in section 170(b)(1)(A)(iii)? <i>II</i> "Yes," <i>complete Schedule E</i>. 14a Did the organization neutrin an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 or more? <i>II</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization? <i>II</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>II</i> "Yes," <i>complete Schedule G, Part I</i> 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A	С				
 reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>. Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>. b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>and if the organization answerd</i> "No" to line 12a, then completing Schedule D, Parts XI and XII b Was the organization aschool described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i>. 13 Is the organization maintain an office, employees, or agents outside of the United States? b Did the organization neurot and program service activities outside the United States, or aggregate foreign investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargets grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 17 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> see instructions on Part VIII, lines 16 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 Did the organization report more than \$15,000 of grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		х
 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
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 Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 II 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 II 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 II Did the organization operate one or more hospital facilities? If "Yes," complete			. 11f		х
 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a				
 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Schedule D, Parts XI and XII	12a		х
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
 14a Did the organization maintain an office, employees, or agents outside of the United States?		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		х
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		х
 fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a		. 14a		x
 foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>. 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>. 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? <i>If "Yes," complete Schedule G, Part I</i> See instructions . 18 Did the organization report more than \$15,000 ot fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> . 20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 					
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 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	15				
 assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>			. 15		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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	16				
 Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> See instructions			. 16		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 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. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	17				
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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	18				
If "Yes," complete Schedule G, Part III. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			. 18	x	
 20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	19				
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 				-	х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20 a			1	х
	b		. 20b	1	
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21			1	
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	1	x

Form		3-391550	00	Р	'age 4
Pa	rt IV Checklist of Required Schedules (continued)			Vaa	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		Yes	No
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	••••	25b		х
26	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		07		
20	persons? If "Yes," complete Schedule L, Part III		27		x
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		200		
b	"Yes," complete Schedule L, Part IV	F	28a 28b		X
c c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	••••	200		х
C	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	F	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		20		-
	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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
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		
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	<u></u>	•••		
		г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	X	(2022
			Lor	- DOO	ຳທາຕ

Form	990 (2022) RENEGADE PAWS RESCUE, INC.	8	3-39155	00	P	age 5
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 returm	2a	0			
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		x
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 (FB	AR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
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?	• • • •		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?		• • • •	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
_	gifts 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		x
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			-		
	required to file Form 8282?	••••	• • • •	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f 7~		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			7g 7h		X
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	• • • •	• • • •	70		x
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		v
9	sponsoring organization have excess business holdings at any time during the year?			0		x
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		v
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		x x
10	Section 501(c)(7) organizations. Enter:			30		
a		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
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	12b				
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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?			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		x
	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 activitie					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

For	n 990 (2022) RENEGADE PAWS RESCUE, INC. 83-3915	500	F	Page 6
Pa	art 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 instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2		2		v
•	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		x
Ser	tion C. Disclosure	100		А
17	List the states with which a copy of this Form 990 is required to be filed Georgia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

COASTAL CONSULTING MANAGEMENT GROUP (912)495-8686, 33 BULL ST 201, SAVANNAH, GA 31401

Form 990 (202	2) RENEGADE PAWS RESCUE, INC.	83-3915500	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con		
	Independent Contractors	,	,
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	ployees	
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or ax year.	within the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	
• List the o who received r	the organization's current key employees, if any. See the instructions for definition of "key employee." rganization's five current highest compensated employees (other than an officer, director, trustee, or key eportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC the organization and any related organizations.	, , ,	
\$100,000 of re • List all of	the organization's former officers, key employees, and highest compensated employees who received portable compensation from the organization and any related organizations. the organization's former directors or trustees that received, in the capacity as a former director or trustees that some than \$10,000 of reportable compensation from the organization and any related organization and any related organizations.		

See instructions for the order in which to list the persons above.

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					han one s both an	Reportable	Reportable	Estimated amount
	hours					/trustee)	compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	٩ n	- Ing	q	Ke	en	organization (W-2/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitut	Officer	iy er	ghes	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
	related organizations	or director	Institutional trustee		Key employee	Highest compensated employee			
	below	rust	tru		yee	mpe			
	dotted line)	e	stee			nsat			
						ed	·		
(1) BRITTANY_MCLAUGHLIN	20.00								
TREASURY		x		х			0	0	0
(2) EVE SAMPSON	40.00								
SECRETARY		x		х			0	0	0
(3) JENNIFER TAYLOR	40.00								
DIRECTOR		х		х			0	0	0
(4)									
(5)									
<u>(6)</u>									
(7)									
<u>[/]</u>									
(8)									
<u>(8)</u>									
(9)									
(9)									
(40)									
<u>(10)</u>									
(44)									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
(14)									
EE A									Form 000 (2022)

	90 (2022) RENEGADE PAWS RES										3-3915			'age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			s, an	ld F	lighest Comp	ensated	Emplo	oyees	(cont	inued,
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Po eck m ss pe d a di	rson i rectoi	han one s both ar /trustee) employee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compens, from rela organization 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	cor fi orgai	(F) ated am of other npensat rom the nization I organiz	ion and
(15)							d							
<u>(17)</u>														
(18)														
<u>(</u> 19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal					•••		•						
С Д	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		• • •					-	•					•
d 2	Total (add lines to and tc)								ore than \$100,000	of	0			0
	reportable compensation from the organization													0
2	Did the organization list on former officer direct	tor tructoo	kovor	onlos		orh	iaboot		nnoncotod				Yes	No
3	Did the organization list any former officer, direc employee on line 1a? If "Yes," complete Schedul		-				-					3		x
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th													
_											• • • •	4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors	<i>s, complete</i>	Conoc		101	040	ii poro	011	•••••	<u></u>	<u></u>	Ū		А
1	Complete this table for your five highest compensation	ted independ	dent co	ontrac	ctors	s tha	t recei	ved	more than \$100,00	00 of				
	compensation from the organization. Report comp	ensation for	the ca	enda	ar ye	ear e	ending	with	or within the orga	nization's ta	ax year.			
	(A) Name and business addres	s							(B) Description of service	es		(C) Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-			e lis	sted	above) wh	0					

Form 99			E, INC.			83-39155	00 Page
Part '	VIII	Statement of Revenue					
		Check if Schedule O contains a response or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	b	Membership dues					
ints	c	Fundraising events	85,748				
nou	d	Related organizations					
ifts, r Ar	е	Government grants (contributions) 1e	4,500				
s, G nila	f	All other contributions, gifts, grants,					
Sir		and similar amounts not included above 1f	472,376				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in					
d dr		lines 1a-1f	\$				
ສັບັ	h	Total. Add lines 1a-1f		562,624			
			Business Code				
	2a	ADOPTION FEES	900099	246,365	246,365		
3	b						
Revenue	c						
eve	d						
Revenue	е						
Ξ		All other program service revenue					
		Total. Add lines 2a-2f		246,365			
	3	Investment income (including dividends, interest, a					
		other similar amounts)					
	4 5						
	5	Royalties	(ii) Personal				
	62	Gross rents 6a	(II) Fersonal				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
е		and sales expenses 7b					
ven		Gain or (loss) 7c	· ·				
Re		Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising					
õ		events (not including \$ 85,748					
		of contributions reported on line 1c). See Part IV, line 18 8a					
	h	Less: direct expenses					
			· · · · · · · · · ·				
		Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b	,				
		Gross sales of inventory, less					
		returns and allowances	1				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory $\ . \ .$					
			Business Code				
6	11a						
nue	b						
Revenue	C.						
Revenue		All other revenue					
		Total. Add lines 11a-11d		000.005	044.045		
	12	Total revenue. See instructions		808,989	246,365	0	

orm 990) (2022)
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Form	990 (2022) RENEGADE PAWS RESCUE,	INC.		83-3915	500 Page 10
	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	, , , , , , , , , , , , , , , , , , ,		••••••	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) $\hfill \ .$				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17			×	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	1,350	14 601	1,350	
12 13	Advertising and promotion	14,621 36,302	14,621	36,302	
14	Information technology	30,302		30,302	
15	Royalties				
16					
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,321	4,321		
20			-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		21,587	5,899	15,688	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	437,566	433,504	4,062	
b	OTHER EXPENSES (2)	180,915	180,915		
C					
d					
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	696,662	639,260	57,402	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	10110WILLY SUF 30-2 (ASC 300-120)				

Form	990 (20	· · · · · · · · · · · · · · · · · · ·	83	3-391	5500 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	79,484	1	331,619
	2	Savings and temporary cash investments		2	
	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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,131			
	b	Less: accumulated depreciation	3,606	10c	11,131
	11	Investments - publicly traded securities		11	
	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	1,000	15	19,608
	16	Total assets. Add lines 1 through 15 (must equal line 33)	84,090	16	362,358
	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%			
-iab		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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
ance	27	Net assets without donor restrictions	84,090	27	196,417
3ala	28	Net assets with donor restrictions		28	165,941
рц		Organizations that do not follow FASB ASC 958, check here			
Fui		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	84,090	32	362,358
	33	Total liabilities and net assets/fund balances	84,090	33	362,358

Form **990** (2022)

	990 (2022) RENEGADE PAWS RESCUE, INC.	83-39155	00	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• • • • • •			х
1	Total revenue (must equal Part VIII, column (A), line 12)			808,	989
2	Total expenses (must equal Part IX, column (A), line 25)	2		696,	662
3	Revenue less expenses. Subtract line 2 from line 1	3		112,	327
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		84,	090
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		165,	941
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		362,	358
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			•••	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Ccrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990 ((2022)

SCHE	DUL	Ε	Α
(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.

OWB	No	. 15	045-	004	47

		of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Reve	enue Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inforr	nation.	Inspection
Name	of the	organization						Employer identificatio	n number
RENE	GADE	E PAWS RES	CUE, INC.					83-391550	0
Par				rity Status. (Al	II organizations mus	st comple	ete this p		
The o	rganiz	ation is not a p	rivate foundation b	ecause it is: (For lir	nes 1 through 12, check of	only one bo)		
1	ПА	, church, conve	ntion of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)).	
2	=	-			h Schedule E (Form 990				
3					ion described in section		(A)(iii).		
4	_			•	tion with a hospital desc			(b)(1)(A)(iii). Enter the	
•		ospital's name,	-						
5		•		prefit of a college o	r university owned or op	erated by a	aovernm	ental unit described in	
Ū			1)(A)(iv). (Comple				governin		
6	_			,	I unit described in section	on 170(b)(1)(A)(v)		
7			•	-	art of its support from a g			rom the general public	
•				(vi). (Complete Par		joverninen			
8					(vi). (Complete Part II.)				
9	_				ction 170(b)(1)(A)(ix) of	nerated in	conjunctio	n with a land-grant col	اممو
5		-	-		(see instructions). Enter			-	lege
		niversity:	a normana grant co	lege of agriculture		the name,	ony, and s	are of the conege of	
10	_		that normally recei	ves: (1) more than	33 1/3% of its support fro	om contribu	utions mer	mbership fees, and gro	20
10	re	eceipts from act	tivities related to its	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	55
					business taxable income) from businesses	
11	_		-		e section 509(a)(2). (Co to test for public safety. S			n l	
12	=	•	•		or the benefit of, to perform				see of
12		•	•	•	ed in section 509(a)(1)				
					pe of supporting organiza				
а		-	-		ervised, or controlled by i			-	ivina
u					rly appoint or elect a ma		-		iving .
					rt IV, Sections A and B				
b	Г		-		controlled in connection		pported or	anization(s) by havir	na
~					ation vested in the same				-
			-	mplete Part IV, Se				i manago no oupporte	
с	Г	-			rganization operated in c	connection	with, and	functionally integrated	with
•					ou must complete Par				,
d	Г				ing organization operate				tion(s)
					n generally must satisfy a				
					ete Part IV, Sections A				
е	Г	-			en determination from the			I. Type II. Type III	
-				· · · · · · · · · · · · · · · · · · ·	integrated supporting o			., . , . , . , . , . ,	
f	Ent		of supported organ						
g				ut the supported or	ganization(s).				
		ne of supported orga		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	.,				(described on lines 1-10	listed in you		support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No	1	
(A)									
(B)									
(C)									
(D)									
(E)									
(E)									
Total									

Part	ILE A (Form 990) 2022 RENEGADE P2			ons 170/h)/4	1)(A)(iv) and	83-391550 170(b)(1)(A)	
Fail	(Complete only if you checked th						
					•		iny under
Saat	Part III. If the organization fails to	quality unde		ted below, pr	ease complet	e Fait III.)	
	ion A. Public Support	(a) 2019	(b) 2010	(a) 2020	(d) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1) Totai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")		10,276	103,328	229,213	562,624	905,441
2							
	organization's benefit and either paid to						
2	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		10,276	103,328	229,213	562,624	905,441
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						905,441
	ion B. Total Support	() 00 (0	(1) 00 (0		(1) 0001	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4		10,276	103,328	229,213	562,624	905,441
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from				-		
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						905,441
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
	ion C. Computation of Public Suppor					1	
14	Public support percentage for 2022 (line 6		•			14	100.00 %
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua			-			
b	33 1/3% support test - 2021. If the organ	ization did not	check a box of	n line 13 or 16a	a, and line 15 i	s 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	ted organizatio	on		[
17a	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and st e	op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test. T	he organizatio	on qualifies as a	a publicly supp	orted
	organization			-	-		
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		· ·
18	Private foundation. If the organization di						
-							

Schedu	e A (Form 990) 2022 RENEGADE PA					83-391550	0 Page 3
Part							
	(Complete only if you checked th	e box on line	10 of Part I of	or if the orgar	nization failed	to qualify ur	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete 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						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	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						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14							
	loss from the sale of capital assets (Explain in Part VI.)						
40							
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	•	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c)(3)
	organization, check this box and stop her						
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I			•	())	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga	nization did no	t check the bo	x on line 14, a	nd line 15 is mo	ore than 33 1/	3%, and line
	17 is not more than 33 1/3%, check this b	ox and stop h e	ere. The organ	ization qualifie	s as a publicly	supported org	anization
b	33 1/3% support tests - 2021. If the organization	ion did not check	a box on line 14	4 or line 19a, and	d line 16 is more	than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organization	on qualifies as a	publicly supporte	ed organization	🛛
20	Private foundation. If the organization di	-	-			-	

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 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 Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b 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? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

	In the A (Form 990) 2022 RENEGADE PAWS RESCUE, INC. 83-3915500		F	age :
Part	IV Supporting Organizations (continued)		Vee	N
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
ь		-	<u> </u>	-
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,	44-		
Socti	provide detail in Part VI. on B. Type I Supporting Organizations	11c	<u> </u>	
Secu	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		103	
•	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	-		
2	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,			
		2		
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2	<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
-	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			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	and an an approximation of the second s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	/		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
Ŭ	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations	J	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	ons
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			,,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	(ctions)		
2	Activities Test. Answer lines 2a and 2b below.	10110110)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	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			
		20		
F	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	01		
~	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
L.	- Dial the experimential experimental decrease of discribing over the set 0 is a consistent and -0.00 is -0.00			

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

RENEGADE PAWS RESCUE, INC.

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.

3b

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83-3915500

Schedule A (Form 990) 2022

	e A (Form 990) 2022 RENEGADE PAWS RESCUE, INC.		83-391	15500 Page
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	Izatio	ns must complete Sect	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
Secti	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	Ilv in	egrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 RENEGADE PAWS RESCUE, INC V Type III Non-Functionally Integrated 509(a)(3		83-391	5500 Page 7
		b) Supporting Organi		
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.	(h	7	
8	Distributions to attentive supported organizations to which	i the organization is resp		
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6		8	
<u> </u>	Line 8 amount divided by line 9 amount		10	
10			(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
		Excess Distributions	Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
	Distributions for 2022 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
b	Excess from 2019			
 d	Excess from 2020 Excess from 2021			
a	Evenes from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022 Page 8
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 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. OMB No. 1545-0047 2022

Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	f the organization		Employer identification number
RENEC	GADE PAWS RESCUE, INC.		83-3915500
Pa	rt I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	1
	funds are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor a		
•	only for charitable purposes and not for the benefit of the dor		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation
2	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u			2d
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, exinguished, or terminated by the t	Siganization during the
4	tax year Number of states where property subject to conservation ear	arment in located	
4	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements it		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
0	Stan and volumeer nous devoted to monitoring, inspecting, r	and ing of violations, and enforcing conserv	alloir easements duiling the year
7	Amount of expenses incurred in manifering inspecting hand	ling of violations, and onforcing concernatio	n apparents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
•		and anticfulther many improvements of a setion 470/h	
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?		
•			
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements	s that describes the
Dor	organization's accounting for conservation easements. t III Organizations Maintaining Collections	of Art Historical Tracauras ar	Other Similar Access
Par			Sther Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 98	-	
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public 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 tre		gain, provide the
	following amounts required to be reported under FASB ASC	-	
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · \$
b	Assets included in Form 990, Part X		

Schedu	e D (Form 990) 2022 RENEGADE PAWS RESC	CUE, INC.				83-3915	500	Page 2
Par	III Organizations Maintaining Col	llections of Art, His	storical T	Freasures,	or Ot	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession, a	and other records, check a	any of the fo	ollowing that n	nake sig	nificant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan o	r exchange pi	rogram			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how the	y further the	e organizatior	n's exem	pt purpose in Part		
	XIII.			•				
5	During the year, did the organization solicit or rec	ceive donations of art, hist	orical treas	ures, or other	similar			
	assets to be sold to raise funds rather than to be	e maintained as part of the	organizati	on's collectior	n? .		Yes	No
Par								
	Complete if the organization ans		m 990, P	art IV, line	9, or r	eported an amo	ount on	Form
	990, Part X, line 21.					•		
1a	Is the organization an agent, trustee, custodian o	r other intermediary for co	ntributions	or other asse	ts not			
							Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the following ta	ble:					_
						Amo	ount	
с	Beginning balance				. 1c			
d	Additions during the year				. 1d			
е	Distributions during the year				. 1e			
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form				nt liabilit	?	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Ch							
Par		·						
	Complete if the organization ans	wered "Yes" on For	m 990, P	art IV, line	10.			
			ior year	(c) Two years		(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
с	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	vear end balance (line 1g	column (a))) held as:				
a	Board designated or quasi-endowment	%		// 11010 00.				
b	Permanent endowment %	/0						
c	Term endowment							
U	The percentages on lines 2a, 2b, and 2c should e	agual 100%						
3a	Are there endowment funds not in the possession		are held ar	nd administers	d for the			
Ju	organization by:	of the organization that				•	Г	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the org				• • • •	•••••	30	
Par			unus.					
1 al	Complete if the organization ans		m qq∩ ₽	art IV line	112 9	See Form 000	Part X li	ne 10
	Description of property	(a) Cost or other basis (investment)		r other basis other)	• •	Accumulated	(d) Book	value
1-	Land		+	,	J			
1a ⊾								
b			+					
с А	Leasehold improvements							
d	Equipment							11 101
e Total	Other STMD1E .	11,131	(D) //	100.)				11,131
i otal.	Add lines 1a through 1e. (Column (d) must equa	н гонн ээо, Part X, colur	лл (<i>ם), II</i> ne	100		••••		11,131

Schedule D (Form 990) 2022

EEA

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

83-3915500

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(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 990, Part IV, line 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)	
Total (Column (b) must equal Form 990 Part X col (B) line 13)	

Part IX Other Assets.

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
(1EARNEST MONEY	15,000
(2) ECURITY DEPOSIT	1,000
(3) THER ASSET	3,608
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	19,608

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) Fed	eral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Co.	lumn (b) must equal Form 990, Part X, col. (B) line 25	5.)	

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 X

	le D (Form 990) 2022 RENEGADE PAWS RESCUE, INC.	83-3915500	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part 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		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
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		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
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.)		
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 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G		Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 99	0)	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.						2022	
	of the Treasury enue Service	, Attach to Form 990 or Form 990-EZ. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.					on.	Open to Public Inspection	
Name of the or			..				Employer identifi		
RENEGAD	E PAWS RE	SCUE, INC.					83-39	15500	
Part I			Complete if th	e organiza	ation ansv	vered "Yes" on I	Form 990, Part IV		
	Form 990	-EZ filers are not	required to comp	olete this pa	art.				
1 Ind	licate whether	the organization rais	ed funds through a	any of the foll	lowing activit	ties. Check all that a	pply.		
a 🗌	Mail solicitatio	ons		e		of non-government	-		
b 🗌		mail solicitations		f		of government gran	ts		
=	Phone solicita			g	Special fur	ndraising events			
	In-person solid				de al Caraberla		level a se		
	-	tion have a written or s listed in Form 990,	-	-		-			
						-	ch the fundraiser is to	L Yes L No	
		least \$5,000 by the c			uisuani io ay			be	
001			nganization.						
(i) N	ame and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total	• • • • • • •			••••	• • • • • •				
	t all states in v gistration or lice		n is registered or li	censed to so	olicit contribu	tions or has been no	otified it is exempt from	1	

	g event contributions and \$5,000. (a) Event #1 <u>FUNDRAISER</u> (event type)		orm 990, Part IV, line 18, c m 990-EZ, lines 1 and 6b. (c) Other events <u>NONE</u> (total number)	
bit is a series income (line 1 minus and 2) bit is a series income (line 1 minus and 2) <t< th=""><th>(a) Event #1 <u>FUNDRAISER</u> (event type) 105,537</th><th></th><th>NONE</th><th>(add col. (a) through col. (c)) 105,537</th></t<>	(a) Event #1 <u>FUNDRAISER</u> (event type) 105,537		NONE	(add col. (a) through col. (c)) 105,537
ss: Contributions	FUNDRAISER (event type) 105,537		NONE	(add col. (a) through col. (c)) 105,537
ss: Contributions				
bess income (line 1 minus best income (line 1 minus	105,537			105,537
ncash prizes				
nt/facility costs				
od and beverages				
tertainment				
ner direct expenses	19,789			19,789
ect expense summary. Add li t income summary. Subtract l				19,789 85,748
Gaming. Complete if the c	organization answered "Y		t IV, line 19, or reported m	
15,000 on Form 990-EZ,	Ine 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
oss revenue				
sh prizes				
ncash prizes				
nt/facility costs				
ner direct expenses	Yes %	Yes %	9 [] Yes%	
lunteer labor	No	No	No	
ect expense summary. Add li				
	ubtract line 7 from line 1, co	lumn (d)	•••••	
t gaming income summary. S		of these states?		🗌 Yes 🗌 No
lu	nteer labor ct expense summary. Add lii gaming income summary. S e state(s) in which the organ	te state(s) in which the organization conducts gaming act	Yes % No No Sector expense summary. Add lines 2 through 5 in column (d) No gaming income summary. Subtract line 7 from line 1, column (d)	Image: No Yes % Yes % Yes % Inteer labor No No No No No % ct expense summary. Add lines 2 through 5 in column (d) No No No No gaming income summary. Subtract line 7 from line 1, column (d)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RENEGADE PAWS RESCUE, INC.

Employer identification number 83-3915500

01. Form 990 governing body review (Part VI, line 11)

THE RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW. THE RETURN IS ALSO

DISTRIBUTED TO THE GOVERNING BODY FOR THEIR REVIEW. ANY NECESSARY CHANGES ARE MADE PRIOR

TO FILING

02. Conflict of interest policy compliance (Part VI, line 12c)

EACH YEAR THE BOARD MEMBERS ARE PRESENTED WITH THE CONFLICT OF INTEREST POLICY. THEY EACH

REVIEW IT AND SIGN IT.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE COMPENSATION PROCESS FOR THE

TOP OFFICIAL. ITS PROCESS INCORPORATES INFORMATION FROM LOCAL ORGANIZATIONS OF COMPARABLE

SIZE AND FUNCTIONALITY.

04. Governing documents, etc, available to public (Part VI, line 19)

ALL REQUIRED DOCUMENTS ARE MADE AVAILABLE UPON REQUEST, IN PERSON, AT THE RESCUE OFFICES

FOR REVIEW ON THE PREMISES.

05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

IN REFERENCE TO RESTRICTED FUNDS FOR FUTURE DEVELOPMENT.

Form	8868	
(Rev. Jan	uary 2022)	

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)			
print	RENEGADE PAWS RESCUE, INC.	83-3915500			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for	21 KEYSTONE DRIVE				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	SAVANNAH GA 31406				

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	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 > COASTAL CONSULTING MANAGEMENT GROUP, 33 BULL ST 201 SAVANNAH GA 31401

Telephone No.▶ 912-495-8686 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		
for the whole group, check this box \ldots \ldots \vdash \Box . If it is for part of the group, check this box. \ldots \vdash \Box and	d attach		
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 <u>11-15</u>, 20 <u>23</u>, to file the exempt organization the organization named above. The extension is for the organization's retum for: ▶			
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.	3a	\$	
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.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE	and Form 88	79-TE for payme	nt
nstructions.			
For Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2	2022)

EEA

Form 8879-TE

IRS *e-file* Signature Authorization tv

OMB No. 1545-0047

TOL	а	lax	Exempt	Enti

For calendar year 2022, or fiscal year beginning , 2022, and ending

Do not send to the IRS. Keep for your records.

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

83-3915500

EIN or SSN

, 20

RENEGADE PAWS RESCUE, INC. Name and title of officer or person subject to tax

JENNIFER TAYLOR, DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a. 4a. 5a. 6a. 7a. 8a. 9a. or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1a 1b Form 990-EZ check here . . . 2a 2b Form 1120-POL check here. 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a 4b Form 8868 check here x **b** Balance due (Form 8868, line 3c)...... 5b 5a 0 6a Form 990-T check here . . . 6b Form 4720 check here \square 7a b Total tax (Form 4720, Part III, line 1). 7b b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here . . . 8b 8a 9a Form 5330 check here 9b 10a Form 8038-CP check here. . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN)

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only	
-------------------------	--

PIN: check one box	only					
x I authorize	COASTAL	CONSULTING MANAGEME	to enter r	my PIN	15500	as my signature
		ERO firm name			Enter five numb	,
	gulating cha	onically filed return. If I have indicated within th rities as part of the IRS Fed/State program, I a screen.				
filed retum. If I	have indica	ject to tax with respect to the entity, I will enter ted within this retum that a copy of the retum is am, I will enter my PIN on the retum's disclosu	being filed with a s			
Signature of officer or p	erson subject	to tax			Date 05-1	2-2022
Part III Cert	ification a	and Authentication				
		digit electronic filing identification ive-digit self-selected PIN.	584598	19911	L	
			D	o not ente	er all zeros	
	eturn in acco	ntry is my PIN, which is my signature on the 20 rdance with the requirements of Pub. 4163 , M				
ERO's signature				Date	07-17-202	3
		FRO Must Retain This Fo	rm - See Instru	ctions		

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE

IRS *e-file* Signature Authorization tv

OMB No. 1545-0047

TOL	а	Tax	Exemp	

For calendar year 2022, or fiscal year beginning , 2022, and ending

Do not send to the IRS. Keep for your records.

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

83-3915500

EIN or SSN

, 20

RENEGADE PAWS RESCUE, INC. Name and title of officer or person subject to tax

JENNIFER TAYLOR, DIRECTOR

Type of Return and Return Information Part I

8038-0 3a, 4a, 3b, 4b ,	CP and Form 5330 filers may enter dolla 5a, 6a, 7a, 8a, 9a, or 10a below, and th	nrs a he ai is ap	this Form 8879-TE and enter the applicable amount, if any, from the retum. For and cents. For all other forms, enter whole dollars only. If you check the box o mount on that line for the return being filed with this form was blank, then lear plicable, blank (do not enter -0-). But, if you entered -0- on the return, then e one line in Part I.	n lin ve li	ne 1a, 2a, ne 1b, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	808,989
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b)
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b)
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b)
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b)
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b)
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b)
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b)
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b)
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b)

Part II	Declaratio	on and S	gnature	Authorization		er or I	Perso	n Sub	ject to) lax	
Under nena	alties of periury 1	declare that	ι Πι	am an officer of t	ne ahove en	tity or		amar	oereon e	ubject to	tax with rea

Under penalties of perjury, r declare that		
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

x I authorize	COASTAL CONSULTING MANAGEME	to enter my PIN	15500	as my signature
	ERO firm name		Enter five numb do not enter all	,
agency(ies) retum's discl As an officer filed retum. I	ar 2022 electronically filed return. If I have indicated within the regulating charities as part of the IRS Fed/State program, I a osure consent screen. or person subject to tax with respect to the entity, I will enter f I have indicated within this return that a copy of the return is ed/State program, I will enter my PIN on the return's disclosu	also authorize the aforemention r my PIN as my signature on the solution of th	oned ERO to ente	er my PIN on the electronically
Signature of officer or	person subject to tax		Date 05-1	2-2022
Part III Cer	tification and Authentication			
	Enter your six-digit electronic filing identification owed by your five-digit self-selected PIN.	584598 19911	L	

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

07-17-2023 Date

Do not enter all zeros

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

FOR YOUR RECORDS ONI Federal Supporting Statem	ents 2022	PG01
Name(s) as shown on return	Tax ID Number	
RENEGADE PAWS RESCUE, INC.	83	3-3915500
FORM 990 - SCHEDULE D - PART V INVESTMENTS - OTHER	/I – LINE 1E STA	TEMENT #D1E
	T/BASIS DTHER) DEPR 0 0	BOOK VALUE 3,606
NEW BUILDING 3,525 STORAGE CONTAINER 4,000	0 0 00	3,525 4,000
TOTAL11,131	<u> 0 0 </u>	11,131

990	Overflow Statement	2022	2
	(This page is not filed with the return. It is for your records only.)	FEIN	Page 1
Name(s) as shown on return	WS RESCUE, INC.	FEIN	83-3915500
	Kibcol, inc.		03 3713300
Description			Amount
PROFESSIONA	Total:	<u>>_</u>	1,350 1,350
	10041.	*	
Description			Amount
ADVERTISING	Total:	_ <u>\$</u>	14,621 14,621
		۲	
Description			Amount
PRINT/OFFIC	Е	<u>\$</u>	9,210
<u>RENT</u> TELEPHONE		-)	<u>16,000</u> 4,073
UTILITES			7,019
	Total:	\$	36,302
Demandartien			3
_Description CAR INSURAN	ан. Т.	\$	Amount 5,899
	Total:		5,899
Description		\$	Amount 15,688
INSURANCE	Total:	<u>\$</u>	<u> </u>

REPAIR & MAINTENANCE 1,37 SECURITY 12 SUBSCRIPTION 1,05 Total: 4,06 Description Amount		Overflow Statement	202	2
RENEGADE PAWS RESCUE, INC. 83-3915500 Description Amount CAR EXPENSE \$ 11,27 PET FOOD 13,85 CONSULTING 20,70 FOSTER APPRECIATION 7 FOSTER EXPENSES 30,02 MAZON 9,02 LICENSES 45 MEALS & EXTERTAINMENT 6,21 MEDICINE/VACCINES 11,75 GENERAL 123,47 MICROCHIPS 11,75 GENERAL 13,06 PETSMART 27,22 SPAY/NEUTER 13,05 PAID PET DEPOSIT 35 Description 1,37 SECURITY 1,37 SUBSCRIPTION 1,05 Total: \$ 4,06 Description 1,05 PERSUBS 1,37 SUBSCRIPTION 1,05 VETERINARIANS 10,24	Name(s) as shown on return	(I his page is not filed with the return. It is for your records only.)	FEIN	rage Z
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VETERINARIANS 151,36				Amount
	TRAINING			Amount 19,30
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Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contril	outors		
	(This page is not filed with the return. It is for your records only.)		2022	
Name(s) as shown on return			Tax ID Number	
RENEGADE PAWS RE	SCUE, INC.		83-3915500	0
2% of the amount on Schedu	ıle A, Part II, line 11, column (f)			18,10
Name	(a) (b) (c) (d) 2018 2019 2020 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
ALLYSON SHORT		5,000	5,000	
LAUREN MCCRAW		10,000	10,000	
EDGAR GAY		10,000	10,000	
TOTAL				