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CLIENT'S COPY

* MFB *

MARKOWITZ, FENELON & BANK, LLP

CERTIFIED PUBLIC ACCOUNTANTS

AUGUST 6, 2019

LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969

DEAR WHITNEY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

2018 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

JOSEPH R. MAMMINA, JR., CPA MARKOWITZ, FENELON & BANK, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969
MARKOWITZ, FENELON & BANK, LLP PO BOX 853 BRIDGEHAMPTON, NY 11932-0853
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

	887	70	EO	۱.
Form	00	19-	EU	,

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

For calendar year 2018, or fiscal year beginning , 2018, and ending Go to www.irs.gov/Form8879EO for the latest information.

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

2018

Internal Revenue Service Name of exempt organization

Employer identification number

-*1077

20

LAST CHANCE ANIMAL RESCUE FUND, INC.

Name and title of officer

WHITNEY KNOWLTON PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	723,558.
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 VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize MARKOWITZ , FENELON & BANK		to enter my PIN 05101 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronica is being filed with a state agency(ies) regulating charities as pa enter my PIN on the return's disclosure consent screen.	-	
As an officer of the organization, I will enter my PIN as my sign indicated within this return that a copy of the return is being file program, I will enter my PIN on the return's disclosure consent	ed with a state agency(ies) regulating cha	5
Officer's signature	Date 🕨	
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	1141050510 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature or confirm that I am submitting this return in accordance with the requireme <i>e-file</i> Providers for Business Returns.		
ERO's signature 🕨	Date 🕨 08	/06/19
	s Form - See Instructions	•
Do Not Submit This Form to th	e IRS Unless Requested To Do	5 So
LHA For Paperwork Reduction Act Notice, see instructions.		Form 8879-EO (2018)
823051 10-26-18		

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2018.04010 LAST CHANCE ANIMAL RESCUE F 05101__1

			EXTENDED TO NOVEMBER 15,	, 201	9	
	Ω	00	Return of Organization Exempt Fr	rom I	ncome Tax	OMB No. 1545-0047
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundations	» 2018
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	s it may b	e made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the second seco	the latest	information.	Inspection
AF	or th	e 2018 calend	ar year, or tax year beginning and en	nding		
B C a	heck if pplicab	le: C Name of	forganization		D Employer identifica	tion number
	Addre		CHANCE ANIMAL RESCUE FUND, INC.			
	Name			INC.	**_**	*1077
	 			oom/suite	E Telephone number	
	Final	PO B	OX 1661			93-8980
	termir ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	744,508.
	Amen return	SOUT	HAMPTON, NY 11969		H(a) Is this a group retu	ım
	Appli tion	^{ca-} F Name a	nd address of principal officer:WHITNEY KNOWLTON		for subordinates?	Yes 🔀 No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No
		empt status:		527	If "No," attach a lis	st. (see instructions)
			LCARF.ORG	_	H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 2009 M	State of legal domicile: NY
Pa	rt I	Summary				
e	1	Briefly describ	be the organization's mission or most significant activities: SEE SC	CHEDU	LE O	
Governance	_					
/err	2		x if the organization discontinued its operations or disposed			-
ğ	3					3
Š	4		lependent voting members of the governing body (Part VI, line 1b)			<u> </u>
Activities &	5		of individuals employed in calendar year 2018 (Part V, line 2a)			96
živi	6		of volunteers (estimate if necessary)			0.
¥			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 38			0.
	0	Net unrelated		<u> </u>	Prior Year	Current Year
~	8	Contributions	and grants (Part VIII, line 1h)		747,177.	732,508.
nue	9		ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	-8,950.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		747,177.	723,558.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		80,174.	76,204.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
ъ	b	Total fundraisi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>12,955</u>	9.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		718,612.	673,752.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		798,786.	749,956.
	19	Revenue less	expenses. Subtract line 18 from line 12		-51,609.	-26,398.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (F			350,805.	302,216.
et A Ind F	21		(Part X, line 26)		185,494.	163,303.
	22 rt II		fund balances. Subtract line 21 from line 20		165,311.	138,913.
	rt II			nd atatara	anto and to the best of and	nowladge and helief it is
			I declare that I have examined this return, including accompanying schedules an			inowledge and bellet, it is
uue,	corre	i, and complete.	. Declaration of preparer (other than officer) is based on all information of which	in preparer	nas any knowledge.	
Siar		Signature	e of officer		Date	
JUIC		17 5				

Sign							
Here	WHITNEY KNOWLTON, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	JOSEPH R. MAMMINA, JR. CP	08/06/19 ^t _{self-employed} P00515630					
Preparer	Firm's name MARKOWITZ, FENELON & BANK, LLP	Firm's EIN **-**2093					
Use Only	Firm's address PO BOX 853						
	BRIDGEHAMPTON, NY 11932-0853	Phone no.631-537-2300					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments Chock 15: Should 0: Contains aregoines or note to any line in the Part III Endely describe the organization's mission: TO RESCUE ANTIMALS FROM "KILL" SHELTERS THAT ARE DEEMED ADOPTABLE, PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AND	Form	990 (2018) LAST CHANCE ANIMAL RESCUE FUND, INC. **-***1077 Page 2
Berefy describe the organization's mission: TO RESCUE ANIMALS FROM "KILL" SHELTERS THAT ARE DEEMED ADOPTABLE, PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AND COMMITTED PERMANENT HOMES. 2 Did the organization undetake any significant program services during the year which were not listed on the prior form 500 or 900 E27. Uses [No 3 Did the organization cases conducting, or make significant changes in how it conducts, any 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 organize service profile. (Wes [No 40 (code) (Excrements		
TO RESCUE ANTIALS PROM "KILL" SHELTERS THAT ARE DEEMED ADOPTABLE, PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AND COMMITTED PERMANENT HOMES. 2 Dd the organization underlake any significant program services during the year which were not listed on the pror form 300 or 300 c27 IV ves (X) No 11 "Ves, 'Garcia and the organization cases conducting, or make significant changes in how it conducts, any program services?		Check if Schedule O contains a response or note to any line in this Part III
PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AND COMMITTED PERMANENT HOMES. 2 Doth or optication undertake any significant program services during the year which were not listed on the prior form \$90 or \$90-E2? 4 Doth or ognization sprame services and Schedule 0. 1 "Ves" (describe these have services on Schedule 0. 1 "Ves" (describe these haves exervices on Schedule 0. 1 "Ves" (describe these changes on Schedule 0. 1 Describe throaganization segme accomplaiments for each of its three largest program services, as measured by expenses. 3 Sochicit TATION OF DONATIONS TO COVER THE COS OF THE VETERINARY CARE, TRANSPORT AND FOOD ASSOCIATED WITH EACH ANIMAL. 1 """"""""""""""""""""""""""""""""""""	1	
COMMITTED PERMANENT HOMES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 c7 90 c7. Ives IN to the organization cases conducting, or make significant changes in how it conducts, any program services? Ives IN to the organization cases conducting, or make significant program services are required to report the amount of grants and allocations to others, the total expenses. Section 501(c3) and 501(
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990 E27 IV Yes; "Xes IN to IV Yes," Ves IN to IV Yes; "Xes IN to IV Yes," describe these news services on Schedule 0. 10 The organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organization case required to report the amount of grants and allocations to others, the total expenses, and revenue, if w/or significant tops are required to report the amount of grants and allocations to others, the total expenses, and revenue, if w/or significant tops of 226, 92.9. Heating proteons I) (www.st.) 4a (code:		
prior Form 380 or 990-627		
pior Form 380 or 990 E27	2	Did the organization undertake any significant program services during the year which were not listed on the
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
If "Ves," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4a (cose:) (Expenses 5 626, 5223. "Including grants of 5) (Hevenue 5)) (Hevenue 5) 50LICITATION OF DONATIONS TO COVER THE COSTS OF THE VETERINARY CARE, TRANSPORT AND FOOD ASSOCIATED WITH EACH ANIMAL.)		
 4 Describe the organization's program service accompliablements for each of its three largest program services, as measured by expenses. Section 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 (Cotet:	3	
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TRANSPORT AND FOOD ASSOCIATED WITH EACH ANIMAL.	4a	
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4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)		TRANSPORT AND FOOD ASSOCIATED WITH EACH ANIMAL.
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(Expenses \$ including grants of \$) (Revenue \$)	44	Other program services (Describe in Schedule O.)
	40	
	4e	
		Form 990 (2018)
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FOUL	990	(2018)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
•	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>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
832003	12-31-18	Form	990	(2018)

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Form **990** (2018)

Form 990 (2018)	LAST	CHANCE	ANIMAL
Part IV	Che	ecklist of Required	Schedules	(continued)

			Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			T
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			T
	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		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┢
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		ſ
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		t
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			t
-	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			T
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			t
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		J
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		I
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ī
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
	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		
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		4
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			т
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	$\frac{1}{1}$
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32	1		1
]		UP.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			ļ
b		1c	x	

Form 990 (2018)	LAST	CHANCE	ANIMAL	RESCUE	FUND,	INC.
Part V Statements I	Regardin	g Other IR	S Filings a	nd Tax Cor	npliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		х
	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 5c		- 72
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a k	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a h	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			
	Enter the amount of reserves on hand 13c			
	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 in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 9	990 ((2018)
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LAST CHANCE ANIMAL RESCUE FUND, INC.

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		1.1	2	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		2		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
	The governing body?		8a	X	1
	Each committee with authority to act on behalf of the governing body?			Х	┦
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			1	
-			. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a	1	
	If "Yes," did the organization have written policies and procedures governing the activities of such				
2	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the experimentian have a written conflict of interact relian O if "N/o " so to line 12		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflicts?		<u> </u>	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		120		-
С			10-		
2	in Schedule O how this was done			X	┥
	Did the organization have a written whistleblower policy?			X	
4 5	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		v	
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16 a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 501(c)(3)s only) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.				
		in in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy,	and finar	ncial	
	statements available to the public during the tax year.	· ···),			
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
0	WHITNEY KNOWLTON - 631-793-8980				
0					
0	61 SHORE ROAD, SOUTHAMPTON, NY 11968				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	r any related organization comp	pensated any current officer	, director, or trustee
--	---------------------------------	------------------------------	------------------------

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week							from the	from related	other
	(list any hours for	direct				Ð		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pu	lns	Offi	Key	en Hig	For			
(1) JOSEPH MESSINA BOARD MEMBER	1.00	x						0.	0.	0.
(2) WHITNEY KNOWLTON	40.00	^						0.	0.	0.
PRESIDENT	40.00			x				53,204.	0.	0.
(3) JUDITH LANGMAID	20.00			~				55,204.	0.	0.
TREASURER/DIRECTOR OF ADOPTION	20.00			x				23,000.	0.	0.
								23,000		
		1								
		1								
		1								
		-								
		1								
832007 12-31-18	•			•	•		•			Form 990 (2018)

	990 (2018) LAST CHAN	ICE ANIN	ΙAI	ĹF	RES	SCI	JE	F٦	UND, I	NC.	**_*:	**1	077	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghes	st C	Compensate	ed Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not cl , unles cer an	ss per	ition more rson i	than d is both	h an	Repo compe	D) ortable onsation om	(E) Reportable compensatio from related	on J	am	(F) timate iount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organ	ne ization 99-MISC)	organization (W-2/1099-MIS	ions compens			e on ed
1b	Sub-total								7	6,204.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							7	0. 6,204.		0.			0.
2	Total number of individuals (including but no compensation from the organization								eceived mor	re than \$100	,000 of reportab	le			0
3	Did the organization list any former officer,	director. or tru	uste	e. ke	v en	olan	ovee.	or	hiahest corr	npensated e	mplovee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	uch individual											3	_	Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such indi	ividual	-		4	_	Х
Sec	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-				5		Х
1	Complete this table for your five highest con the organization. Report compensation for t											pens	ation f	rom	
	(A) Name and business	address	N	ONE	2				Des	(B) scription of s	services	С	(C omper		ı
2	Total number of independent contractors (ir	ncluding but n	ot li	mite	d to	thos	se lis	stec	d above) who	o received n	nore than				
	\$100,000 of compensation from the organiz	-)						Form	990 (2	2018)

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Form	n 990 ()	2018) LAST	CHANCE A	NIMAL RE	SCUE FUND,	INC.	**-***1	.077 Page 9
	rt VII							Ŭ
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Grai	b	Membership dues						
Am (с	Fundraising events	1c					
lar Iar		Related organizations						
ini's	е	Government grants (contribut	ions) 1e					
ri S	f	All other contributions, gifts, gran	ts, and					
l t n		similar amounts not included abo	ve 1f	732,508.				
d d	g	Noncash contributions included in lines	1a-1f: \$					
ခါလိ	h	Total. Add lines 1a-1f		►	732,508.			
				Business Code				
e	2 a							
ervi	b							
er	с							
ev an	d							
Program Service Revenue	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		►				
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory		12,000.				
	b	Less: cost or other basis						
		and sales expenses		20,950.				
		Gain or (loss)		-8,950.				
		Net gain or (loss)		🕨	-8,950.	-8,950.		
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line	of					
۳. ۳		Part IV, line 18	-					
)the	b	Less: direct expenses						
0		Net income or (loss) from func		►				
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ing activities	►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			723,558.	-8,950.	0.	
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Form	990	(2018)
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LAST CHANCE ANIMAL RESCUE FUND, INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) (B) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. 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 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 76,204. 36,301. 39,903. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 3,000 3,000. column (A) amount, list line 11g expenses on Sch 0.) 19,614. 19,614. Advertising and promotion 12 11,414. 11,414. Office expenses 13 14 Information technology Royalties 15 30,191. 15,096. 15,095. 16 Occupancy 15,864. 15,864. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 10,535. 10,535. Interest 20 Payments to affiliates _____ 21 11,766. 8,857. 2,909. Depreciation, depletion, and amortization 22 13,476. 13,476. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 218,327. 218,327. SUBCONTRACTORS а VETERINARY EXPENSE 117,101. 117,101. h 88,393. FOOD & SUPPLIES 88,393. С 57,233. 57,233. d ANIMAL TRANSPORTATION 27,212. 76,838. 36,667. 12,959. SEE SCH O e All other expenses 749,956. 626,929. 110,068. 12,959.

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)

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Form **990** (2018)

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LAST CHANCE ANIMAL RESCUE FUND, INC. uling in this Dort V in the live

<u>-</u>**1077 Page **11**

Т

Beginning of year End of year 1 Cath - non-interest-bearing 2 30,715. 2 Savings and temporary cash investments 2 30,715. 3 Pedges and grants receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 3 4 4 Account receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 5 6 Loans and other receivables from current and former officers, directors, and differed ording organizations (see inst). Complete Part II of Schedule L 6 5 9 Propaid expenses and offerer of drages 9 9 1 10 assist. Complete Part IV of Schedule D 10a 339,353. 2 11 Investments - publicly traded securities. See Part IV, line 11 13 13 13 13 11 Investments - polyam-istaids. See Part IV, line 11 13 14 14 14 15 Other assetts. See Part IV, line 11 13 14 14 14 16 Total assetts. Add lines 11 through 15 (must equaline 24) 16			Check if Schedule O contains a response or h	ote to any i	ine in this Part X			
2 Swings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 7 Notes and other receivable, net 5 9 Propaid expenses described in section 4985(k)(k)(k), and contributing employees and sponsoring organizations of section 501(k) voluniary employees beneficiary organizations (see instr). Complete Part II of Sch L 6 9 Propaid expenses and deferred charges 9 910 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 339, 353. 10 Birventorities. See Part IV, line 11 11 12 11 Investments - program-leated. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. 40d lines 1 through 15 (must equal line 24) 150, 805. 16 302, 216. 17 Accounts payable and accured expenses 1, 143, 17 3, 680. 12 12								
2 Savings and temporary cash investments 2 3 Pedges and grans receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4358(f(1)), persons described in soction 4358(f(2)), persons described in social and there receivables from other disqualified persons (as defined under section 4358(f(2)), persons described in the form of the form		1	Cash - non-interest-bearing			67,302.	1	30,715.
4 Accounts receivables from current and former officers, directors, trusteses, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958)(10), persons described in section 4958)(20(8), and contributing employees and sponsoring organizations of section 501 (e)(s) voluntary employees and sponsoring organizations of section 501 (e)(s) voluntary employees and sponsoring organizations of section 501 (e)(s) voluntary employees and ponsoring organizations of section 501 (e)(s) voluntary employees and ponsoring organizations of section 501 (e)(s) voluntary employees. Summarized Section 4958)(10): and 100 for 7, 852 (c) and 100 for another sectors and there prevaled securities and the repeated securities and the repeated securities and the repeated securities and there receivable for any and the repeated securities and accrued expenses (c) and 1, 143 (c) and 1, 144 (c)		2			2			
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		34					34	Form 990 (2018)

Form 990 (2018)

Part X Balance Sheet

	990 (2018) LAST CHANCE ANIMAL RESCUE FUND, INC.	**_***	1077	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1			58.
2	Total expenses (must equal Part IX, column (A), line 25)	2			56.
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	5,3	11.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	13	8,9	13.
Par	t 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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	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 separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2018)

832012 12-31-18

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service	►	► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Nam	e of t	the organizati	on						Employer	identification num	nbei	
					IMAL RESCUE					*-***1077		
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	iis part.) Se	ee instruction	IS.			
The	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).				
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name	э,	
		city, and stat	e:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	Ily receives a substa	intial part of its support f	rom a gov	rernmental	unit or from	the general	public described in	1	
		-		omplete Part II.)								
8					(1)(A)(vi). (Complete Par							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	a land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	le or		
		university:										
10					e than 33 1/3% of its sup							
					ct to certain exceptions,					-		
					(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975	5.	
				mplete Part III.)								
11		-	-		ively to test for public sa	-						
12					ively for the benefit of, to						r	
					ed in section 509(a)(1) o					Check the box in		
		7	-	• •	of supporting organizatio				-			
а					supervised, or controlled	•			••••••	• •		
			-		gularly appoint or elect a	a majority	of the aire	ctors or trust	ees of the s	supporting		
h		٦ ⁻		complete Part IV, Se		tion with it	to our poort	od organizati	on(o) by bo	wing		
b				-	d or controlled in connec			-		-		
			•	t complete Part IV,	anization vested in the s	ame perso		ontroi or man	age the sup	poned		
с		¬ Ŭ	()		g organization operated	in connec	tion with	and functions	ally integrat	ed with		
C			-	•	b). You must complete l				any integration	eu with,		
d		- ··	0	.,,	porting organization oper	-		-	orted organi	ization(s)		
u			-		zation generally must sa				-			
					nplete Part IV, Sections							
е		- ·		,	written determination fro				ell Type III			
-			•		nally integrated support				, . , pe			
f	Ente											
g				n about the supporte						•		
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of othe	er	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructi	ons)	
Tota												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.04010 LAST CHANCE ANIMAL RESCUE F 05101__1

Schedule A (Form 990 or 990-EZ) 2018 LAST CHANCE ANIMAL RESCUE FUND, INC. **-***1077 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fised year beginning in) ► (g) 2014 (g) 2015 (g) 2017 (g) 2018 (g) 701a 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 642,946. 594,884. 800,896. 747,177. 732,508. 3518411. 2 Tax revenues levied for the organization without charge 642,946. 594,884. 800,896. 747,177. 732,508. 3518411. 3 The value of services or facilities through 3. 642,946. 594,884. 800,896. 747,177. 732,508. 3518411. 5 The portion of total contributions by each presson (fame than a grant and the code 2% of the amount shown on line 11. 612,946. 594,884. 800,896. 747,177. 732,508. 3518411. 6 Public support. sense time stom line 4. 612,946. 594,884. 800,896. 747,177. 732,508. 3518411. 6 Robits support. sense time stom line 4. 612,946. 594,884. 800,896. 747,177. 732,508. 3518411. 6 Robits support. sense time stom line 4. 612,946. 594,884. 800,896. 747,177. 732,508. 3518411. 7 Amounts form line 4. 612,946. 594,884. 800,896. 747,1	Sec	ction A. Public Support						
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		stop here. The organization qualifies	as a publicly supp	orted organization				► X
 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	t VI how the organ	nization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	b							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	in Part VI how the	
		organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 LAST CHANCE ANIMAL RESCUE FUND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
0	are not an unrelated trade or bus-						
	in an under eaching 510						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
c							
	Total. Add lines 1 through 5			+	+		
18	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(d) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2018	(1) 10tai
	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 Jupe 20, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital						
2	assets (Explain in Part VI.)						
	-	the organization'	l a first second thi	l rd fourth or fifth t		1	
4	First five years. If the Form 990 is for	-			-		
200	check this box and stop here						
	Public support percentage for 2018 (I			column (f)		15	0/
							%
16 20/	Public support percentage from 2017					16	%
	•					47	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 LAST CHANCE ANIMAL RESCUE FUND, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
-	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
800	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
a 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 ins	tructions	.)	
2	Activities Test. Answer (a) and (b) below.	actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
	17			

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Schedule A (Form 990 or 990-EZ) 2018 LAST CHANCE ANIMAL RESCUE FUND, INC. **-**1077 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	y integra	ated Type III supporting org	ganization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 LAST CHANCE ANIMAL RESCUE FUND, INC.

Fai	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 990-EZ) 2018 LAST (Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	b, 4c, 5a, 6, 9a, 9b, 90 ; Part IV, Section E, Iir	is required by Part I c, 11a, 11b, and 11c nes 1c, 2a, 2b, 3a, a	I, line 10; Part II, line 1 ; Part IV, Section B, lin ind 3b; Part V, line 1; F	nes 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part V
	(See instructions.)				
					edule A (Form 990 or 990-EZ

SCHEDULE D

Department of the Treasury

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

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



Internal Revenue Service Name of the organization

08460806 795706 05101

LAST CHANCE ANIMAL RESCUE FUND, INC. Employer identification number **-***1077

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Other Similar Fur	ius or A	ICCOL	unts.Complete if the
			onor advised funds		(b) Fur	nds 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 t	he assets held in donor ac	dvised fur	nds	
	are the organization's property, subject to the organization's	s exclusive leç	gal control?			🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in wi	riting that grant funds can	be used	only	
	for charitable purposes and not for the benefit of the donor of	or donor advi	sor, or for any other purpo	ose confei	rring	
	impermissible private benefit?					🗌 Yes 🗌 No
Pa						
1	Purpose(s) of conservation easements held by the organizat	-				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a h	nistorically	/ impo	rtant land area
	Protection of natural habitat		Preservation of a c	certified h	istoric	structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conserva	ation contribution in the fo	orm of a co	onserv	ation easement on the last
	day of the tax year.					Held at the End of the Tax Yea
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
с	Number of conservation easements on a certified historic str	ructure incluc	ded in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06	6, and not on a historic stru	ucture		
	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, re	eleased, extin	guished, or terminated by	the organ	nizatio	n during the tax
	year 🕨					
4	Number of states where property subject to conservation ea	asement is loo	cated ►			
5	Does the organization have a written policy regarding the pe	riodic monito	oring, inspection, handling	of		
	violations, and enforcement of the conservation easements i	it holds?				🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ions, and enforcing conse	ervation ea	aseme	nts during the year
	▶\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	e requirements of section 1	170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?					Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	tion easemen	ts in its revenue and expe	nse state	ment, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financi	al statements that describ	bes the or	ganiza	tion's accounting for
	conservation easements.					
Pa	rt III Organizations Maintaining Collections o	of Art, Hist	orical Treasures, or	r Other	Simi	lar Assets.
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not	to report in its revenue sta	atement a	nd bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exi	hibition, educ	cation, or research in furth	erance of	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these ite	ems.			
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or	research in furtherance of	public se	rvice,	provide the following amount
	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	easures, or ot	her similar assets for finar	ncial gain,	provic	le
	the following amounts required to be reported under SFAS 1	116 (ASC 958	B) relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				. 🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 9	90.			Schedule D (Form 990) 201
83205	1 10-29-18		• •			
			21			

2018.04010 LAST CHANCE ANIMAL RESCUE F 05101__1

	edule D (Form 990) 2018 LAST CH	ANCE ANIMA					- * * * : Assats					
3	Using the organization's acquisition, accessi											
U	(check all that apply):		is, check any			grinicant use	01 113 00	licetion	licinis			
а	Public exhibition	d	Loan	or exchange progr	ams							
b	Scholarly research	e		er exertarige pregr								
c	Preservation for future generations	-										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit of											
-	to be sold to raise funds rather than to be m							/es	🗌 No			
Pa	rt IV Escrow and Custodial Arran											
	reported an amount on Form 990, Pa		Ū									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contri	butions or other a	ssets not i	ncluded						
	on Form 990, Part X?						🗆 🔪	/es	🗌 No			
b	If "Yes," explain the arrangement in Part XIII											
							А	mount				
с	Beginning balance					. 1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance											
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrov	w or custodial acco	ount liabilit	ty?	🗀 Y	/es				
	If "Yes," explain the arrangement in Part XIII.											
Ра	rt V Endowment Funds. Complete											
		(a) Current year	(b) Prior ye	ear (c) Iwo yea	ars back (d) Three years	s back (e	e) Four y	ears back			
	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g 2	End of year balance Provide the estimated percentage of the cur		o (lino 1 a col									
2 a		rent year end baland	%	unin (a)) neiù as.								
	Permanent endowment	%	70									
	Temporarily restricted endowment	%										
Ũ	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse		ation that are	held and administ	ered for th	e organizatio	on					
	by:					o organizatio			es No			
	(i) unrelated organizations						Γ	3a(i)				
	(ii) related organizations							3a(ii)				
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sched	ule R?			F	3b				
4	Describe in Part XIII the intended uses of the											
Ра	rt VI Land, Buildings, and Equipm	nent.										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form 99	0, Part X, I	ine 10.						
	Description of property	(a) Cost or o basis (investr) Cost or other basis (other)		cumulated reciation	(d) Book	value			
1a	Land	``		100,000.				100	,000.			
	Buildings			190,563.		32,886	•		,677.			
	Leasehold improvements											
	Equipment			48,790.		34,966	•	13	,824.			
	Other											
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B)	, line 10c.)			•	271	,501.			

Schedule D (Form 990) 2018

832052 10-29-18

Part VII Investments - Other Securities.	on Form 000 Dort IV	line 11h Cas Form 000 Part V line 1	0
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		∠. st 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			_
Complete if the organization answered "Yes"		, line 11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Estel (Column (h) must actual Form 000 Port X, and (P) line	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	; 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Part X	line 25
(a) Description of liability	UTT UTT 990, Fait IV	(b) Book value	., 1116 23.
(1) Federal income taxes			
(1) rederarincome taxes			
(3)			
(4)			
(5)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
1 Column (b) must equal Form 990, Fart X, col. (b) line 2 Liability for uncertain tax positions. In Part XIII, provide		ato to the every prizetion's fineratic to the	

LAST CHANCE ANIMAL RESCUE FUND, INC.

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

-*1077 Page 3

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Schedule D (Form 990) 2018

	dule D (Form 990) 2018 LAST CHANCE ANIMAL RESCUE				***1077	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl	n Revenue per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		th Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Pa	rt 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 O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

LAST CHANCE ANIMAL RESCUE FUND, INC.

Employer identification number **-**1077

FORM 990, PART I, DOING BUSINESS AS:

LAST CHANCE ANIMAL RESCUE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO RESCUE ANIMALS FROM "KILL" SHELTERS THAT ARE DEEMED ADOPTABLE,

PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AND

COMMITTED PERMANENT HOMES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT REVIEWS FORM 990 BEFORE SUBMITTING IT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE MEETS AND DISCUSSES THE SALARY FOR THE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FARM SUPPLIES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

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2018.04010 LAST CHANCE ANIMAL RESCUE F 05101__1

20,048.

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

0.

Name of the organization LAST CHANCE ANIMAL RESCUE FUND, INC.	Employer identification number **-**1077
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,048
CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	13,675.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	13,675.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	12,959
TOTAL EXPENSES	12,959
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,100
MANAGEMENT AND GENERAL EXPENSES	5,100
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	10,200
MEALS:	
DDOCDAM CEDUTCE EXDENCES	0.
MANAGEMENT AND GENERAL EXPENSES	7,960.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	7 960

BOARD	ING AND	CARETAKING:								
832212 10-1	0-18					Schee	dule O (Form 9	990	or 990-EZ) (2018)
				26						
08460806	5 795706	05101	2018.04010	LAST	CHANCE	ANIMAL	RESCUE	\mathbf{F}	05101_	1

Name of the organization LAST CHANCE ANIMAL RESCUE FUND, INC.	Employer identification number * * - * * 1077
PROGRAM SERVICE EXPENSES	6,051
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	6,051
DOG TRAINING:	
PROGRAM SERVICE EXPENSES	2,650
MANAGEMENT AND GENERAL EXPENSES	C
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	2,650
GROOMING:	
PROGRAM SERVICE EXPENSES	1,830
MANAGEMENT AND GENERAL EXPENSES	C
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	1,830
REIMBURSEMENTS:	
PROGRAM SERVICE EXPENSES	778
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	778
GIFTS:	
PROGRAM SERVICE EXPENSES	(
MANAGEMENT AND GENERAL EXPENSES	477
FUNDRAISING EXPENSES	(
	477

Schedule O (Form 990 or 990-EZ) (2018)				Pag
Name of the organization LAST CHANCE ANI	MAL RESCU	E FUND, I	INC.	Employer identification numb
LAUNDRY:				
PROGRAM SERVICE EXPENSES				210
MANAGEMENT AND GENERAL EXPENS	SES			(
FUNDRAISING EXPENSES				(
TOTAL EXPENSES				210
TOTAL OTHER EXPENSES ON FORM	990, PART	IX, LINE	24E, COL	A 76,838
832212 10-10-18		28	Sche	edule O (Form 990 or 990-EZ) (20
1 60806 795706 05101 2	018.04010		NCE ANIMAL	RESCUE F 05101

Form 4562
Department of the Treasury Internal Revenue Service (99
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

20

OMB No. 1545-0172

	AST CHANCE ANIMAL RES					PAGE 10		**-***1077
Pa	art I Election To Expense Certain Proper	ty Under Section 1	79 Note: If you	ı have any lis [.]	ted property	, complete Part		
								1,000,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 property							2,500,000.
	Reduction in limitation. Subtract line 3 f							
	Dollar limitation for tax year. Subtract line 4 from line		-0 If married filin					
6	(a) Description of pro	operty		(b) Cost (busine	ess use only)	(c) Elected of	cost	
-	Listed and a state Factor the survey of factor	line - 00						
	Listed property. Enter the amount from						8	
	Total elected cost of section 179 prope						····	
	Tentative deduction. Enter the smaller Carryover of disallowed deduction from							
	Business income limitation. Enter the si							
	Section 179 expense deduction. Add lin				, .			
	Carryover of disallowed deduction to 20							
	te: Don't use Part II or Part III below for							
	art II Special Depreciation Allowa				listed prope	erty.)		
14	Special depreciation allowance for qual	ified property (oth	her than listed	property) pla	aced in servio	ce durina		
	the tax year			• • • • •		0	14	
15	Property subject to section 168(f)(1) ele						15	
	Other depreciation (including ACRS)						16	3,498.
Pa	art III MACRS Depreciation (Don't	include listed pro	perty. See ins	tructions.)				
			Sec	tion A				
17	MACRS deductions for assets placed in	n service in tax ye	ears beginning	before 2018			17	7,448.
18	If you are electing to group any assets placed in serv	ice during the tax year	into one or more g	eneral asset acco	unts, check here	• > 🗌		
	Section B - Assets	Placed in Servic	e During 201	8 Tax Year L	Ising the Ge	eneral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for ((business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	a 3-year property							
b	5-year property			6,242.	5	НҮ	S/L	624.
С	7-year property	4						
d		4						
е	, , , ,	4						
f	, , , ,	4						
g	25-year property	01 10	1	2 010	25 yrs.		S/L	100
ł	n Residential rental property	01/18	L	3,919.	27.5 yrs.	MM	S/L	196.
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Section C - Assets P	/	During 2019	Tax Voor Lla	ing the Alte	MM	S/L	
20.4					ing the Alte			
20a		4			12 yrs.		S/L S/L	
t		/			30 yrs.	MM	S/L S/L	
	•	/			40 yrs.	MM	S/L S/L	
_	art IV Summary (See instructions.)	1 /			.0 ,10.		U/L	
	Listed property. Enter amount from line	28					21	
	Total. Add amounts from line 12, lines		nes 19 and 20					
-	Enter here and on the appropriate lines	-					22	11,766.
23	For assets shown above and placed in						 -	,
_•	portion of the basis attributable to secti	-	-		23			
-								

Form 4562 (2	2018)	LAS	T CHAN	CE AN	IIMAL	RES	SCUE	FUN	D, IN	IC.		**_	***1	077	Page 2
Part V	Listed Propert	y (Include a	utomobiles,	certain ot					-		or				
	entertainment, Note: For any v	,		,	e standa	rd milea	ine rate d	or dedu	ictina leas	se exner	ise com	nlete on	lv 24a		
	24b, columns (a	a) through (c	c) of Śection	A, all of S	Section E	3, and S	ection C	if appl	icable.	•		•	-		
	Section A -	-			•	aution:	See the i					,		· · · ·	
24a Do you h	ave evidence to s			nent use c	laimed?	<u> </u>	/es	No	24b If "Y			nce writ	ten?	Yes	No
(Turna af	a)	(b) Date	(c) Busines	3/	(d)	Ва	(e) sis for depr	eciation	(f)		(g)		h)		(i) cted
	property icles first)	placed in	investme	nt o	Cost or ther basis	(hi	usiness/inve	estment	Recovery period		thod/ /ention		ciation uction	secti	on 179
· · · · · · ·	,	service	use percent	aye			use only				-			C	ost
•	lepreciation allo							0							
	re than 50% in a										. 25				
26 Property	used more thar		ualified busi							1		1			
				%											
				%											
27 Property	used 50% or le	i i i	l ified busines												
	used 5070 of le			<u>3 use.</u> %						S/L -					
				%						S/L -					
				%						S/L -					
28 Add amo	unts in column	(h) lines 25	through 27		re and or	uline 21	nage 1				28				
	unts in column												29		
		(),		Section											
Complete thi	s section for ve	hicles used	by a sole pro	oprietor, p	oartner, o	or other	"more th	an 5%	owner,"	or relate	d persor	n. If you	provideo	l vehicle	S
to your emple	oyees, first ans	wer the ques	stions in Sec	tion C to	see if yo	u meet	an exce	otion to	o completi	ing this s	section f	or those	vehicles	6.	
	-				-					-					
					(a)		(b)		(c)	(d)	(e)	(f)
30 Total busi	ness/investment r	miles driven d	uring the	Ve	hicle	Ve	hicle	V	'ehicle	Vel	nicle	Veł	nicle	Veł	nicle
year (don '	t include commut	ting miles)													
31 Total cor	nmuting miles d	lriven during	the year												
32 Total oth	er personal (nor	ncommuting) miles												
driven															
33 Total mile	es driven during	the year.													
Add lines	30 through 32				-										
	vehicle availabl	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	f-duty hours?								_						
	vehicle used pr														
	owner or relate								_						
-	er vehicle availal	•													
use?					N						<u> </u>				
			- Questions	-	-					-					
	e questions to c 6 owners or rela			exceptio		ipieting	Section	D IOF V	enicles us	sed by e	mpioyee	es who a	rent		
	naintain a writte	•		orohibite	all perso	nalusa	of vehicl	os inc	ludina coi	nmuting	by you	r		Yes	No
	es?														
	naintain a writte													·	
-	es? See the inst				-										
	reat all use of ve														
	rovide more tha														
	of the vehicles, a		•					-							
	neet the require														
	our answer to 3														•
	mortization														
	(a) Description of			(b)		(c)			(d) Code		(e)			(f)	
	Description of	costs	Da	te amortization begins		Amortiza amour			Section		Amortiza period or per		Ar fc	nortization r this year	
42 Amortiza	tion of costs tha	at begins du	iring your 20		ar:										
				: :											
				: :											
43 Amortiza	tion of costs tha	at began be	fore your 20	18 tax ye	ar							43			
	ld amounts in c											44			
816252 12-26-18	3												F	orm 456	2 (2018)

30 2018.04010 LAST CHANCE ANIMAL RESCUE F 05101__1

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

•	File a	senarate	application	for ea	ch 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.

				Enter file	er's identifyi	ng number
Type o print	r Name of exempt organization or other filer, see	instructions.		Employe	n number (EIN) or	
•	LAST CHANCE ANIMAL RESCU	JE FUND,	INC.		**_**	*1077
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. I	oox, see instruc	tions.	Social se	curity numbe	er (SSN)
instructio		or a foreign add	Iress, see instructions.	•		
Enter t	ne Return Code for the return that this application is	for (file a separa	ate application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) WHITNEY KNOW	06	Form 8870			12
 If th If th box 1 1 t t 2 1 	request an automatic 6-month extension of time unt he organization named above. The extension is for th ► I calendar year 2018 or ► tax year beginning f the tax year entered in line 1 is for less than 12 mor Change in accounting period	digit Group Exe and atta NOVE ne organization's , an ths, check reas	emption Number (GEN) Ich a list with the names and EINs of MBER 15, 2019 , to file s return for: d ending on: Initial return	If this is fo f all memb	r the whole g ers the exter npt organizat	roup, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, ny nonrefundable credits. See instructions.	4720, or 6069,	enter the tentative tax, less	3a	\$	0.
b li	this application is for Forms 990-PF, 990-T, 4720, or	6069, enter an	y refundable credits and			
e	stimated tax payments made. Include any prior year	overpayment a	llowed as a credit.	3b	\$	0.
c E	Salance due. Subtract line 3b from line 3a. Include y	our payment wit	h this form, if required, by			
L	sing EFTPS (Electronic Federal Tax Payment System	n). See instructio	ons	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withc tions.	rawal (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act No	otice, see instr	uctions.		Form 8	868 (Rev. 1-2019)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969
Prepared by	MARKOWITZ, FENELON & BANK, LLP PO BOX 853 BRIDGEHAMPTON, NY 11932-0853
Amount due or refund	BALANCE DUE OF \$75.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	NOVEMBER 15, 2019
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat	ion				
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018					
Check if Applicable: Address Change	Name of Organization: LAST CHANCE AN	IMAL RESCUE F	UND, INC.	Employer Identification Number (EIN): **-**1077	
Name Change	Mailing Address: PO BOX 1661			NY Registration Number: $41 - 74 - 32$	
Final Filing	City / State / ZIP: SOUTHAMPTON, N	Y 11969		Telephone: 631 793-8980	
Reg ID Pending	Website: WWW • LCARF • ORG			Email: WHITNEY@LCARF.ORG	
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.					
2. Certification					
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.					
President or Authorized Officer:			WHITNEY KNOWLTON PRESIDENT		
Signature Signature Date JUDITH LANGMAID					
Chief Financial Officer or	Treasurer		TREASURER		
	Signature		Print Name	and Title Date	
3. Annual Reporting	g Exemption				
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable					
schedules and attachments and pay applicable fees.					
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.					
5. Fee					
See the checklist on the next page to calculate yo	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
fee(s). Indicate fee(s) you				payable to: "Department of Law"	
are submitting here:	\$	\$50.	\$ <u>75.</u>	Dopartment of Law	
CHAR500 Annual Filing for Charitable Organizations (Updated January 2019) *The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.					

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Page 1

LAST CHANCE ANIMAL RESCUE FUND. TNC.

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CHAR500	Simply submit the	
	- Your organization	
Annual Filing Checklist	- Your organization	

certified CHAR500 with no fee, schedule, or additional attachments IF: is registered as 7A only and you marked the 7A filing exemption in Part 3. is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- 📙 If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

LX All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\fbox \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit: Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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