### CHANGE OF ACCOUNTING PERIOD

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning $JAN 1$ , $2019$ and	ل ending	UN 30, 2019				
В	Check if applicable:	C Name of organization		D Employer identifi	cation number			
	Address change	DOG TAG INC.						
	Name change	Doing business as DOG TAG BAKERY, INC.		45-21309	04			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 3206 GRACE STREET, NW	Room/suite	E Telephone number (202) 527-9388				
	⊥return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,633,311.			
Г	Amende			H(a) Is this a group r				
Ē	Applica- tion	F Name and address of principal officer: MEGHAN OGILVIE		for subordinates				
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i				
		mpt status: X 501(c)(3) 501(c)( )	or 527	If "No," attach a	list. (see instructions)			
		E ► WWW.DOGTAGINC.ORG		H(c) Group exemption	n number 🕨			
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2011$	M State of legal domicile: DC			
P		Summary						
φ	1 B	Briefly describe the organization's mission or most significant activities: TO E1						
Governance		SERVICE-CONNECTED DISABILITIES, THROUGH A						
ern	2 (	Check this box   if the organization discontinued its operations or dispos		Ī				
<u>Ş</u>	3 1			<u>3</u>	12			
<u>«</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			0			
ties	5 7	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			12			
Activities &	6 T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.			
Ą	'a	let unrelated business taxable income from Form 990-T, line 39			0.			
	<u> </u>	let differenced business taxable income from 1 offi 330-1, line 33		Prior Year	Current Year			
	8 0	Contributions and grants (Part VIII, line 1h)		2,227,313.	1,165,041.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
š	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	638.			
æ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		856,294.	120,958.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,083,607.	1,286,637.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		157,127.	89,928.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	145 0	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		706,711.	395,728.			
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ē	ьт	otal fundraising expenses (Part IX, column (D), line 25)						
û	<b>17</b> C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		762,681.	366,151.			
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,626,519.	851,807.			
		levenue less expenses. Subtract line 18 from line 12		1,457,088.	434,830.			
s or	4		Ве	ginning of Current Year	End of Year			
sset	<b>20</b> T	otal assets (Part X, line 16)		1,850,176.	2,255,308.			
Net Assets	<b>21</b> ⊤	otal liabilities (Part X, line 26)		167,458.	137,758.			
	art II	let assets or fund balances. Subtract line 21 from line 20  Signature Block		1,682,718.	2,117,550.			
_				to and to the best of	channel and haliaf it is			
		ies of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is			
uue	, сопесі,	Meshan Oailvie	iicii pi epai ei	06/25/	2020			
Sig	ın l	Signature of officer		Date				
Hei		MEGHAN OGILVIE, CHIEF EXECUTIVE OFFICE	R					
		Type or print name and title	· <del></del>					
		Print/Type preparer's name Prepager's signature	[	Date Check	PTIN			
Pai		ARON M. FOX	lo	6/25/20 if self-emplo	P01365820			
Pre		Firm's name MARCUM, LLP			11-1986323			
		Firm's address 1899 L STREET, NW, SUITE 850						
		WASHINGTON, DC 20036		Phone no. ( 2				
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form	1990 (2019) DOG TAG INC. 45-2130904 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DOG TAG INC.'S (DOG TAG) MISSION IS TO EMPOWER VETERANS WITH
	SERVICE-CONNECTED DISABILITIES, SPOUSES, AND CAREGIVERS THROUGH A
	FELLOWSHIP PROGRAM THAT FOSTERS THE ENTREPRENEURIAL MINDSET WITHIN A
	SMALL BUSINESS ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 335,023 . including grants of \$ 89,928) (Revenue \$)
<del>4</del> a	THE VETERAN EDUCATION PROGRAM IS A FIVE-MONTH PERSONAL AND PROFESSIONAL
	DEVELOPMENT FELLOWSHIP PROGRAM DESIGNED TO EMPOWER VETERANS WITH
	SERVICE-CONNECTED DISABILITIES, MILITARY SPOUSES, AND CAREGIVERS TO
	DISCOVER PURPOSE AND FIND COMMUNITY AS THEY TRANSITION INTO CIVILIAN
	LIFE. DOG TAG'S PROGRAM IS COMPRISED OF FOUR (4) PARTS: 1) ACADEMIC
	FOUNDATION - FELLOWS EARN A CERTIFICATE IN BUSINESS ADMINISTRATION FROM
	GEORGETOWN UNIVERSITY; 2) HANDS-ON LEARNING - FELLOWS LEARN THE
	REALITIES OF ENTREPRENEURSHIP BY ROTATING THROUGH DOG TAG BAKERY'S
	DEPARTMENTS; 3) LEARNING LABS - FELLOWS EXPLORE A WIDE-VARIETY OF
	CAREER PATHS AND HONE BOTH HARD AND SOFT SKILLS THROUGH A SERIES OF
	PARTNER-LED SESSIONS; AND 4) WELLNESS AND SELF-DISCOVERY- FELLOWS
	PARTICIPATE IN A STORYTELLING-BASED THEATER COURSE AND PRACTICE A
415	004 500
4b	(Code:) (Expenses \$201,583. including grants of \$) (Revenue \$18,780.)  BAKERY PROGRAM- DOG TAG INC. (DOG TAG) (FORMERLY KNOWN AS DOG TAG
	BAKERY, INC.) WAS INCORPORATED IN 2011 UNDER THE LAWS OF THE DISTRICT
	OF COLUMBIA. OUR FELLOWS GAIN BUSINESS SKILLS IN BOTH CLASSROOM AND IN
	PRACTICE AT OUR LIVING BUSINESS SCHOOL. WE INTEGRATE HOLISTIC AND
	EXPERIENTIAL LEARNING, CHALLENGING OUR FELLOWS TO APPLY THEIR KNOWLEDGE
	IN A THRIVING, REAL-WORLD BAKERY. FELLOWS SPEND SIX OR MORE HOURS PER
	WEEK IN ROTATION WITH TEN MEMBERS OF DOG TAG'S TEAM, ENABLING
	PARTICIPANTS TO GAIN FIRST-HAND EXPERIENCE IN OPERATIONS, STAFF
	MANAGEMENT, PRODUCT CREATION, CUSTOMER SERVICE, FINANCE, BUDGETING,
	BUSINESS DEVELOPMENT, MARKETING, AND MORE OVER THE COURSE OF
	FIVE-MONTHS.
	11VI MONTIND:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
+0	(Code:) (Expenses \$
	Other program convices (Describe on Schodule O.)
4d	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program convice expenses \$ 536, 606.

Form **990** (2019)

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			169	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		x
E	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	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	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2019) DOG TAG INC.

Part IV Checklist of Required Schedules (continued)

	- (Someway)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c 29	Х	<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
~~	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

Form 990 (2019) DOG TAG INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	- Commission				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l			100	110			
	filed for the calendar year ending with or within the year covered by this return	2a	C						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	, , , , , , , , , , , , , , , , , , , ,								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х			
h	any contributions that were not tax deductible as charitable contributions?			6a					
D	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			6b					
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		Х			
b			Tovidou to the payor.	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а				9a					
b	, , , , , , , , , , , , , , , , , , , ,			9b					
10	Section 501(c)(7) organizations. Enter:	-10	I						
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		1					
ь 11	Section 501(c)(12) organizations. Enter:	IUD		-					
''	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 114		1					
-	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		>	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					
	<b>Note:</b> 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		1						
	organization is licensed to issue qualified health plans	13b		4					
С	Enter the amount of reserves on hand	13c							
14a				14a	1	_X_			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1		7.7			
	excess parachute payment(s) during the year?			15		X			
40	If "Yes," see instructions and file Form 4720, Schedule N.		0			v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncon	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.								



DOG TAG INC 45-2130904 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X 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 assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website | X | Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MEGHAN OGILVIE - (202) 527-9388 3206 GRACE STREET, NW, WASHINGTON, 20007

Form 990 (2019

Form 990 (2019) DOG TAG INC. 45-2130904 Page 7

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

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

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

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

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

X Check this box if neither the organiza	I	orga T	niza			nper	sate	1		T
(A)	(B)			)) Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation from related	amount of other
	week (list any	To.						from the	organizations	compensation
	hours for	direc				٥		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	,	organization
	organizations	Itrusi	nal tru		oyee	om o				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1\ DEMED CDOCCMAN	line)	ᆵ	lus	JJ0	Ş.	E E	For			
(1) PETER GROSSMAN CHAIRMAN	1.00	х		х						
(2) BRIAN ROEMER	1.00	^		_						
SECRETARY	1.00	Х		х						
(3) LAUREN BARNES	0.50	^		Λ		┢				
DIRECTOR	0.30	Х								
(4) JACK BARRY	0.50									
DIRECTOR	0.30	х								
(5) ANTHONY CIANCI	0.50									
DIRECTOR	0.30	х								
(6) JAY FARRAR	0.50	1				$\vdash$				
DIRECTOR	7.77	Х								
(7) RICK FONDRIEST	0.50									
DIRECTOR		Х								
(8) VIVIAN GREENTREE	0.50									
DIRECTOR		Х								
(9) MARK HANDWERGER	1.00									
DIRECTOR		Х								
(10) DAVID HUNTOON	1.00									
DIRECTOR		Х								
(11) GAIL LIONE	1.00	<u> </u>								
DIRECTOR		Х								
(12) THOMAS RICHEY	1.00	]								
DIRECTOR		Х				_				
(13) MEGHAN OGILVIE	50.00	1								
CHIEF EXECUTIVE OFFICER				Х		<u> </u>				
		1								
		<u> </u>				_	<u> </u>			
		1								
		-				-	-			-
		1								
		-				$\vdash$	-			-
		1								
		1				<u> </u>	1	1	<u> </u>	- 000 (sate

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45-2130904 DOG TAG INC. Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	ation amount of ted other ions compensation		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			
			•										
	Subtotal  Total from continuation sheets to Part VI												
	Total (add lines 1b and 1c)  Total number of individuals (including but n							<b></b>	eceived more than \$100,	000 of reportable			
	compensation from the organization											Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual									3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," cometion B. Independent Contractors										5		Х
1	Complete this table for your five highest co the organization. Report compensation for	=	-							· · · · · ·	sation fr	om	
	<b>(A)</b> Name and business			ONE					(B) Description of s		Compe	C) ensatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organic	•	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			
	, Jiganii	· F									Form	990	(2019)

DOG TAG INC. 45-2130904 Page 9

Form 990 (2019) DOG TAG INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any lir	ne in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ıa	. 9		-			
Sra Jou	b	Membership dues 1b		-			
S, (	С	Fundraising events 1c		-			
a g	d	Related organizations 1d		-			
is,	е	Government grants (contributions)					
rigin	f	All other contributions, gifts, grants, and					
the E		similar amounts not included above <b>1f</b>	1,165,041. 33,117.				
ΞÓ	g	Noncash contributions included in lines 1a-1f	33,117.				
ang	h	Total. Add lines 1a-1f		1,165,041.			
			Business Code				
	2 a						
į į							
ne v	b						
n S	C						
∃a Se	d		_				
Program Service Revenue	е						
<u>م</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>				
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)	<b>&gt;</b>	638.			638.
	4	Income from investment of tax-exempt bo					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 a	, <u>                                    </u>		-			
				1			
				-			
		Rental income or (loss) 6c					
		Net rental income or (loss)	(::) Oth an				
	7 a	Gross amount from sales of (i) Securit	es (ii) Other				
		assets other than inventory 7a		-			
	b	Less: cost or other basis					
e		and sales expenses					
ther Revenue	С	Gain or (loss) 7c					
Be		Net gain or (loss)	<b>)</b>				
ē	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	h	Less: direct expenses	8b	-			
		Net income or (loss) from fundraising even					
		Gross income from gaming activities. See					
	<sub>J</sub> a						
		Part IV, line 19	9a 9b	-			
		Less: direct expenses					
		Net income or (loss) from gaming activities	· ▶				
	10 a	Gross sales of inventory, less returns	465 454				
		and allowances	10a465,454.	-			
	b	Less: cost of goods sold	10b <sup>346,674.</sup>				
	С	Net income or (loss) from sales of inventor	y	118,780.	118,780.		
<u>,</u> [			Business Code				
ous.	11 a	REFUNDS	900099	1,578.			1,578.
Miscellaneous Revenue	b	MISCELLANEOUS	900099	600.			600.
ella Yei	c						
ŠČ	4	All other revenue					
Σ	9	Total. Add lines 11a-11d		2,178.			
	12	Total revenue. See instructions		1,286,637.	118,780.	0.	2,816.
	14	i otal lovoliuo. Oob illoti ubtiOllo		_,,	,	. •	,

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Form **990** (2019) **COPY**GTAG\_2

# Form 990 (2019) DOG TAG INC. Part IX Statement of Functional Expenses

2001/0	on 501(c)(3) and 501(c)(4) organizations must complete Solutions are spons			ipiete coluitiii (A).	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	89,928.	89,928.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	56 550	24 524	15 000	<b>5</b> 046
	trustees, and key employees	56,758.	31,784.	17,028.	7,946
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	240 220	154 705	C1 002	21 010
	Other salaries and wages	248,320.	154,705.	61,803.	31,812
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44 227	27 210	11 262	F 765
	Other employee benefits	44,337.	27,210.	11,362.	5,765 6,031
	Payroll taxes	46,313.	28,332.	11,950.	6,031
	Fees for services (nonemployees):				
	Management				
	Legal	E1 E70	+	F1 F70	
	Accounting	51,572.	+	51,572.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	82,028.	60 000	12 051	0.5
	column (A) amount, list line 11g expenses on Sch 0.)	42,121.	68,882. 28,079.	13,051. 13,843.	95 199
	Advertising and promotion	88,715.	74,752.	13,275.	688
	Office expenses	3,630.	142.	3,488.	000
	Information technology	3,030.	142.	3,400.	
	Royalties	33,279.	4,731.	28,548.	
	Occupancy	11,016.	1,642.	9,151.	223
	Travel	11,010.	1,042.	9,1310	223
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	237.		237.	
	Interest Payments to affiliates	4910		251.	
	Depreciation, depletion, and amortization	11,064.		11,064.	
		10,470.		10,470.	
	Other expenses. Itemize expenses not covered	±0, ±10•		<b>10, 10</b>	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)  UBI TAXES	1,318.		1,318.	
	PROGRAM EVALUATION	16,950.	16,950.	1,510.	
	TAXES AND LICENSES	5,926.	1,844.	1,786.	2,296
	AUTOMOBILES EXPENSE	4,260.	4,260.	=,,,,,,,,	
	All other expenses SEE SCH O	3,565.	3,365.	200.	
	Total functional expenses. Add lines 1 through 24e	851,807.	536,606.	260,146.	55,055
	Joint costs. Complete this line only if the organization	,	,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	eoncanonal cambaigh and ibnoraismo sonchanon — i			•	

Form 990 (2019)
Part X Balance Sheet 45-2130904 Page **11** DOG TAG INC.

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,533,879.	1	1,284,402
	2	Savings and temporary cash investments			0.	2	26,542
	3	Pledges and grants receivable, net			125,000.	3	854,120
	4	Accounts receivable, net	123,691.	4	37,345		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
S.		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B			23,384.	9	8,958
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	142,421.			
	b	Less: accumulated depreciation	. 10b	111,825.	32,877.	10c	30,596
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			11,345.	15	13,345
	16	Total assets. Add lines 1 through 15 (must ed			1,850,176.	16	2,255,308
	17	Accounts payable and accrued expenses			156,436.	17	129,852
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
Ş	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
ap		controlled entity or family member of any of th	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			11,022.	25	7,906
	26	Total liabilities. Add lines 17 through 25			167,458.	26	137,758
		Organizations that follow FASB ASC 958, cl	neck here	• ► X			
ces		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			545,217.	27	590,045
Ba	28	Net assets with donor restrictions		<u></u>	1,137,501.	28	1,527,505
בַ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔲			
Ę		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
¥.	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,682,718.	32	2,117,550	
	33	Total liabilities and net assets/fund balances	<u></u>		1,850,176.	33	2,255,308



Form 990 (2019) DOG TAG INC. 45-2130904 Page 12

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,28					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,80				
3	Revenue less expenses. Subtract line 2 from line 1	3		434,830.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,68	2,7:	18.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,11	7,54	48.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

DOG TAG INC.

Employer identification number

45-2130904

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

						<u>'                                    </u>				
he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general (	public described in		
		section 170(b)(1)(A)(vi). (C	•		· ·					
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org				ed in conju	inction with a land-grant	college		
		or university or a non-land-g				-	-	-		
		university:	3 3	,		, , ,	,			
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, an	nd gross receipts from		
		activities related to its exem								
		income and unrelated busin	•	· · · · · · · · · · · · · · · · · · ·				•		
		See section 509(a)(2). (Cor		,			, ,	,		
11		An organization organized a	•	vely to test for public sat	fetv. See	section 50	09(a)(4).			
12	一	An organization organized a	•	•	•			purposes of one or		
		more publicly supported org	•	- ·	•		•			
		lines 12a through 12d that of	-							
а		Type I. A supporting orga	* *					aivina		
		the supported organization	•		•	_				
		organization. You must c		• • • •	,, -			9		
b		Type II. A supporting orga	-		ion with its	s supporte	ed organization(s), by hay	vina		
_		control or management of	•					-		
		organization(s). You mus			arrio porco	110 11141 001	manage the cap	301134		
С		Type III functionally inte			in connect	ion with.	and functionally integrate	ed with		
_		its supported organization					• •	,		
d		Type III non-functionally						zation(s)		
		that is not functionally into					• • • • • • •	* *		
		requirement (see instructi	-	•	•		•			
е		Check this box if the orga	· ·	-						
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	r the number of supported o								
		ide the following information								
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
ota	al						I	1		

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1313484.	876,801.	1337966.	2227313.	1165041.	6920605.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1313484.	876,801.	1337966.	2227313.	1165041.	6920605.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						3293367.		
	Public support. Subtract line 5 from line 4.						3627238.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
7	Amounts from line 4	1313484.	876,801.	1337966.	2227313.	1165041.	6920605.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					638.	638.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					600.	600.		
11	<b>Total support.</b> Add lines 7 through 10						6921843.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,516,865.		
13	First five years. If the Form 990 is for	-			-				
<u>C</u>	organization, check this box and stop	here							
Sec	ction C. Computation of Publi						F2 40		
14	Public support percentage for 2019 (li					14	52.40 %		
15	Public support percentage from 2018					15	48.70 %		
16a	33 1/3% support test - 2019. If the c								
_	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2018. If the c						. $\Box$		
4-	and <b>stop here.</b> The organization qual		•						
1/a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac				•	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	-							
	more, and if the organization meets the								
40	organization meets the "facts-and-circ			•					
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								

Schedule A (Form 990 or 990-EZ) 2019



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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
	ction B. Total Support		1	_	T	T	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u></u>	504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<del></del>
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	<del>/</del> 9
	a 33 1/3% support tests - 2019. If the						
.00	more than 33 1/3%, check this box ar						<b>▶</b> □
ŀ	33 1/3% support tests - 2018. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2019

### 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 disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	_		
	3c		
	40		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
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	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	iva		
	10b		
n 9	90 or 99	0-EZ)	2019

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	, ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	ton 217th Type in cupper ting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	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. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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 "Voc " decayibe in Part VI the vale placed by the exceptivation in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions 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	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

ı aı	Type in Non-Functionally integrated 509(	aj(s) Supporting Orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	}		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2015 AMOUNT: \$ 0.
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 0.
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 600.
SCHEDULE A, PART II, COLUMN (E):
DUE TO A CHANGE IN ACCOUNTING PERIOD DURING 2019, DOG TAG IS FILING A
SHORT PERIOD RETURN FOR THE PERIOD JANUARY 1, 2019 TO JUNE 30, 2019.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2019

Name of the organization

DOG TAG INC.

Employer identification number

45-2130904

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)( 3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \bigsim \frac{1}{2} \int \frac{

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

DOG TAG INC.

45-2130904

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

DOG TAG INC.

45-2130904

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Nume, dudiess, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, aud 655, and Zif + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

45-2130904

DOG TAG INC.

Name of organization Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		I \$	I					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization **Employer identification number** DOG TAG INC. 45-2130904 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Name of the organization

DOG TAG INC. 45-2130904

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ominiai runus C	or Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, Illie	(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose co	onferring
	impermissible private benefit?	·		
Pa	rt II Conservation Easements. Complete if the organic			
1	Purpose(s) of conservation easements held by the organization			·
	Preservation of land for public use (for example, recreati	_	_	a historically important land area
	Protection of natural habitat	Γ		a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form of	f a conservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а				_
b	Total acreage restricted by conservation easements			*****
c	Number of conservation easements on a certified historic structure.			l l
d				
u	`,'	•		
3	listed in the National Register			
3		aseu, extilliguisileu, oi	terrilinated by the C	organization during the tax
4	year ► Number of states where property subject to conservation ease	amont is located		
5	Does the organization have a written policy regarding the period	· -	ation bandling of	
3	violations, and enforcement of the conservation easements it I	•	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		and enforcing conse	
O	Starr and volunteer flours devoted to filoritoring, inspecting, in	ianuling of violations, a	and emorcing conse	ivation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and a	nforcing concentation	on accoments during the year
7	\$	ing or violations, and e	inorcing conservant	on easements during the year
0	Does each conservation easement reported on line 2(d) above	actiofy the requiremen	ata of acation 170/h	\(A\\\P\\(i\)
8				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9			•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	S III Iai ICiai Statemei	its that describes the
Pa	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of A	Art. Historical Tro	easures, or Oth	er Similar Assets
	Complete if the organization answered "Yes" on Form 9	-		
10	If the organization elected, as permitted under FASB ASC 958		vonue statement an	d halanca shoot works
ıa	of art, historical treasures, or other similar assets held for publ	•		
	•			•
<b>L</b>	service, provide in Part XIII the text of the footnote to its finance.			
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public o	earnomon, education,	or research in lumne	rance of public service,
	provide the following amounts relating to these items:			<b>▶</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical treas		•	gain, provide
	the following amounts required to be reported under FASB AS	-		<b>.</b> .
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

	dule D (Form 990) 2019 DOG TAG I							L30904		<sub>le</sub> 2
Pai	rt III Organizations Maintaining Colle	ections of Ar	t, Hist	orical Tre	asures, or	Other S	imilar Asset	S (contin	ued)	
3	Using the organization's acquisition, accession,	and other record	s, check	any of the f	ollowing that	make signi	ficant use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explair	n how th	ey further th	e organizatio	n's exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit or red	ceive donations of	of art, his	storical treas	ures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be mainta	ained as part of t	he orgar	nization's col	lection?			Yes		No
Pai	t IV Escrow and Custodial Arranger	nents. Comple	ete if the	organizatio	n answered "	Yes" on Fo	rm 990, Part IV	line 9, or		
	reported an amount on Form 990, Part X,	line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermed	iary for o	contributions	or other ass	ets not incl	uded			
	on Form 990, Part X?						[	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	complete the fol	llowing t	able:						
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line	21, for 6	escrow or cu	stodial accou	ınt liability?	' [	Yes		No
b	If "Yes," explain the arrangement in Part XIII. Che									
Pai	rt V Endowment Funds. Complete if the	e organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10.				
	<u>(</u> a	a) Current year	<b>(b)</b> F	rior year	(c) Two year	s back (d)	Three years back	(e) Four	years ba	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	e (line 1ç	g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	n of the organiza	ation tha	t are held ar	d administere	ed for the c	rganization	-		
	by:								Yes I	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ıs listed as requir	ed on S	chedule R?				. 3b		
4	Describe in Part XIII the intended uses of the org		wment f	unds.						
Pai	t VI Land, Buildings, and Equipmen	t.								
	Complete if the organization answered "Y	es" on Form 990	), Part IV	/, line 11a. S	ee Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or o		(b) Cost			umulated	(d) Bool	k value	
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				8,127.		5,225.		2,90	
d	Equipment				2,443.		4,749.	2	7,69	
е	Other	I		1 3	1,851.	3	1,851.			0.

Schedule D (Form 990) 2019



30,596.

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

Schedule D (Form 990) 2019 DOG TAG INC		45-	-2130904 Page 3
Part VII Investments - Other Securities.			y
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(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: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		+	
(9) Tatal (Cal (b) must squal Form 000, Bort V. cal (B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11d. 366 1 6111 366, 1 dr. X, iii 6 16.	(b) Book value
(1)	r		(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE PAYABLE			7,906.
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019



7,906.

(7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,027,573.
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	657,329.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,083,607.		
е	Add lines 2a through 2d			2e	3,740,936.
3	Subtract line 2e from line 1			3	1,286,637.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,286,637.
Par	T XII Reconciliation of Expenses per Audited Financial Stateme	ents wit	n Expenses per F	teturr	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 125 652
1	Total expenses and losses per audited financial statements			1	3,135,653.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	CET 220		
	Donated services and use of facilities		657,329.	-	
	Prior year adjustments			-	
	Other losses		1 606 517	-	
	Other (Describe in Part XIII.)		1,626,517.	1	2 202 046
_	Add lines 2a through 2d			2e	2,283,846. 851,807.
3	Subtract line 2e from line 1			3	031,007.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			10	0.
	Add lines 4a and 4b			4c 5	851,807.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	031,007.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1	h and 2h: Part V line 4	· Part X	line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, 1 4117	, 1110 2, 1 411711,
PAR	RT X, LINE 2:				
	•				
FOR	R THE SIX-MONTH PERIOD ENDING JUNE 30, 2019	, DOG	TAG HAS DO	CUME	ENTED ITS
	·	-			
CON	SIDERATION OF FASB ASC 740-10, INCOME TAXE	S, TH	AT PROVIDES	GU]	DANCE FOR
REP	PORTING UNCERTAINTY IN INCOME TAXES AND HAS	DETE	ERMINED THAT	NO	MATERIAL
UNC	CERTAIN TAX POSITIONS QUANTIFY FOR EITHER R	ECOGN	NITION OR DI	SCLO	SURE IN
THE	FINANCIAL STATEMENTS.				
PAR	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
REV	VENUE FROM 1/1/2018 TO 12/31/2018				3,083,607.
D 2 -	OM VII IING OD OMUDD AD TUGMVEDUMG				
PAR	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
EAE	PENSE FROM 1/1/2018 TO 12/31/2018				1,626,517.
عمند					1,U4U,J1/•

Schedule D (Form 990) 2019	DOG TAG INC.	45-2130904 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)	
	(continued)	
<u></u>		 
		_

COPY

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
DOG TAG I							45-2130904
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need		(c) Mada ad a f	1	
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>			e line 1 table	I	I		<b>_</b>

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

Schedule I (Form 990) (2019)

45-2130904

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UDENT STIPENDS	14	89,928.	0.		
Part IV Supplemental Information. Provide the informati	on required in Part I, line	e 2; Part III, column	ı (b); and any other ac	dditional information.	
ART I, LINE 2:					
HE PURPOSE OF THE STUDENT STIP:	ENDS IS TO P	ROVIDE FIN	NANCIAL SUP	PORT IN ANY	
REA NEEDED FOR OUR FELLOWS. TH	E USE OF THE	STIPENDS	WAS NOT DI	RECTLY	
ONITORED UNDER ESTABLISHED CRI	TERION.				

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number Name of the organization DOG TAG INC. 45-2130904

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion an	nounts	3
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	7,200.	FMV			
7	Boats and planes			.,				
8	Intellectual property							
9	Securities - Publicly traded	X	3	25,917.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (							
26	Other							
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties o	r related org	ganizations to solic	cit, process, or sell noncash			T	
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019



Part II	Supplements is reporting in this part for	n Part I, co	olumn (b), th	ne number of	e information contribution	on required bons, the numb	y Part I, I per of iter	ines 30b, 32b, ns received, o	and 33, ar r a combina	nd whether th ation of both.	e organization Also complete
SCHEDUI	LE M, P	ART I	, COLU	MN (B)	:						
THE TO	TAL REP	RESEN	TED IN	PART	I, COI	LUMN (B	) REI	RESENTS	THE	NUMBER	OF
CONTRI	BUTIONS	тнат	WERE	RECEIV	ED FOR	R THE S	HORT	PERIOD	ENDED	JUNE 3	30,
2019.											
-											

Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### 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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

DOG TAG INC.

**Employer identification number** 45-2130904

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VARIETY OF SELF-CARE DISCIPLINES TO MANAGE STRESS AND BUILD RESILIENCY FOR FUTURE SUCCESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 2016, ON DECEMBER 31, THE BOARD OF DIRECTORS VOTED TO CHANGE THE NAME THE ORGANIZATION TO DOG TAG INC. DOG TAG HAS UPDATED ITS BYLAWS AND IN THE PROCESS OF UPDATING THE ARTICLES OF INCORPORATION TO REFLECT THE CHANGE. ONE OF DOG TAG'S FOUNDERS (THE FOUNDER) IS THE PRESIDENT OF FOUNDATION SWEET SUCCESS (FSS). FSS IS THE OWNER OF THE BUILDING THAT DOG TAG OCCUPIES FREE OF CHARGE. THE BUILDING HOUSES DOG TAG BAKERY ON THE MAIN FLOOR. THE 2ND FLOOR HOUSES OUR CLASSROOM AND OFFICE SPACE. THE IN-KIND DONATIONS FOR THE PROGRAM, INCLUDING THE BUILDING, TOTALED \$310,009.

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

THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE CHAIR/PRESIDENT. IT IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

POTENTIAL BOARD CANDIDATES ARE REVIEWED FOR POSSIBLE CONFLICTS OF INTEREST PRIOR TO SERVING ON THE BOARD OF DIRECTORS. NO CONFLICTS OF INTEREST HAVE ARISEN. HOWEVER, IN THE CASE OF POTENTIAL CONFLICTS OF INTEREST, INTERESTED

PARTIES WILL DISCLOSE THE EXISTENCE OF THE POTENTIAL CONFLICTS AND RECUSE Schedule O (Form 990 or 990-EZ) (2019) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization DOG TAG INC.	Employer identification number 45-2130904
THEMSELVES FROM PARTICIPATION IN THE DECISION-MAKING	PROCESS.
FORM 990, PART VI, SECTION B, LINE 15:	
DOG TAG CONDUCTED RESEARCH ON MARKET RATES FOR EXECUT	IVE DIRECTOR AND CEO
COMPENSATION LEVELS AND PRESENTED THE FINDINGS TO THE	MANAGEMENT AND
COMPENSATION COMMITTEE AS WELL AS THE BOARD OF DIRECT	ORS FOR APPROVAL
DURING 2018.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOG TAG MAKES THEIR GOVERNING DOCUMENTS, POLICIES AND	FINANCIAL STATEMENTS
AVAILABLE UPON APPROPRIATE REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXP	ENSES:
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,726.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,926.
ALUMNI EXPENSE:	
PROGRAM SERVICE EXPENSES	1,462.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,462.
EDUCATION EXPENSE:	
PROGRAM SERVICE EXPENSES	177.
MANAGEMENT AND GENERAL EXPENSES	0.
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DOG TAG INC.	45-2130904
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	177.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	3,565.
FORM 990, PARTS VIII, IX, X	
DOG TAG INC. ELECTED TO CHANGE ITS YEAR-END FROM DECEMBER	31ST TO JUNE
30TH. THE FISCAL YEAR-END HAS SHIFTED TO ALLOW MANAGEMENT	TO HAVE
GREATER VISIBILITY OF DOG TAG INC. REVENUE RESULTS AND PER	FORMANCE.
DUE TO THE ACCOUNTING PERIOD CHANGING FROM DECEMBER 31ST T	O JUNE 30TH,
THE AUDITED FINANCIAL STATEMENTS FOR DOG TAG INC. REFLECTS	ACTIVITY FOR
THE 18 MONTH PERIOD FROM JANUARY 1, 2018 TO JUNE 30, 2019.	THIS FILING
OF THE FEDERAL FORM 990 CONSISTS OF ACTIVITY FROM THE 6 MC	NTH PERIOD
JANUARY 1, 2019 TO JUNE 30, 2019, WHICH IS INCLUDED IN THE	18 MONTH
PERIOD REPORTED IN THE AUDITED FINANCIAL STATEMENTS.	
ADDITIONALLY, DUE TO THE FACT THAT DECEMBER 31ST DOES NOT	TAKE PLACE
DURING THIS SHORT PERIOD, PART V, LINES 1 AND 2, PART VII,	SECTION A,
COLUMNS (D), (E), AND (F), AND PART VII, SECTION B ARE NOT	REQUIRED TO
BE COMPLETED.	