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Action of the second service of the construction and the latest information. Impection Action of the constandy year, or tax year beginning	Forr	пУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exce	pt private foundation	s) 2018
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State Number on street (or P.0. how if mails not delived to street address) Romfusite E Telephone number (202) 527 - 9388 City or town, state or province, country, and ZIP or forsign postal code WASHINCTON, DC 20007 G. cmax reserved: SAME AS C ABOVE Height is not advected by a state or province, country, and ZIP or forsign postal code WASHINCTON, DC 20007 Height is not advected by a state or province, country, and ZIP or forsign postal code WASHINCTON, DC 20007 Height is not advected by a state or province, country, and ZIP or forsign postal code WASHINCTON, DC 20007 I'Mebrate: b: With DOGTAGINC, ORG Farme and address of principal differs EMEGHAN OGILLVIE Farm of cramination: [X] Corporation Trust Association of the principal differs Height is advected by a state of legal dominile: DC Part I Summary I'No: "attach a last of legal dominile: DC Part I SUmmary I'No: "attach a last of legal dominile: DC Part I SUMmary I'No: "attach a last of legal dominile: DC Part I SUMmary I'No: "CE - CONNECTED DISABILITIES, "THROUGH A FELLCOWER VETERANS WITH SERVICE= CONNECTED DISABILITIES, THROUGH A FELLCOWER VETERANS. 15 4 15 5 I'No: "CE - CONNECTED DISABILITIES, THROUGH A FELLCOWER VETERANS. 2, 227, 313. 15, 337, 956 of its net assets. Number of individuals amployed in calendary ser 2018 (Part VI, line 1a) 1, 337, 956 of . 15, 2, 222. I'No: "New under dividuals amployed in calendary ser 2018 (Part VI, line 1a) 1, 337, 956 of . 2, 2, 227, 313. <		Name				45-21	130904
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WASHINGTON, DC 20007 H(a) Is this a group return for audordinates? H(a) Is this a group return for audordinates? Applicing Applicin		returr	/ 3206				527-9388
description F Name and address of principal officer: MEGHAN OGILVIE for an addression of the second addression				own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,809,620.
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Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER VETERANS WITH SEVUICE - CONNECTED DISABILITIES, THROUGH A FELLOWSHIP PROGRAM. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) a 4 Number of independent voting members of the governing body (Part VI, line 1a) b 5 Total number of voting members of the governing body (Part VI, line 2a) c 6 Total number of voting members of the governing body (Part VI, line 2b) c 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ta 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ta 9 Program service revenue (Part VIII, edg) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 337, 966. 2, 227, 313. 12 Total revenue add liness 8 through 11 (mast equal Part VIII, column (A), lines 1-30 169, 376. 856, 294. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-30 136, 500. 157, 127. 14 Benefits paid to or for members (Part IX, column (A), lines 1-10 0. 0. 0. 15 Salaries, othor compensation, emplopee benefits (Part IX					1. 100		
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 column (A), line 12 1 column (A), line 10 0.<	Rev						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 136, 500. 157, 127. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 561, 954. 706, 711. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 121,904. 874,797. 762,681. 17 Other expenses (Part IX, column (A), line 25) 121,904. 874,797. 762,681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,573,251. 1,626,519. 19 Revenue less expenses. Subtract line 18 from line 12 -66,131. 1,457,088. 20 Total assets (Part X, line 26) 222. 630. 1,672,458. 21 Total assets or fund balances. Subtract line 21 from line 20 225,630. 1,682,718. Part II Signature Block 30. 1,682,718. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of propherer (o							
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 561,954.706,711. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (A), line 25) 121,904. 17 Other expenses (Part IX, column (A), line 25) 121,904. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 1,573,251.1,626,519. 19 Revenue less expenses. Subtract line 18 from line 12 -66,131.1,457,088. 20 Total assets (Part X, line 16) 225,630.1,167.458. 21 Total assets (Part X, line 26) 225,630.1,682.718. Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge. Signature of dilicer Meered Date MEGHAN OGILVIE, CHIEF EXECUTIVE OFFICER Type or print name and tille Printongoved Print/Type preparer's n	-	-		and the second sec	61305: ¹		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 561,954. 706,711. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 121,904. 874,797. 762,681. 17 Other expenses (Part IX, column (A), line 11e. 0. 0. 0. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 1,573,251. 1,626,519. 19 Revenue less expenses. Subtract line 18 from line 12 -66,131. 1,457,088. 20 Total assets (Part X, line 16) Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26) 420,691. 167,458. 22 Net assets or fund balances. Subtract line 21 from line 20 225,630. 1,682,718. Part II Signature Block Signature Block Officer Date Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of propher (other than officer) is based on all information of which preparer has any knowledge. Date MEGHAN OGILVIE, CHIEF EXECUTIVE OFFICER <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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 May the IRS discuss this return with the preparer shown above? (see instructions)

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

WASHINGTON, DC 20036

X Yes No Form 990 (2018)

Phone no. (202) 227-4000

Form	DOG TAG INC.	45-2130904	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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		
	FELLOWSHIP PROGRAM THAT FOSTERS THE ENTREPRENEURIAL MINI	DSET WITHIN A	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?		s X No
	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?		s X No
Ŭ	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	s measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$570 , 128including grants of \$) (Rev	enue \$ 834	,817.)
	THE VETERAN EDUCATION PROGRAM IS A FIVE-MONTH PERSONAL A		ONAL
	DEVELOPMENT FELLOWSHIP PROGRAM DESIGNED TO EMPOWER VETER		
	SERVICE-CONNECTED DISABILITIES, MILITARY SPOUSES, AND CA		
	DISCOVER PURPOSE AND FIND COMMUNITY AS THEY TRANSITION :		N
	LIFE. DOG TAG'S PROGRAM IS COMPRISED OF FOUR (4) PARTS: FOUNDATION - FELLOWS EARN A CERTIFICATE IN BUSINESS ADM	1) ACADEMIC	
	GEORGETOWN UNIVERSITY; 2) HANDS-ON LEARNING - FELLOWS LA		FROM
	REALITIES OF ENTREPRENEURSHIP BY ROTATING THROUGH DOG TA		
	DEPARTMENTS; 3) LEARNING LABS - FELLOWS EXPLORE A WIDE		
	CAREER PATHS AND HONE BOTH HARD AND SOFT SKILLS THROUGH		
	PARTNER-LED SESSIONS; AND 4) WELLNESS AND SELF-DISCOVER		
	PARTICIPATE IN A STORYTELLING-BASED THEATER COURSE AND	PRACTICE A	
4b	(Code:) (Expenses \$539,116. including grants of \$157,127.) (Rev	enue \$)
	BAKERY PROGRAM- DOG TAG INC. (DOG TAG) (FORMERLY KNOWN)		
	BAKERY, INC.) WAS INCORPORATED IN 2011 UNDER THE LAWS OF		
	OF COLUMBIA. OUR FELLOWS GAIN BUSINESS SKILLS IN BOTH C		
	PRACTICE AT OUR LIVING BUSINESS SCHOOL. WE INTEGRATE HO EXPERIENTIAL LEARNING, CHALLENGING OUR FELLOWS TO APPLY		
	IN A THRIVING, REAL-WORLD BAKERY. FELLOWS SPEND SIX OR I		
	WEEK IN ROTATION WITH TEN MEMBERS OF DOG TAG'S TEAM, EN		
	PARTICIPANTS TO GAIN FIRST-HAND EXPERIENCE IN OPERATION		
	MANAGEMENT, PRODUCT CREATION, CUSTOMER SERVICE, FINANCE	<u> </u>	
	BUSINESS DEVELOPMENT, MARKETING, AND MORE OVER THE COURS	SE OF	
	FIVE-MONTHS.		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue\$)
4d	Other program services (Describe in Schedule O.)		

Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	1,109,244.		
			Form 990 (2018)
832002 12-31-18	SEE SCHEDULE	O FOR CONTINUATION(S)	
	2		CODV



Form	990 (2018) DOG TAG INC. 45-2130	904	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
•	If "Yes," complete Schedule A	1 2	X X	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ?	2	<u> </u>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
~	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	Х	
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	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	000	X
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Form	aan	(2018)
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Form 990 (2018) DOG TAG INC.
Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
~=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
32004	↓ 12-31-18	Form	990	(2018

Form	<u>990 (2018)</u> DOG TAG INC. 45-2130	904	Pa	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
-			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 91										
	,	2b	x								
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions)										
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
		3a 3b	X X								
	 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 										
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х							
b	If "Yes," enter the name of the foreign country:	14									
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
10-	amounts due or received from them.)	10-									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	-								
a	Is the organization licensed to issue qualified health plans in more than one state?	134									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans										
~	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	Х							
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		Х							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	•	<u> </u>									
	If "Yes," complete Form 4720, Schedule O.										

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	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1!	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MEGHAN OGILVIE - (202) 527-9388			
	3206 GRACE STREET, NW, WASHINGTON, DC 20007			

Form 990 (2018)	DOG TAG INC.		Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensat	ted 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle:	ss per	more rson i	than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any	offi	cer ar		irecto	r/trus	tee)	from the	from related organizations	other compensation
	hours for related	Individual trustee or director	rustee		0	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below	dual tru	Institutional trustee		Key employee	st com J yee	_			and related organizations
	line)	Individ	Institu	Officer	Key er	Highe: emplo	Former			organizationo
(1) PETER GROSSMAN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) BRIAN ROEMER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) LAUREN BARNES	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(4) JACK BARRY	0.50	77							0	
DIRECTOR	0.50	Х						0.	0.	0.
(5) ANTHONY CIANCI DIRECTOR	0.50	x						0.	0.	0.
(6) JAY FARRAR	0.50	Δ	-			-		0.	0.	<u> </u>
DIRECTOR	0.30	x						0.	0.	0.
(7) RICK FONDRIEST	0.50	Δ								
DIRECTOR	0.50	x						0.	0.	0.
(8) VIVIAN GREENTREE	0.50							Ŭ.		.
DIRECTOR		х						0.	0.	0.
(9) MARK HANDWERGER	1.00									
DIRECTOR		х						0.	0.	0.
(10) DAVID HUNTOON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GREG LEDFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GAIL LIONE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) THOMAS RICHEY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KEVIN SCHMIEGEL	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MICHELLE SEIVER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MEGHAN OGILVIE	50.00								_	_
CHIEF EXECUTIVE OFFICER			 	х		<u> </u>		112,127.	0.	5,578.
		-								
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	990 (2018) DOG TAG 3	INC.								45-23	1309	904	P	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	compensated Employee (D)	, ,			(F)	
	(A) (B) Name and title Average hours per week			Average Position (do not check more that box, unless person is b week officer and a director/th						(E) Reportable compensatic from related	on d	Es ar	of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	pensa om th anizat d relat anizati	e ion ed
									112,127.		0.		5,5	78
с	Sub-total Total from continuation sheets to Part VI	I, Section A							0.		0.		5,5 5,5	0.
d 2	Total (add lines 1b and 1c)							o re		000 of reportable			5,5	10.
	compensation from the organization												Yes	⊥ No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,		,		•			0			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	sati	, on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	<u>ə J T</u>	or sl	icn į	bers	on					5		23
1	Complete this table for your five highest con the organization. Report compensation for t	-									oensat	ion fro	om	
	(A) Name and business		g						(B) Description of s		С	(ompe	C) nsatio	n
	EVEN ROBERTS ORIGINAL D 30 TOWER ROAD, AURORA,		1						CATERING SER	VICES		16	8,7	71.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to	thos 1	se lis L	ted	above) who received mo	ore than				
												Form	990 (;	2018)

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			AG INC.				45-213	0904 Page 9
art	t VII	Statement of Reven Check if Schedule O conta		or noto to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
IIS		Federated campaigns						
mounts		Membership dues						
AII		Fundraising events						
nlar		Related organizations		37,583.				
Sin		All other contributions, gifts, grant						
ner	•	similar amounts not included abov		2,189,730.				
and Other Similar A	g	Noncash contributions included in lines						
an	h	Total. Add lines 1a-1f			2,227,313.			
	2 a			Business Code				
	z a b							
nue	c							
Kevenue	d							
r	е							
		All other program service reve						
+		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		Г				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
		()						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	~	and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		►				
2	8 a	Gross income from fundraising						
		including \$						
		contributions reported on line	,					
	h	Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fund		·				
		Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam		· · · · · · · · · · · · · · · · · · ·				
	iu a	Gross sales of inventory, less and allowances		1,560,830.				
	b	Less: cost of goods sold						
		Net income or (loss) from sales			834,817.	834,817.		
		Miscellaneous Revenue	e	Business Code				
1	11 a	INSURANCE PREMIUM REFUN	DS	900099	21,477.			21,477.
	b							
	c							
	d				21,477.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions			3,083,607.	834,817.	0	. 21,477.
_		-18		F	, ,,.	, · - · ·		Form 990 (2018

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 DOG
 TAG
 INC.

 Part IX
 Statement of Functional
 Expenses

Check if Schedule			r organizations must com his Part IX		X
Do not include amounts reported 7b, 8b, 9b, and 10b of Part VIII.	on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to c	domestic organizations		·		·
and domestic governments. See	Part IV, line 21 📖 📘				
2 Grants and other assistance	to domestic				
individuals. See Part IV, line	22	157,127.	157,127.		
3 Grants and other assistance	to foreign				
organizations, foreign govern	, ,				
individuals. See Part IV, lines					
4 Benefits paid to or for memb	pers				
5 Compensation of current off					
trustees, and key employees	s L	117,705.	65,915.	35,311.	16,479
6 Compensation not included abov	ve, to disqualified				
persons (as defined under section	on 4958(f)(1)) and				
persons described in section 49					
7 Other salaries and wages	L	428,257.	277,850.	75,226.	75,181
8 Pension plan accruals and contr	ibutions (include				
section 401(k) and 403(b) empl					
9 Other employee benefits		77,247.	50,164.	14,425.	12,658
0 Payroll taxes		83,502.	52,637.	16,822.	14,043
1 Fees for services (non-emplo					
a Management					
b Legal		2,280.		2,280.	
c Accounting		116,759.		116,759.	
d Lobbying					
e Professional fundraising service					
f Investment management fee	es				
g Other. (If line 11g amount exce					
column (A) amount, list line 11g	g expenses on Sch O.)	308,760.	300,676.	8,048.	36
2 Advertising and promotion		21,332.	17,373.	943.	36 3,016 135
3 Office expenses		131,144.	107,738.	23,271.	135
4 Information technology		6,508.		6,508.	
5 Royalties					
6 Occupancy		54,803.	9,537.	45,266.	
7 Travel		5,142.	3,481.	1,467.	194
8 Payments of travel or enterta	ainment expenses				
for any federal, state, or loca	· ·				
9 Conferences, conventions, a	· · · · · · · · · · · · · · · · · · ·				
		292.		292.	
Payments to affiliates					
2 Depreciation, depletion, and		23,914.		23,914.	
	[21,359.		21,359.	
4 Other expenses. Itemize expense					
above. (List miscellaneous expe	nses in line 24e. If line				
24e amount exceeds 10% of line amount, list line 24e expenses o					
a PROGRAM EVALUA		43,751.	43,751.		
b TAXES AND LICE		9,384.	6,739.	2,483.	162
c AUTOMOBILES EX		6,234.	6,234.	,	_ 3 _
d EDUCATION EXPE		4,650.	4,650.		
e All other expenses		6,369.	5,372.	997.	
5 Total functional expenses. Add	llines 1 through 24e	1,626,519.	1,109,244.	395,371.	121,904
5 Joint costs. Complete this line of		_, ,	_,_		
reported in column (B) joint cos					
educational campaign and fundr					
Euucational campaign and fund	aising solicitation.				

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Form 990 (2018) DOG TAG INC.
Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Par	t X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		247,363.	1	1,533,879.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		175,875.	3	125,000.
	4	Accounts receivable, net		147,357.	4	123,691.
	5	Loans and other receivables from current and former officers, directors	,			
		trustees, key employees, and highest compensated employees. Compl	ete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined	d under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr). Complete Part II of Scl	ηL		6	
Assets	7	Notes and loans receivable, net		7		
◄	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,724.	9	23,384.
	10a	Land, buildings, and equipment: cost or other	<u> </u>			
			<u>,638.</u>	48.658		20.000
	b		,761.	47,657.		32,877.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		11 245	14	11 245
	15	Other assets. See Part IV, line 11		11,345.	15	11,345.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		646,321.	16	1,850,176.
	17	Accounts payable and accrued expenses		168,605.	17	156,436.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	····· -		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
ies	22	Loans and other payables to current and former officers, directors, trus				
oilit		key employees, highest compensated employees, and disqualified pers		243,950.		0.
Liabilities		Complete Part II of Schedule L	·····	245,950.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	····· -		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties	····· -		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part	Vof			
				8,136.	25	11 022.
	26	Schedule D Total liabilities. Add lines 17 through 25		420,691.	26	<u> 11,022.</u> 167,458.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X	and		20	,
		complete lines 27 through 29, and lines 33 and 34.				
ces	27	Unrestricted net assets		47,755.	27	545,217.
lan	28	Temporarily restricted net assets		177,875.	28	1,137,501.
B	29	Permanently restricted net assets	[•	29	, ,
oun		Organizations that do not follow SFAS 117 (ASC 958), check here				
ъ		and complete lines 30 through 34.	· —			
tso	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32				32	
Ne	33	Total net assets or fund balances	F	225,630.	33	1,682,718.
_	34	Total liabilities and net assets/fund balances		646,321.	34	1,850,176.
						Form 990 (2018)

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	1990 (2018) DOG TAG INC.	45-21	.30904	Pag	_{ge} 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	3,083		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,620		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	225	5,6	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,682	2,7	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		ш
				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	0.			
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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	L

Form **990** (2018)



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(Form	990	or	990-EZ)	
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047
2018
Open to Public Inspection
identification number

Department of the Treasury			4/(a)(I) nonexempt cha					Open to Public				
Department of the Treasury Internal Revenue Service	Attach to Form 990 or F v/Form990 for instruction			oformation		Inspection						
								identification number				
Part I Reason			All organizations must co	omplete th	is nart) Se	e instruction		5-2130904				
		· · · · · ·		-								
<u> </u>	-	-	For lines 1 through 12, c	•		• \/ • \/:\						
			on of churches described			I)(A)(I).						
			Attach Schedule E (Forn									
			anization described in so				V:::) Entor	the beenitel's name				
		ation operated in col	njunction with a hospital	described	in sectio	A)(1)(a)011 no	.)(III). Enter	the hospital's hame,				
	city, and state:											
•	•		liege of university owned	i or operat	eu by a go	veninentaru	THE DESCRIDE					
		Complete Part II.)			70/1-1/41/41	(.)						
	· -	-	nental unit described in					nublic described in				
		-	ntial part of its support fi	rom a gove	ernmental	unit or from ti	ne general j	public described in				
		complete Part II.)	(1)(A)(wi) (Complete Der	+ 11 \								
·			(1)(A)(vi). (Complete Par in section 170(b)(1)(A)(-	od in coniu	unction with a	land grant	collogo				
3	-	-	ulture (see instructions).		-		-	-				
university:		grant conege of agric			name, city	, and state of	the college	5 01				
· · ·	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	oort from (contributio	ns members	hin fees ar	and aross receipts from				
			ct to certain exceptions,									
			(less section 511 tax) fro									
		mplete Part III.)			bood adqui		Janization					
			ively to test for public sa	fetv. See	section 50	09(a)(4).						
	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or				
	-		ed in section 509(a)(1) o	-			-					
			f supporting organization									
	-		supervised, or controlled				-	giving				
			gularly appoint or elect a	• • •	-							
	•	complete Part IV, Se	• • • •									
b 🗌 Type II. As	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing				
control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported				
organizatio	n(s). You mus	t complete Part IV,	Sections A and C.									
c 📃 Type III fu	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,				
its support	ed organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.						
d 📃 Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi:	zation(s)				
that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness				
requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.						
e Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.							
f Enter the number	of supported of	organizations										
		n about the supporte		(iv) is the ora:	anization listed	() (· · · · · · · · · · · · · · · · · · ·					
(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see in		(vi) Amount of other support (see instructions)				
	•		above (see instructions))	Yes	No							
Total								1				

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13 C(DOGTAG_3

Schedule A (Form 990 or 990 EZ) 2018 DOG TAG INC.

45-2130904 Page 2

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	958,689.	1313484.	876,801.	1337966.	2227313.	6714253.
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	958,689.	1313484.	876,801.	1337966.	2227313.	6714253.
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)						3444352.
6	Public support. Subtract line 5 from line 4.						3269901.
	ction B. Total Support	L		L	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	958,689.	1313484.	876,801.	1337966.	2227313.	6714253.
	Gross income from interest,	-		-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6714253.
12	Gross receipts from related activities,	etc (see instructio	ne)			12 4	,082,795.
	First five years. If the Form 990 is for	-					,,
10	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	48.70 %
15	Public support percentage from 2017					15	54.77 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances test	-		• • • •	-		
Ň	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						´ ▶□
18	Private foundation. If the organization						
10				a, 100, 17a, 01 170		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18



Schedule A (Form 990 or 990-EZ) 2018 DOG TAG INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
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					+	<u> </u>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	: Support Per	rcentage				
15 Public support percentage for 2018 (lin	ne 8, column (f), c	livided by line 13,	column (f))		15	Ģ
16 Public support percentage from 2017					16	ç
Section D. Computation of Invest	tment Income	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ne 13, column (f))		17	ç
18 Investment income percentage from 2						ç
19a 33 1/3% support tests - 2018. If the						7 is not
more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly s	supported organiz	ation	►
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						▶□
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		15				COPY
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1

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Yes No

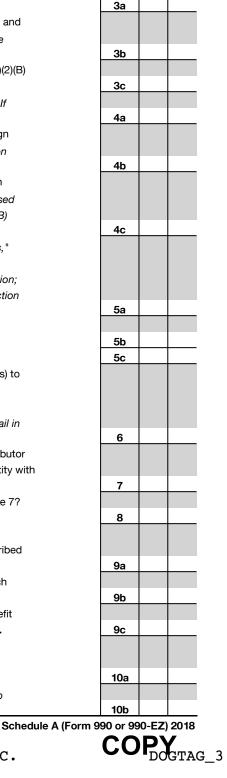
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
1	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)	110		
Ŀ.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
C			¥.	
	Did the divectory trustees, or membership of one or more supported eventions have the power to		Yes	No
	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		
	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		
C	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
;	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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	•		
<u>.</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
_		c)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	3).		
)	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
)	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		N
	Activities Test. Answer (a) and (b) below.		Yes	No
	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		
)	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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
1	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? <i>Provide details in Part VI.</i>	3a		
,	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	04		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
2,5	10-11-18		0-EZ	2019
.0	10-11-18 Schedule A (Form			2010
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Schedule A	(Form 990 or 990-EZ) 2018	DOG	TAG	INC
Dort V				

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections 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		
C	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		L
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990	or 990-EZ) 2018	DOG	TAG	INC
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Schedule A	Form 990 or 990-EZ) 2018 DOG TAG	INC.	45-2130	904 Page 8
Part VI	Supplemental Information. Provi Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Pa	de the explanations required by Part II, line 10 lc, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; F	i; Part II, line 17a or 17b; Part III, line /, Section B, lines 1 and 2; Part IV, S Part V, line 1; Part V, Section B, line	12; Section C,
	(See instructions.)	ection E, lines 2, 5, and 6. Also complete this p	part for any additional information.	
332028 10-11-1	3	20	Schedule A (Form 990 o	r 990-EZ) 2018
50214 2	50872 DOGTAG	2018.05040 DOG T	AG INC.	OPY DOGTA

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	*
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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

Employer identification number

45-2130904

DOG	TAG	INC.

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Employer identification number

DOG TAG INC.

45-2130904

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,125,000.</u>	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
2		\$300,000.	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
3		\$ <u>100,000.</u>	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
4		\$100,000.	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
5		\$50,123.	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
<u>6</u> 823452 11-08-		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

DOG TAG INC.

45-2130904

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$50,000.	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
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

DOGTAG_3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization

Employer identification number

DOG TAG INC.

45-2130904

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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. rom 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
		\$	
453 11-08-1	25	Schedule B (Form	990, 990-EZ, or 990-PF) (20

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Page 4

ame of organia	zation			Employer identification numbe
OG TAG	INC.			45-2130904
Part III Ex fro	clusively religious, charitable, etc., contributi im any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	v. For organizations	that total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
a) No.		[
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
— [_				
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
3454 11-08-18		26	Schedule	B (Form 990, 990-EZ, or 990-PF) (

16490214 150872 DOGTAG

SCHEDULE [)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the	organization	
		-

Employer identification number

	DOG TAG INC.			45-2130904
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·
	5	(a) Donor advised funds	(b) Fun	ds 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 Did the organization inform all donors and donor advisors in			
5		0		
•	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	<i>, , , , , , , , , ,</i>	Ũ	
Pa				Yes No
			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified historic :	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а			<u>2</u> a	
b				
С	Number of conservation easements on a certified historic stru-			
d	Number of conservation easements included in (c) acquired a		ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization	during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation ease	ments during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easemen	ts during the year
_	► \$			
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati- include, if applicable, the text of the footnote to the organization			
		tion's infancial statements that describes	the organizati	on's accounting for
Pa	t III Organizations Maintaining Collections of	f Art Historical Treasures or O	ther Simila	r Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under SFAS 116 (AS		nont and bala	acc shoot works of art
ia	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance	sheet works of art historical
D	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:	ducation, or research in furtherance of pu	blic service, p	tonde the following amounts
	÷		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1		······ K	\$ \$
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures, or other similar assots for financia		\$
2			a gain, provide	5
~	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1			¢
a h	Assets included in Form 990. Part X		······	\$ \$
L L				W .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 DOG TAG							45-21			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sigi	nificant u	se of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	c	i 🗌 I	Loan or exc	hange progra	ms					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical trea	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered "'	Yes" on F	-orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not in	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on Fo						y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>				
Par	t V Endowment Funds. Complete i								<i></i>		
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
t	Administrative expenses										
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posser	ssion of the organiza	ation that	are neid ai	nd administere	ed for the	e organiza	tion	Г		N
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tiono liotod oo roquir							3a(ii)		
4									3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		witterit it	unus.							
	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X li	ine 10				
	Description of property	(a) Cost or c			t or other		cumulate	d	(d) Book	value	
	Description of property	basis (investr		• •	(other)	• •	reciation	u		value	-
1a	Land										
b	Buildings										
с	Leasehold improvements				8,127.		4,64				33.
	Equipment				3,660.		64,26		29	, 39	94.
	Other			3	1,851.		31,85	51.			0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)				32	, 8'	77.
		-						Schodulo	D (Form	0001	2010

Schedule D (Form 990) 2018

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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) internod of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
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 000 Part IV	line 11d See Form 000 Part X line	15
	Description	line Tru. See Form 390, Fart A, line	(b) Book value
	Description		
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(7)			
(9)			
	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e (5.)</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Part	X line 25
I. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(1) Pederal Income taxes (2) CAPITAL LEASE PAYABLE		11,022.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
		11,022.	
Γotal. (Column (b) must equal Form 990, Part X, col. (B) line	,	te to the organization's financial sta	

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

Schedule D (Form 990) 2018

832053 10-29-18



Sche	dule D (Form 990) 2018 DOG TAG INC .			45-	2130904 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
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	664,529.		
с	Recoveries of prior year grants				
d			1,279,437.		
е	Add lines 2a through 2d			2e	1,943,966.
3	Subtract line 2e from line 1			3	3,083,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,083,607.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
1	Total expenses and losses per audited financial statements			1	3,135,653.
1 2	Total expenses and losses per audited financial statements			1	3,135,653.
-			664,529.	1	3,135,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	3,135,653.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	664,529.	1	3,135,653.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	664,529.	_1 2e	1,509,134.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	664,529.		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	664,529.	2e	1,509,134.
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	664,529.	2e	1,509,134.
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	664,529.	2e	1,509,134.
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	664,529.	2e	1,509,134. 1,626,519. 0.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	664,529.	2e 3	1,509,134.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM 1/1/2019 TO 06/30/2019

1,279,437.

844,605.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM 1/1/2019 TO 06/30/2019

832054 10-29-18

SCHEDULE I (Form 990)	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.							
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection
Name of the organiza	tion DOG TAG I	NC.						Employer identification number $45 - 2130904$
Part I General	Information on Grants a	nd Assistance						
criteria used to	ization maintain records t award the grants or assis	stance?				Ū.		ion 🔀 Yes 🗌 No
	t IV the organization's pro							
	nd Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	that received more than s address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					23313121100	other)		
3 Enter total num	ber of section 501(c)(3) a ber of other organizations	s listed in the line 1	table	e line 1 table				▶
LHA For Paperwor	k Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

DOG TAG INC.

45-2130904 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

23	0.	157,127.	
23	0.	157,127.	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) (2018)

THE PURPOSE OF THE STUDENT STIPENDS IS TO PROVIDE FINANCIAL SUPPORT IN ANY

AREA NEEDED FOR OUR FELLOWS. THE USE OF THE STIPENDS WAS NOT DIRECTLY

MONITORED UNDER ESTABLISHED CRITERION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 45-2130904

OMB No. 1545-0047

DOG TAG INC.

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:

ON DECEMBER 31, 2016, THE BOARD OF DIRECTORS VOTED TO CHANGE THE NAME

OF THE ORGANIZATION TO DOG TAG INC. DOG TAG HAS UPDATED ITS BYLAWS AND

IS 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 DONATION RELATED TO THIS FREE RENT TOTALS OVER \$664,529.

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 THEMSELVES FROM PARTICIPATION IN THE DECISION-MAKING PROCESS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18



Schedule O	(Form	990 or	990-EZ)) ((2018)	
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Name of the organization

DOG TAG INC.

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

DOG TAG CONDUCTED RESEARCH ON MARKET RATES FOR EXECUTIVE DIRECTOR AND CEO

COMPENSATION LEVELS AND PRESENTED THE FINDINGS TO THE MANAGEMENT AND

COMPENSATION COMMITTEE AS WELL AS THE BOARD OF DIRECTORS 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 11G, OTHER FEES:

PROFESSORS:

PROGRAM SERVICE EXPENSES	82,858.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	82,858.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,964.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,964.

RECRUITING & TRAINING: 1,775. PROGRAM SERVICE EXPENSES 625. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 36. Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18 COP_{DOGTAG_3}

Name of the organization DOG TAG INC.	Employer identification numbe 45-2130904
TOTAL EXPENSES	2,436.
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	211,193.
MANAGEMENT AND GENERAL EXPENSES	459.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	211,652.
GUEST LECTURERS:	
PROGRAM SERVICE EXPENSES	4,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,850.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	308,760.
PAGE 1, BOX B - AMENDED RETURN	
DOG TAG, INC. AMENDED THEIR 2018 FEDERAL FORM 990 IN ORD	ER TO
ACCURATELY COMPLETE THE REVENUE AND EXPENSE RECONCILATIO	NS ON SCHEDULE
D PART XI AND XII SO IT IS CONSISTENT WITH THE AUDITED F	INANCIAL
STATEMENTS.	