			** PUBLIC DISCLOSURE CO)PY **		
	n	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ns) 2019
		uary 2020)	Do not enter social security numbers on this form	as it may l	be made public.	Open to Public
Depa Interr	rtment o nal Reve	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and	-		Inspection
					UN 30, 2020	•
-			forganization		D Employer identific	cation number
a	heck if pplicabl	e:				
	Addre chang	ss DOG	TAG INC.			
	 Name chang		usiness as DOG TAG BAKERY, INC.		45-21309	04
	 Initial	v	-	Room/suite		
	Final return	3206	GRACE STREET, NW	, contraction		7-9388
	termin		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,260,889.
	Amen		IINGTON, DC 20007		H(a) Is this a group re	
			nd address of principal officer: MEGHAN OGILVIE		for subordinates	
	pendi		AS C ABOVE		H(b) Are all subordinates in	
1 1	ax-ex		X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)
			DOGTAGINC.ORG		H(c) Group exemption	, ,
			X Corporation Trust Association Other ►	I Vear		State of legal domicile: DC
		Summary				olato or logar dormono. = •
			be the organization's mission or most significant activities: ${{{f SEE}}}$. If	PART T	TT. LINE 1.	
Ce	·	Brieffy deserie	$\frac{2}{2}$			
Governance	2	Check this bo	x ► □ if the organization discontinued its operations or dispos	ed of more	than 25% of its not as	sots
ver					I I	12
			dependent voting members of the governing body (rait vi, interia)			12
Activities &			of individuals employed in calendar year 2019 (Part V, line 2a)			97
itie			of volunteers (estimate if necessary)			112
Ę			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, line 39			0.
		Net unrelated		<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	-	1,165,041.	1,368,615.
Revenue			ice revenue (Part VIII, line 2g)		0.	0.
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)		638.	1,570.
å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,958.	159,851.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,286,637.	1,530,036.
			milar amounts paid (Part IX, column (A), lines 1-3)		89,928.	183,254.
			to or for members (Part IX, column (A), line 4)		0.	0.
ú			r compensation, employee benefits (Part IX, column (A), lines 5-10)		395,728.	907,743.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ber			ing expenses (Part IX, column (D), line 25) \blacktriangleright 166, 99	90.		• •
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		366,151.	879,705.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		851,807.	1,970,702.
		-	expenses. Subtract line 18 from line 12		434,830.	-440,666.
Net Assets or Fund Balances					ginning of Current Year	End of Year
ets - lanc	20	Total assets (Part X, line 16)		2,255,308.	2,267,745.
Ass I Ba	21		s (Part X, line 26)		137,758.	588,137.
Net -unc	22		fund balances. Subtract line 21 from line 20		2,117,550.	1,679,608.
	art II				, , ,	, ,
			I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of wh			
		N Mac	han Cailvis		04/05/20	21
Sig	n	Signator	e of officer		Date	
Her		MEGH	IAN OGILVIE, CEO			
			print name and title			
		Print/Type pre	parer's name Preparer's signature	1	Date Check	PTIN
Paic	1		J. LOCASTRO, CPA Rectand b. Locar	tu	4/5/2021 ^{if}	P00288314
Prep	arer		▶ GELMAN, ROSENBERG & FREEDMAN			52-1392008
	Only		4550 MONTGOMERY AVE SUITE 800N			
			BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
May	the II	RS discuss thi	s return with the preparer shown above? (see instructions)			X Yes No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2019) DOG TAG INC.	45-2130904	Page 2
Par	t 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 VETE		רייזי
	SERVICE-CONNECTED DISABILITIES, SPOUSES AND CAREGIV PURPOSE AND COMMUNITY AFTER SERVING OUR NATION.	ERS TO FIND RENEW	
	PORPOSE AND COMMONILY AFTER SERVING OUR MAILON.		
	Did the organization undertake any significant program services during the year which were not listed of	on the	
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	X No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expenses, a	nd
	revenue, if any, for each program service reported.		
а	(Code:) (Expenses \$ 910,254. including grants of \$ 183,254.		
	FELLOWSHIP PROGRAM: DOG TAG'S FIVE INTEGRATED PROGR		
	CATALYST FOR BUILDING RESILIENCE, FINDING RENEWED P		
	COMMUNITY FOR VETERANS WITH SERVICE-CONNECTED DISAB		
	SPOUSES AND CAREGIVERS. DTI'S FELLOWSHIP PROGRAM IS		
	(5) INTEGRATED PROGRAM AREAS THAT WORK TOGETHER TO APPROACH THEIR CIVILIAN LIFE ON THEIR TERMS:	EWFOWER LELTOMS 1	ĽŪ
	1) EDUCATION - FELLOWS EARN A CUSTOMIZED BUSINESS C		<u> </u>
	TOP UNIVERSITY IN OVER 90 HOURS OF COURSES, GAINING		1
	BUSINESS SKILLS;	FOONDATIONAL	
	2) HANDS-ON LEARNING - FELLOWS SPEND OVER 80 HOURS	SOLIDIFYING LESS	ONS
	LEARNED IN CLASS THROUGH IMMERSION IN A SMALL BUSIN		
	LEADERSHIP AND TEAMWORK EXPERIENCE;		
5	(Code:) (Expenses \$ 534,890 · including grants of \$) (Revenue \$ 149,6	509.
	BAKERY PROGRAM - DOG TAG INC. (DOG TAG) (DOING BUSI		
	BAKERY). FELLOWS' BUSINESS COURSEWORK BUILDS A STRO		۲
	THE EXPLORATION AND SKILLS-BUILDING PROVIDED BY ROT		
	STAFF SERVING AS MENTORS AND TEACHERS, FELLOWS SPEN	D UP TO SIX HOURS	5
	PER WEEK IN HANDS-ON LEARNING OPPORTUNITIES ("ROTAT		
	THE OPERATIONS OF DOG TAG (INCLUDING OUR BAKERY.) R	-	
	FELLOWS WITH FIRST-HAND EXPERIENCE IN HOW A BUSINES	S RUNS: GIVING TH	IEM
	AN UNDERSTANDING OF BOTH THE DAILY TASKS AND OVERAL	L BIG PICTURE OF	HOW
	THE BUSINESS FUNCTIONS. THIS INTENSIVE, EXPERIENTIA		
	FELLOWS ARE IMMERSED IN DTI'S DAY-TO-DAY OPERATIONS		DG
	TAG APART FROM OTHER TRANSITION PROGRAMS; FELLOWS D		
	BUSINESS-THEY LIVE, WORK, AND EXPERIENCE BUSINESS F		
с	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
ŀd	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
е	Total program service expenses 1,445,144.		
		Form 9 9	90 (2019
2002	SEE SCHEDULE O FOR CONTINUAT	ION(S)	
• •	2		•
30	405 745960 10803 2019.05080 DOG TAG INC.	1080	31

	000	(2010)	
Form	990	(2019))

Form 990 (2019) DOG TAG INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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			
Ū	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		Х
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 donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
128	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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	
932003	3 01-20-20	⊦orm	330	(2019)

10030405 745960 10803

3 2019.05080 DOG TAG INC.

Form	990	(2019)
1 01111	000	(2010)

 Form 990 (2019)
 DOG TAG INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200-	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	23	x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 18			
	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	
932004	4 01-20-20 4	⊢orm	990 ((2019)
	T			

2019.05080 DOG TAG INC.

Form 990	
Part V	Sta

DOG TAG INC. 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 97									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	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?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	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		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		х						
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23						
g h	If the organization received a contribution of qualined intellectual property, did the organization life rorm 0039 as required f	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11								
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	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:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders N/A 11a									
α	Gross income from other sources (Do not net amounts due or paid to other sources against									
122	amounts due or received from them.) [11b] 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	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77						
	excess parachute payment(s) during the year?	15		X						
10	If "Yes," see instructions and file Form 4720, Schedule N.	10		х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2019)

932005 01-20-20

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		Σ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Σ
6	Did the organization have members or stockholders?	6		Σ
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		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		-
U		7b		2
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		-
		8a	x	
a h	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	do	- 23	-
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		2
200	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 1
	tion D. Tonoico (mis Section D requests information about policies not required by the internal nevenue code.)		Yes	N
10-2	Did the organization have local chapters, branches, or affiliates?	10a	165	
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
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	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Σ
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	Х	
b	Other officers or key employees of the organization	15b		Σ
	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		2
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	/) avai	labl
	for public inspection. Indicate how you made these available. Check all that apply.			
-	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	ia fina	ncial	
~	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 ►			
	· · ·			
		г-	. 000	100
32006	6 01-20-20	Form	n 990	(20
20	6 405 745960 10902 - 2019 05090 DOC πλα τΝα	1 ^ 4	000	
20	405 745960 10803 2019.05080 DOG TAG INC.	ΤU	803	

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

DOG TAG INC.

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

45-2130904

Page 6

X

Form 990 (2019)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Positior			ON		Reportable	Reportable	Estimated
	hours per	 (do not check more than one box, unless person is both an officer and a director/trustee) 					h an	compensation	compensation	amount of
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	d ual t	utiona	_	mploy	st col	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0
(1) PETER GROSSMAN	1.00			_						
CHAIRPERSON		x		X				0.	0.	0.
(2) BRIAN ROEMER	1.00									
SECRETARY		x		X				0.	0.	0.
(3) GAIL LIONE	1.00									
MEMBER		x						0.	0.	0.
(4) VIVIAN GREENTREE	0.50									
MEMBER		X						0.	0.	0.
(5) LAUREN BARNES	0.50									
MEMBER		X						0.	0.	0.
(6) MARK HANDWERGER	1.00									
MEMBER		X						0.	0.	0.
(7) TONY CIANCI	0.50									
MEMBER		X						0.	0.	0.
(8) THOMAS RICHEY	1.00									
MEMBER		X						0.	0.	0.
(9) RICK FONDRIEST	0.50									
MEMBER		X						0.	0.	0.
(10) JAY FARRAR	0.50									
MEMBER		X						0.	0.	0.
(11) JACK BARRY	0.50									
MEMBER		Х						0.	0.	0.
(12) DAVID HUNTOON	1.00									
MEMBER		Х						0.	0.	0.
(13) MEGHAN OGILVIE	50.00									
CEO				Х				109,637.	0.	2,794.
932007 01-20-20										Form 990 (2019)

932007 01-20-20

Form **990** (2019)

7

	990 (2019) DOG TAG									45-2	130	904	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	(C) Position o not check more than one x, unless person is both an ficer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga anc	oensa om th anizat I relat nizati	e ion ed
	Subtotal								109,637.		0.		2,7	94.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								109,637.		0.		2,7	94.
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i>			•	•	•		Ŭ	ghest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors		501	01 30	ucin	0613	<u>.</u>					5		
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation										npens	ation fi	rom	
	(A) Name and business	address							(B) Description of s	ervices	С	(C omper		n
	PEQUITY LLC, 1211 CONNE TTE 250, WASHINGTON, DO		A١	/E /	, 1	IM (,		WEBSITE DESI DIGITAL STRA			160	D, 0	00.
MARCUM LLP, 1899 L STREET NW, SU WASHINGTON, DC 20036						59,	,		ACCOUNTING S	ERVICES				16.
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis 2	stec	d above) who received m	nore than				
						-						Form S	990 (2019)

932008 01-20-20

	rt VII						<u>5</u>
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
An An	С	₹					
ilar İlar	d	v					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and					
Qth			368,615.				
hon	g	Noncash contributions included in lines 1a-1f	65,609.	1 260 615			
a O	h	Total. Add lines 1a-1f	Business Code	1,368,615.			
•		+	Business Code				
Program Service Revenue	2 a						
Ser	b						
Ner a	c d						
Be							
Prc	e f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	-	other similar amounts)		1,724.			1,724
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	с						
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 24 , 202 .					
	b	Less: cost or other basis					
Revenue		and sales expenses 7b 24,356.					
eve		Gain or (loss) 7c -154.		4 5 4			
_	d	Net gain or (loss)	►	-154.			-154
Other	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	🕨				
	9 a	Gross income from gaming activities. See					
	h	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	►				
	iu a		856,106.				
	h		706,497.				
		Net income or (loss) from sales of inventory		149,609.	149,609.		
	Ť		Business Code				
suo €	11 a	OTHER INCOME	900099	10,242.			10,242
ane	b						
sells	c						
Miscellaneous Revenue	d	All other revenue					
<	е	Total. Add lines 11a-11d	►	10,242.			
	12	Total revenue. See instructions		1,530,036.	149,609.	0.	11,812.
93200	9 01-20	D-20					Form 990 (2019

10030405 745960 10803

9 2019.05080 DOG TAG INC.

Form 990 (2019) DOG TAG INC.

DOG TAG INC.

ľ	Part IX	Statement of Functional Expenses
		•

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	183,254.	183,254.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			24.256	~~ ~~
	trustees, and key employees	114,188.	57,094.	34,256.	22,838
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	C 4 1 0 2 1	410 600	141 000	00 000
7	Other salaries and wages	641,831.	419,680.	141,262.	80,889
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	26 242	16 001	E 010	2 1 2
9	Other employee benefits	26,342.	16,991.	5,919.	3,432 17,173
0	Payroll taxes	125,382.	79,132.	29,077.	1/,1/3
1	Fees for services (nonemployees):				
		1,914.	1 / 1 2	308.	183
b	Legal	67,870.	1,423.	67,870.	103
	Accounting	07,070.		07,070.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	241,709.	195,977.	28,726.	17 006
~	column (A) amount, list line 11g expenses on Sch 0.)	85,881.	78,607.	3,993.	17,006 3,281
2	Advertising and promotion	75,879.	61,671.	10,961.	3,247
3 ⊿	Office expenses	8,006.	6,033.	1,240.	733
4	Information technology	0,000.	0,035.	1,240.	100
5 6	Royalties	123,553.	101,809.	12,718.	9,026
0 7		20,516.	16,914.	1,170.	2,432
	Travel Payments of travel or entertainment expenses	20,5100	10,5110	1/1/01	2,102
8	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 0	Interest	1,250.	928.	203.	119
1	Payments to affiliates	_,,			
2	Depreciation, depletion, and amortization	15,259.	11,337.	2,466.	1,456
3		20,600.	15,202.	3,305.	2,093
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EVALUATION	94,991.	88,196.	6,795.	
b	EDUCATION	65,707.	65,707.	· · ·	
ĉ	MISCELLANEOUS	15,196.	14,439.	336.	421
d	TAXES & LICENSES	10,986.	6,117.	4,004.	865
	All other expenses	30,388.	24,633.	3,959.	1,796
5	Total functional expenses. Add lines 1 through 24e	1,970,702.	1,445,144.	358,568.	166,990
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			I	

Net Assets or Fund Balances

11

÷	'	Notes and Idans receivable, her							
Asset	8	Inventories for sale or use							
◄	9	Prepaid expenses and deferred charges							
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	2					
	b	Less: accumulated depreciation	10b	-					
	11	Investments - publicly traded securities							
	12	Investments - other securities. See Part IV, line 1	1						
	13	Investments - program-related. See Part IV, line	Part IV, line 11						
	14	Intangible assets							
	15								
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)						
	17	Accounts payable and accrued expenses							
	18	Grants payable							
	19	Deferred revenue							
	20	Tax-exempt bond liabilities							
	21	Escrow or custodial account liability. Complete F							
es	22	Loans and other payables to any current or former officer, directo							
iliti		trustee, key employee, creator or founder, subst	antial cont	ributor					
Liabilities		controlled entity or family member of any of thes	e persons						
	22	Societad mortagage and notes novable to unrelated third notice							

Check if Schedule O contains a response or note to any line in this Pa	rt X

DOG TAG INC.

X

	Check in Schedule O contains a response of hote to any line in this Part X			
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing	1,284,402.	1	1,520,231.
	F	26,542.	2	304,445.
		854,120.	2	303,638.
		37,345.	3 4	11,471.
		57,545.	4	11, 1, 1, 1
5	-			
	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	controlled entity or family member of any of these persons		5	
6			6	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
			8	
8	F	8,958.	0 9	9,652.
		0,550.	9	5,052.
	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 232,048.			
		30,596.	10c	104,963.
		50,550.		101,000
11			11 12	
12			13	
13			14	
14		13,345.	14	13,345.
15		2,255,308.	16	2,267,745.
16		129,852.	17	159,183.
18		125,052.	18	135,1030
19	· · · · · · · · · · · · · · · · · · ·		19	
20	F		20	
21			20	
22			21	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	
23			23	
24			23	425,355.
25			24	125,5551
2	parties, and other liabilities not included on lines 17-24). Complete Part X			
	- f O - h - a h - h - D	7,906.	25	3,599.
26	F	137,758.	26	588,137.
	Organizations that follow FASB ASC 958, check here ▶ X		20	,
	and complete lines 27, 28, 32, and 33.			
27		590,045.	27	760,192.
28		1,527,505.	28	919,416.
	Organizations that do not follow FASB ASC 958, check here			,
	and complete lines 29 through 33.			
29			29	
30			30	
31			31	
32		2,117,550.	32	1,679,608.
33		2,255,308.	33	2,267,745.
1.00		• •		. , .

Form 990 (2019)

10030405 745960 10803

Form 990 (2019) Part X Balance Sheet

Form	DOG TAG INC.	45-213	0904	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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,530		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,970		
3	Revenue less expenses. Subtract line 2 from line 1	3	-44(
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,117		
5	Net unrealized gains (losses) on investments	5	4	2,7	24.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,679),6	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d 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	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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 th				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			v
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	200	L

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
------------	--

Department of the Treasury Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nan	ne of t	he organization	5						identification number		
			TAG INC.						5-2130904		
Ра	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	iis part.) S	ee instruction	S.			
	organ	ization is not a private found									
1		A church, convention of ch					1)(A)(i).				
2		A school described in sect									
3		A hospital or a cooperative					-				
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
_		section 170(b)(1)(A)(vi). (C									
8	\square	A community trust describe									
9		An agricultural research org									
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or		
		university:									
10		An organization that norma									
		activities related to its exen							-		
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Con	• •		fate Caa	a a ati a m Fi	O(-)(A)				
11	\square	An organization organized a	-	•	•			orm (out the	numpered of one or		
12		An organization organized a	•	•	•		-		• •		
		more publicly supported or	-						Sheck the box in		
-		lines 12a through 12d that Type I. A supporting orga				-		-	(aivina		
а		the supported organization	-	-	•			••••••			
		organization. You must o			amajonty				supporting		
b		Type II. A supporting org	-		tion with it	te sunnart	ed organizatio	n(s) hy ha	wina		
Ň		control or management o	-				•		-		
		organization(s). You mus						age the sup	portod		
с		Type III functionally inte			in connec	tion with	and functiona	Illy integrate	ed with		
-		its supported organizatio							,		
d		Type III non-functionally						rted organi	zation(s)		
		that is not functionally int		• •				-			
		requirement (see instruct			•		-				
е		Check this box if the orga						II, Type III			
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,			
f	Ente	er the number of supported of									
g	Prov	vide the following informatior	n about the supporte	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)		
Tota					000 ==		<u></u>				
LHA	∖⊢or F	Paperwork Reduction Act N	NOTICE, SEE the Instr	ructions for Form 990 c	or 990-EZ.	932021 09	25-19 Sche	aule A (Foi	m 990 or 990-EZ) 2019		

13 2019.05080 DOG TAG INC.

Schedule A (Form 990 or 990-EZ) 2019 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	876,801.	1,337,966.	2,227,313.	1,165,041.	1,368,615.	6,975,736.
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	876,801.	1,337,966.	2,227,313.	1,165,041.	1,368,615.	6,975,736.
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)						2,898,830.
6	Public support. Subtract line 5 from line 4.						4,076,906.
	tion B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	876,801.	1,337,966.	2,227,313.	1,165,041.	1,368,615.	6,975,736.
	Gross income from interest,		, , -	, , , -	, , -	, , -	, , ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				638.	1,724.	2,362.
9	Net income from unrelated business					_,,	
3	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1,902.	21,477.	2,178.	10 242	35,799.
44	assets (Explain in Part VI.)		1,502.	21,11,4	2,170.	10,242.	7,013,897.
	Total support. Add lines 7 through 10					12 4	,670,983.
12	1 ,	,	,				,010,505.
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2019 (olump (f))		14	58.13 %
	Public support percentage from 2018		-			15	52.40 %
	33 1/3% support test - 2019. If the c						75
104	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the c						
L.							
17-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				-	
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	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						
	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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) o	rganization,
	check this box and stop here	-			•		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	3 Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2018. If the						/3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization						
	23 09-25-19	i					m 990 or 990-EZ) 2019
				15		•	

10030405 745960 10803

2019.05080 DOG TAG INC.

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.)

932024 09-25-19

10030405 745960 10803

16 2019.05080 DOG TAG INC.

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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		
2		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
93202	5 09-25-19 Schedule A (Form 9			2019

10030405 745960 10803

17 2019.05080 DOG TAG INC. dule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DOG TAG INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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) 2019

932026 09-25-19

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

45-2130904 Page 8 Schedule A (Form 990 or 990-EZ) 2019 DOG TAG INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, COLUMN (D): DUE TO A CHANGE IN ACCOUNTING PERIOD DURING 2019, DOG TAG FILED A SHORT PERIOD RETURN FOR THE PERIOD JANUARY 1, 2019 TO JUNE 30, 2019. 932028 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 20 10030405 745960 10803 2019.05080 DOG TAG INC. 10803__1

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	* *
-----	--------	------------	------	-----

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

4	5 –	21	3	0	9	0	4
	J _	ᅀᅭ	J	υ	2	υ	-

DOG TAG INC.

Т

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

Employer identification number

Page 2

45-2130904

DOG TAG INC. Dart I Contributors (see instructions) Lise duplicate conjes of Part Lif additional space is needed

Farti	Contributors (see instructions). Use auplicate copies of Part I if additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <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
2		\$ <u>305,000.</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
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		\$ <u>75,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$77,937.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

22 2019.05080 DOG TAG INC.

923452 11-06-19

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

Name of organization

. .

DOG TAG INC.

45-2130904

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		- \$ 110,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	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 On Noncash On 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.)
923452 11-06	6-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

23 2019.05080 DOG TAG INC.

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

Name of organization

Employer identification number

DOG TAG INC.

45 - 2130904

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	
		5	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(0)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(h)	(c)	(1)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(0)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received

10030405 745960 10803

2019.05080 DOG TAG INC.

Page 4

art III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	hrough (e) and the following line entry aritable, etc., contributions of \$1,000 or le	For organia	zations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relatio	onship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	 Relatio	onship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-P

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

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



Nam	DOG TAG INC.	45-2130904
Pa		
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	storically important land area
	Protection of natural habitat Preservation of a ce	rtified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	anization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and emorcing conservation of \$	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
93205	1 10-02-19	

10030405 745960 10803

26 2019.05080 DOG TAG INC.

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets:continued) a Using the organization accussion, and other records, check any of the following that make significant use of its collection items (check all that apply): a Poble exhibition d bang the organization accussion, and other records, check any of the following that make significant use of its collection items (check all that apply): b Scholarly research e Other c Previse accomption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization collection? Yes No Part IIII Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 3, or respected an anount on Form 990, Part X, line 21, in eacust, and anount on Form 990, Part X, line 21, for secrew or cutstodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII check here the erganization caused on Part XIII. Provide accust liability? Yes No b Difference If the organization enclude an anount on Form 990, Part X, line 21, for secrew or cutstodial account liability? Yes No c Deginning balance Id (Dournet Year) Yes No d Additions outing the year Id (Dournet Year) <	Sche	dule D (Form 990) 2019 DOG TAG	INC.					4	45-21	3090	4 Pa	age 2
collection lemis (chock all that apply): a Debte exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contii	nued)	
a Public scholary research b Scholary research c Preservation for future generations d Coter	3	Using the organization's acquisition, accessi	ion, and other record	ds, checł	k any of the	following that	at make s	ignificant	use of its			
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 980, Part IV, Ime 9, or responded an anound to Form 990, Part X, Illne 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Illne 21. Intermediate the organization answered "Ves" on Form 980, Part X, Illne 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, Illne 21. Intermediate the part of the organization answered "Ves" on Form 980, Part X, Ill a Did the organization include an amount on Form 990, Part X, Illne 21, for secret or custodial account liability? Ves No b If Yes", output the anganization answered "Yes" on Form 980, Part X, Ill Part Yes", output the anganization answered "Yes" on Form 980, Part X, Ill No b If Yes", output the anganization answered "Yes" on Form 980, Part X, Ill Inter years back (e) Four years back Inter years back (e) Four years back a Did the organization include an amount on Form 980, Part X, Illn e 21, for secret or for		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' or Form 900, Part IV, line 9, or 11 Bit the organization an agent, trustee, custodial arrangements. Compute if the organization answered 'Yes' or Form 900, Part IV, line 9, or 12 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21, for secrem or custodial account liability? 11 Is the organization include an amount on Form 900, Part X, line 21, for secrem or custodial account liability? 12 Do the organization include an amount on Form 900, Part X, line 21, for secrem or custodial account liability? 14 Endowment Funds. Complete if the organization naweed 'Yes' on Form 900, Part X, line 10. 13 Be the organization include an amount on Form 900, Part X, line 21, for secrem or custodial account liability? 14 Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part X, line 10. 14 Endowment Funds. Complete if the organization has been provided on Part XIII 15 Port V Endowment Funds. <th>а</th> <th>Public exhibition</th> <th>c</th> <th>ı [] ı</th> <th>Loan or exc</th> <th>hange progra</th> <th>am</th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	c	ı [] ı	Loan or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization solicetion? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is diditions during the year Ital Distributions during the year Ital Is a complete in the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Reginning of year balance Is a complete in the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account lability? Indowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account lability? Indowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21. Reginning of year balance Is diministrated an eavend "Yes" on Form 990, Part X, line 21. Secrem Funds. Reginning of year balance Is a complete the organization include an amount on Form 990, Part X, line 21. Reginning of year balance Is a constrainings, gains, and losses Is a contensity the expenditures for fabilities and program Is a diministrate expenditure expendence Is and diverse balance (Interveenee and the organization fability)	b	Scholarly research	e	. 🗌 (Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part V Escrow and Custodial Arrangements. Complete if the organization is collection? Yes n Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agement. Instence, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Armount 1c Armount c Beginning balance 1d 1d 1d 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Pert V Fordownert Funds. Complete It the organization answerd 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance [a] Current year (b) Prior year [c] Two years back (d) Ture years back (d) Four years back (e) Four years back in the organization answerd 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance [a] Current year end balance (line 1g, column (a) held as: a Contributions [c] Ture years back (e) Four years back (e) Four years back in the posession of the organization scholarships <th>С</th> <th>Preservation for future generations</th> <th></th>	С	Preservation for future generations										
top out for raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. In Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. In Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. In Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. In Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included an amount on Form 990, Part X. In Is the organization answered 'Yes' on Form 990, Part X. In Is the organization answered 'Yes' on Form 990, Part X. In Is the organization answered 'Yes' on Form 990, Part X. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 990, Part IV. In Is the organization answered 'Yes' on Form 9	4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organizati	ion's exer	npt purpc	se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/ Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account fability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Contributions (b) Contributions (c) Two years back (d) Four years back (e) Four years back (e) Four years back 3 Grants or scholarships (b) Prior year (c) Two years back (d) Control year (b) Prior year (c) Two years back (e) Four years back <	5					,				-		-
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c 1d Additions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes west Part V Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year b Contributions (b) Prior year c Net hivestment earnings, gains, and losses (b) Prior year 1f deginning of year balance 9 End of year balance 11 gain 12 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 16 dyser balance 16 dyear balance <th>_</th> <th></th> <th>No</th>	_											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b fr'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X III. Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X III. Image: State Account III. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Criticutions	Par			ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, oi		
on Form 990, Part X2 Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions quarkation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No D If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the part X is the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: the part X is the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back is and programs in and programs. d Garats or scholarships		· · · · · · · · · · · · · · · · · · ·										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a									7	_	1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization nas been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributio									L	」 Yes] NO
c Beginning balance ic id id id<	b	It "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:					A		
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (in 1g, column (a)) held as: 2 Board designated or quasi-endowment >% % % % % 9 Ch of year balance										Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Comparison on Part XIII Image: Comparison on Part XIII Image: Comparison on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Comparison on Part XIII Image: Comparison on Part XIII a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not mathement examines, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not other expenditures for facilities (a) Contributions (b) Prior year (c) Two years back (e) Four years back c Not other expenditures for facilities (f) Administrative expenses (f) Administrative ex												
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back d Grants or scholarships (b) Prior year (c) Two years back (d) Three years back g End of year balance (b) Prior year (c) Two years back (e) Four years g End of year balance (in and year) (j) Administrative expenses (j) Administrative expenses (j) Administrative expenses (j) Administred organization												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c. Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back f. Administrative expenses (a) Current year end balance (line 1g, column (a) held as: (a) Control the estimated percentage of the current year end balance (line 1g, column (a) held as: (a) Control the estimated or quasi-endowment } % f. Form endowment ▶ % % % % % % f. Administrative expenses % % % % % f. Administrative expenses										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back e Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Corrent year f Administrative expenses (a) Column (a) g End of year balance (f) Column (a) (f) Real was (f) Real was (f) Real was (f) Real was g Ford Meamment (b)												1
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back ia Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Two years back (d) Three years back (e) Four years back ia Contributions (c) Three years back (d) Three years back (e) Four years back ia Contributions (f) Three years back (f) Three years back (f) Three years back (f) Three years back ia Contributions (f) Four year (f) Four year (f) Four year (f) Four year												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs		·	(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	' years	back
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses												
e Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% d Equipment % i) Unrelated organizations ii) Unrelated organizations iii) Related organizations iiii) Related organizations iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	g	-										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
c Term endowment				_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization site das required on Schedule R? (iii) Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Cost or other basis (other) (f) Rotate das (f) Rotate												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) Sa(i)	с											
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost 118, 891. 31, 851. 87, 040.	-											
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 10,714. 6,386. 4,328. c Leasehold improvements 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.	За		ession of the organiz	ation tha	it are held a	ind administe	ered for th	ne organiz	ation	1	<u>v</u>	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) 1a Land		-								0.0	Yes	NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 10,714. 6,386. 4,328. c Leasehold improvements 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.	h											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_			JWITTELL	unus.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land				0. Part IV	/. line 11a. S	See Form 990). Part X.	line 10.				
basis (investment) basis (other) depreciation 1a Land		· •							d	(d) Boo	k value	
b Buildings 10,714. 6,386. 4,328. c Leasehold improvements 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.					• •				-	(1, 200		-
b Buildings 10,714. 6,386. 4,328. c Leasehold improvements 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.	1a	Land					•					
c Leasehold improvements 10,714. 6,386. 4,328. d Equipment 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.												
d Equipment 102,443. 88,848. 13,595. e Other 118,891. 31,851. 87,040.												
e Other 118,891. 31,851. 87,040.						-						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					11	8,891.		31,85	51.			
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				10	4,9	63.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		.,	,
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
(a	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990 Part IV line	11e or 11f. See Form 990 Part X line 24	j.
(a) Description of lightlifty			(b) Book value
··· · · · · ·			
(1) Federal income taxes			3 500
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3)			3,599.
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4)			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5)			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6)			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6) (7)			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6)			3,599
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6) (7)			3,599.

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 DOG TAG INC.			45-	2130904 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,027,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,724. 494,546.		
b	Donated services and use of facilities	2b	494,546.		
с	Recoveries of prior year grants	2c			
d					
е				2e	497,270.
3	Subtract line 2e from line 1			3	1,530,036.
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.
					1 520 020
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,530,036.
_	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		-	
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per	-	rn.
_	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents Wit a.	h Expenses per	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per	Retu	rn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	rn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 	h Expenses per	Retu	rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per	Retu	rn.
Pa 1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per	Retu	rn. 2,465,248.
Pa 1 2 a b c	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per 494 , 546 .	Retu	rn. 2,465,248. 494,546.
Pa 1 2 a b c	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per 494 , 546 .	1	rn. 2,465,248.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per 494 , 546 .	1 2e	rn. 2,465,248. 494,546.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per 494 , 546 .	1 2e	rn. 2,465,248. 494,546.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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	h Expenses per 494 , 546 .	1 2e	rn. 2,465,248. 494,546.
Pa 1 2 a b c d e 3 4	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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 4a 4b	h Expenses per 494,546.	1 2e	rn. 2,465,248. 494,546. 1,970,702. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 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 4a 4b	h Expenses per 494,546.	1 2e 3	rn. 2,465,248. 494,546.

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.

Name of the organization Employer identification number DOG TAG INC. 45-2130904 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, ar ete if the organizatio Go to www.ir	nd Individua	ls in the Ŭn i " on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2019 Open to Public Inspection
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparization is procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (ash grant cash grant funds of cash grant funds of cash grant funds of cash grant or assistance for non-cash function (book, FMV, appraisal, functio	Name of the organizati			-	-				Employer identification number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, or government (g) Description of noncash assistance or assistance									45-2130904
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	1 Does the organiz criteria used to a	zation maintain records award the grants or assis	to substantiate the stance?						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Section or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance							anization answered "	/es" on Form 990 Par	t IV line 21 for any
1 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(d) Amount of cash grant(e) Amount of non-cash assistance(f) Method of valuation (book, FMV, appraisal,(g) Description of noncash assistance(h) Purpose of grant or assistance			-						
	1 (a) Name and ad	dress of organization		(c) IRC section	(d) Amount of	(e) Amount of non-cash	valuation (book, FMV, appraisal,		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					ne line 1 table	•	•	•	······ •
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019		0							Schedule I (Form 990) (2019)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOW STIPENDS	31	183,254.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE PURPOSE OF THE STUDENT STIPE	ENDS IS TO	PROVIDE FI	NANCIAL SU	PPORT IN ANY	
AREA NEEDED FOR OUR FELLOWS. THE	USE OF TH	E STIPENDS	WAS NOT D	IRECTLY	
IONITORED UNDER ESTABLISHED CRIT	ERION. EAC	H FELLOW R	ECEIVES A	MONTHLY	
STIPEND WHILE ENROLLED IN OUR FI	VE-МОМТН Р	ROGRAM. TH	E STIPEND	AMOUNT WAS	

DETERMINED THROUGH AN ENVIRONMENTAL SCAN OF OTHER FELLOWSHIP PROGRAM MODELS

IN THE DC METRO AREA AND IS INTENDED TO HELP MINIMIZE FINANCIAL BARRIERS TO

PARTICIPATION IN OUR PROGRAM. FELLOWS SPEND 28 HOURS IN CLASS, ROTATION, OR

LEARNING LABS EACH WEEK, HAVE COURSEWORK, AND OPTIONAL EVENTS OUTSIDE OF

Schedule I (Form 990) DOG TAG INC. 45-2130904 Page
Part IV Supplemental Information
MANDATORY ONES SO MOST ARE NOT ABLE TO WORK A SIGNIFICANT AMOUNT OF HOURS
AT A JOB WHILE ENROLLED IN OUR PROGRAM. FELLOWS RECEIVE PERSONAL FINANCE
EDUCATION AS PART OF OUR PROGRAM AND UNDERSTAND THAT THEY WILL LOSE THEIR
STIPEND IF THEY ARE EXPELLED OR CHOOSE TO LEAVE THE PROGRAM EARLY.

Schedule I (Form 990)

932291 04-01-19

SCHEDULE L (Form 990 or 990-EZ)			Insaction rganization an 28b, or 28c, o	swere	d "Ye	s" on F	orm 990, Pai	rt IV	, line 25a, 25b, 2	26, 27	, 28a,	0	ив No. 20	1545-00 1 5	047
Department of the Treasury Internal Revenue Service		io to v					Form 990-Ea		est information.	ı			pen T spect		olic
Name of the organization	DOG TA	GΙ	NC.									ident		on nu	ımber
	Benefit Trans	sacti	ons (section 5						n 501(c)(29) org			• ·			
1			vered "Yes" on Relationship bet						Form 990-EZ, P			JD.	(d)	Corre	cted?
(a) Name of disquali	med person		person and o	rganiza	ation		(0		escription of tran	Isactio	ori		Y	es	No
													_		
2 Enter the amount o	f tax incurred by	the o	rganization mar	nagers	or dis	qualifie	d persons du	iring	the year under						
											► \$ ► \$				
3 Enter the amount o						ganizai	lion				• >				
	and/or From					' Dort \	/ line 38a or	Forn	n 990, Part IV, lir	NO 26.	or if th		nizati	00	
	amount on For		, Part X, line 5, (6, or 2	2.				1990,1 art 10, iii						
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fror	oan to or n the ization?) Original ipal amount	(1) Balance due) In ault?	(h) Ap by bo comm	ard or		/ritten ement?
				То	From					Yes	No	Yes	No	Yes	No
Total Part III Grants o	r Assistance	Bor	ofiting Into	rocto	d Do	rconc	> \$								
	the organization		-												
(a) Name of intere	sted person	((b) Relationship interested pers the organiza	son an			:) Amount of assistance		(d) Type assistan) Purp assist		f

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Schedule L (Form 990 or 990 EZ) 2019 DOG TAG INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(e) Sharing of organization's revenues?		
				Yes	No
CONSTANCE MILSTEIN	CONSTANCE MILSTEIN	66,689.	PURCHASE OF		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CONSTANCE MILSTEIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CONSTANCE MILSTEIN IS DOG TAG'S CO-FOUNDER

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF HOLIDAY BASKETS.

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open to Public Inspection

Name of the organization	ł.
--------------------------	----

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

Employer identification number
45-2130904

DOG TAG INC.

►

Pa	rt I Types of Property				-			
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		34,200.	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	24,356.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ► (FOOD & BEVERA)	X	1	7,053.	FMV			
25 26	· · · · · · · · · · · · · · · · · · ·			7,055.	1110			
20 27	Other ► () Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	I ization durin	I the tax year for a					
	for which the organization completed Form 82						0	
		,,		gennenia			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	-			-			
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribution	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to sol	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 9	990) 2019	DOG	TAG	INC.
--------------------	-----------	-----	-----	------

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ



45-2130904

DOG TAG INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

3) LEARNING LABS- FELLOWS PARTICIPATE IN OVER 100 HOURS OF PROGRAMMING

TO EXPLORE CAREERS AND GAIN SKILLS THROUGH WORKSHOPS WITH

ENTREPRENEURS, BUSINESS LEADERS, AND SUBJECT-MATTER EXPERTS;

4) WELLNESS - FELLOWS PARTICIPATE IN OVER 80 HOURS OF ACTIVITIES

DESIGNED TO PROVIDE OPPORTUNITIES AND STRATEGIES TO PROCESS THEIR PAST,

REFLECT ON THEIR CURRENT EXPERIENCES, AND ENVISION THEIR FUTURE; AND

5) CAPSTONE - FELLOWS SPEND ALMOST 30 HOURS TO UTILIZE STRATEGIC

THINKING, PLANNING, AND DECISION-MAKING TO DEVELOP A ROBUST BUSINESS

PLAN, SOLIDIFYING THE VALUE OF AN ENTREPRENEURIAL MINDSET.

ONE OF THE BIGGEST CHALLENGES TO OUR FELLOWSHIP PROGRAM DURING FY20 HAS BEEN THE COVID-19 PANDEMIC. DTI, LIKE SERVICE ORGANIZATIONS AROUND THE COUNTRY, FACED AN UNPRECEDENTED NEED TO QUICKLY AND EFFECTIVELY PIVOT OUR PROGRAM TO A COMPLETELY VIRTUAL LEARNING ENVIRONMENT IN ORDER TO PROTECT THE HEALTH OF OUR FELLOWS AND STAFF. DTI WAS ABLE TO RESPOND TO THIS CRISIS IMMEDIATELY AND EFFECTIVELY, AND AS A RESULT, THERE WAS LITTLE TO NO DISRUPTION IN OUR PROGRAM FOR EITHER OUR FELLOWS OR OUR STAFF.

BEGINNING IN MARCH 2020, DTI SHIFTED OUR FELLOWSHIP PROGRAM FROM AN IN-PERSON PROGRAM OPERATING AT DOG TAG BAKERY IN DC, TO A VIRTUAL, ONLINE FORMAT. WE PROVIDED OUR FELLOWS WITH THE HARDWARE AND ACCESS TO ONLINE PLATFORMS NEEDED TO CONTINUE PARTICIPATING IN COURSE WORK AND TRAINING REMOTELY WITHOUT SIGNIFICANT INTERRUPTION TO OUR PROGRAM. ALL DTI STAFF, LEARNING LAB PARTNERS, AND GEORGETOWN UNIVERSITY INSTRUCTORS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DOG TAG INC.	Employer identification number $45 - 2130904$
ADAPTED THEIR LESSON PLANS, INSTRUCTION, AND COURSEWORK T	O AN ONLINE
PROGRAM. THROUGHOUT THE PANDEMIC, DTI HAS BEEN COMMITTED	TO ENSURING
THE QUALITY OF INSTRUCTION AND SUPPORT FOR WHICH WE'RE KN	OWN. OUR
PROGRAMS TEAM HAS CLOSELY MONITORED FELLOWS' COURSEWORK R	EMOTELY, AND
CONDUCTED ONE-ON-ONE CHECK-INS WITH FELLOWS AND STAFF TO	ENSURE THE
FEASIBILITY OF THE CURRICULUM.	

PROVIDING VIRTUAL PROGRAMMING IS AN EVER-EVOLVING PROCESS, AND OUR TEAM CONTINUES TO IMPLEMENT CREATIVE STRATEGIES IN ORDER TO ENSURE THE ONGOING DELIVERY OF OUR HIGH QUALITY, HIGH IMPACT PROGRAMMING DESPITE THE DISTANCE. AS AN ORGANIZATION, WE HAVE BEEN WHOLEHEARTEDLY COMMITTED TO DEVELOPING A STRONG COMMUNITY AND HELPING OUR FELLOWS REDISCOVER THEIR PURPOSE, ESPECIALLY DURING THIS CHALLENGING TIME.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PHYSICAL SPACE OF THE BAKERY SERVES TO SUPPORT OUR PROGRAM AS WELL AS OUR COMMUNITY. DOG TAG HAS PARTNERED WITH OTHER VETERAN ORGANIZATIONS FOR OPEN MIC NIGHT AT THE BAKERY, AS WELL AS MEETING AND EVENT SPACE IN OUR CLASSROOM. EACH DAY WE WELCOME OUR NEIGHBORS, PARTNERS, AND CUSTOMERS TO SUPPORT OUR ORGANIZATION THROUGH THE PURCHASE OF A COFFEE OR COOKIE AT THE BAKERY AND LEARN MORE ABOUT OUR MISSION, OUR IMPACT, AND HOW TO SUPPORT OUR VETERANS, MILITARY SPOUSES, AND CAREGIVERS.

FORM 990, PART VI, SECTION B, LINE 11B:									
THE FED	ERAL FOR	ам 990	WAS REVI	IEWED B	Y THE	CHIEF	EXECUTIVE	OFFICER AN	ID THE
CHAIR/P	RESIDENI	. IT W	AS THEN	MADE A	VAILAI	BLE TO	THE BOARD	OF DIRECTO	ORS FOR
REVIEW	PRIOR TO) BEING	FILED V	VITH TH	E IRS	•			

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DOG TAG INC.	Employer identification number 45-2130904
FORM 990, PART VI, SECTION B, LINE 12C:	
POTENTIAL BOARD CANDIDATES ARE REVIEWED FOR POSSIBLE CONF	LICTS OF INTEREST
PRIOR TO SERVING ON THE BOARD OF DIRECTORS. BOARD MEMBERS	SIGN A CONFLICT
OF INTEREST STATEMENT ANNUALLY. 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 AN	ID RECUSE
THEMSELVES FROM PARTICIPATION IN THE DECISION-MAKING PROC	ESS.
FORM 990, PART VI, SECTION B, LINE 15A:	
DOG TAG UTTLIZED THE SERVICES OF HE ADVISORS TO CONDUCT B	ЕСЕЛЕСН ОМ МЛЕКЕТ

DOG TAG UTILIZED THE SERVICES OF HR ADVISORS TO CONDUCT RESEARCH ON MARKET RATES FOR CEO COMPENSATION LEVELS AND FINDINGS WERE PRESENTED TO THE MANAGEMENT AND COMPENSATION COMMITTEE AS WELL AS THE BOARD OF DIRECTORS FOR THE LAST COMPENSATION REVIEW TOOK PLACE DURING JUNE 2020. APPROVAL. THECOMPENSATION PROCESS WAS DOCUMENTED IN THE BOARD MINUTES.

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

DOG TAG MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON APPROPRIATE REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	152,647.
MANAGEMENT AND GENERAL EXPENSES	22,375.
FUNDRAISING EXPENSES	13,246.
TOTAL EXPENSES	188,268.

CRM SUPPORT:

PROGRAM SERVICE EXPENSES		25,340.
932212 09-06-19	30	Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DOG TAG INC.	Employer identification number 45-2130904
MANAGEMENT AND GENERAL EXPENSES	3,714.
FUNDRAISING EXPENSES	2,199.
TOTAL EXPENSES	31,253.
DESIGN & CREATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	17,990.
MANAGEMENT AND GENERAL EXPENSES	2,637.
FUNDRAISING EXPENSES	1,561.
TOTAL EXPENSES	22,188.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	241,709.

FORM 990, PART X, LINE 24:

ON APRIL 27, 2020, DOG TAG OBTAINED A PAYCHECK PROTECTION (PPP) FORGIVABLE LOAN FROM EAGLE BANK TOTALING \$275,455 IN ACCORDANCE WITH THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. CHARITABLE TAX-EXEMPT ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE IRC, AND VETERANS ORGANIZATIONS, DESCRIBED IN SECTION 501(C)(19), ARE ELIGIBLE TO PARTICIPATE IN THE PPP LOAN PROGRAM. IN ACCORDANCE WITH THE PROMISSORY NOTE FOR THE LOAN, NO PAYMENTS OF PRINCIPAL AND INTEREST ARE DUE FOR THE FIRST SIX MONTHS OF THE TERM. INTEREST IS CALCULATED AT 1% PER ANNUM ON THE OUTSTANDING LOAN BALANCE. BEGINNING NOVEMBER 2020, MONTHLY PRINCIPAL AND INTEREST PAYMENTS WILL BE PAYABLE AND, IF NOT FORGIVEN, THE FULL BALANCE WILL BE DUE UPON THE LOAN'S MATURITY, WHICH WILL BE APRIL 20, 2022. DOG TAG BELIEVES THAT MOST, IF NOT ALL, OF THE PPP LOAN WILL MEET THE REQUIREMENTS FOR DEBT FORGIVENESS DURING THE YEAR ENDED JUNE 30, 2021.

<u>ON MAY 21, 2020, DOG</u>	TAG OBTAINED A DIRECT	LOAN FROM EAGLE BANK
932212 09-06-19	40	Schedule O (Form 990 or 990-EZ) (2019)
10030405 745960 10803	40 2019.05080 DOG 1	TAG INC. 10803_1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DOG TAG INC.	Employer identification number $45 - 2130904$
TOTALING \$150,000 THROUGH THE U.S. SMALL BUSINESS ADMINIS	TRATION UNDER
THE ECONOMIC INJURY DISASTER LOAN ASSISTANCE PROGRAM AND	IS CONSIDERED
FEDERAL FINANCIAL ASSISTANCE. IN ACCORDANCE WITH THE LOAN	
AUTHORIZATION AND AGREEMENT FOR THE LOAN, MONTHLY INSTALL	MENT PAYMENTS,
INCLUDING PRINCIPAL AND INTEREST OF \$641. INTEREST IS CALCULATED AT	
2.75% PER ANNUM ON THE OUTSTANDING LOAN BALANCE. BEGINNING MAY 2021,	
MONTHLY PRINCIPAL AND INTEREST PAYMENTS WILL BE PAYABLE,	AND WILL BE
DUE UPON THE LOAN'S MATURITY WHICH WILL BE MAY 2050.	

FORM 990, SCHEDULE O: IMPACT OF COVID-19

IN ADDITION TO THE EFFECTS OF THE PANDEMIC ON OUR OPERATIONS, THE COVID-19 PANDEMIC HAS ALSO IMPACTED DTI'S FINANCIAL RESOURCES. OUR SOCIAL ENTERPRISE BAKERY, DOG TAG BAKERY, LOST AN ESTIMATED \$249K IN REVENUE BETWEEN MARCH AND JUNE DUE TO REDUCED SALES. ADDITIONALLY, WE ESTIMATE AT LEAST \$50,000 IN COVID-RELATED LOST FUNDRAISING REVENUE, AND WE HAVE INCURRED ADDITIONAL OPERATING COSTS TO RUN OUR PROGRAM DURING THE PANDEMIC, INCLUDING IN THE AREAS OF TECHNOLOGY, SHIPPING, PERSONAL PROTECTIVE EQUIPMENT, MODIFICATIONS TO OUR RETAIL BAKERY, AND LABOR COSTS. DTI HAS WORKED EXTREMELY HARD TO CUT COSTS IN ORDER TO REACH OUR MINIMUM MONTHLY OPERATING COSTS.

932212 09-06-19