27-2368180

Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

OMB No. 1545-0047 **2020** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

▶Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u>A</u>	For th	e 2020 calen	dar year, or tax year beginning $07/01/20$ , and ending $06/30/2$	21			
В	Check if	applicable:	C Name of organization	D Emp	loyer identification number		
Ц	Address	change					
Ш	Name ct	nange	NO KILL LOUISVILLE	**	**-***8180		
Ц	Initial rel	turn	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tele	phone number	
$\sqcup$	Final ret	um/terminated	PO BOX 6655			2-552-2667	
Ц	Amende		City or town, state or province, country, and ZIP or foreign postal code			up Exemption	
Ш		on pending	LOUISVILLE KY 40203			iber 🕨	
G	Accou	nting Method:	X Cash	H Ch		if the organization is not	
I	Websi		.NOKILL-LOUISVILLE.COM			tach Schedule B	
<u>J</u>	Tax-ex	empt status (cl	neck only one) — X 501(c)(3) 501(c)( ) 4 (insert no.) 4947(a)(1) or	— 1	•	90-EZ, or 990-PF).	
		of organization					
L	Add lin	ies 5b, 6c, and	17b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total asse	ts		
(Pa	rt II, co	lumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ		> :	45,900	
	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances	see the instr	uctions fo	r Part I)	
		Check i	f the organization used Schedule O to respond to any question in this Pa	art I		X	
	1	Contributions,	gitts, grants, and similar amounts received		1	36,720	
	2	Program ser	vice revenue including government fees and contracts		2	9,180	
	3	Membership	dues and assessments	• • • • • • • • • • • • • • • • • • • •	3	7,200	
	4	investment ii	ncome	• • • • • • • • • • • • • • • • • • •	4		
	5a	Gross amou	nt from sale of assets other than inventory 5a				
	b	Less: cost or	other basis and sales expenses 5b				
	С	Gain or (loss) (	rom sale of assets other than inventory (subtract line 5b from line 5a)	<del></del>	5c	1	
	6	Gaming and	fundraising events:				
	а		e from gaming (attach Schedule G if greater than				
8		\$15,000)	ا م ا				
Revenue	ь		e from fundraising events (not including \$ of contributi				
}e√			sing events reported on line 1) (attach Schedule G if the	uris			
•		sum of such	gross income and contributions exceeds \$15,000) 6b				
	С	Less: direct e	expenses from gaming and fundraising events  6c				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
	_						
	7a	Gross sales	of inventory, less returns and allowances 7a	• • • • • • • • • • • • • • • • • • • •	6d		
	ь	Less: cost of	goode cold				
	c		or (loss) from sales of inventory (subtract line 7b from line 7a)				
	8	Other revenu					
	9			• • • • • • • • • • • • • • • • • • • •		45.000	
_	10	Grants and e	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 imilar amounts paid (list in Schedule O)		9 10	45,900	
	11		to as far manufaces	• • • • • • • • • • • • • • • • • • • •			
_	12	Salaries other	er compensation, and employee benefits	• • • • • • • • • • • • • • • • • • • •	11		
Expenses	13	Professional	fees and other payments to independent contractors	•••••••	12	650	
퉏	14	Occimancy	rent utilities and maintenance	• • • • • • • • • • • • • • • • • • • •	13	650	
M	15	Printing publ	rent, utilities, and maintenance	• • • • • • • • • • • • • • • • • • • •	14	12,744	
	16	Other expens	ications, postage, and shipping	• • • • • • • • • • • • • • • • • • • •	15	10 107	
	17	Total expens	ses (describe in Schedule O) ses. Add lines 10 through 16	•••••••	16	19,107	
_	18	Excess or /de	eficit) for the year (subtract line 17 from line 9)	************	17	32,501	
器	19	Net assets of	fund balances at beginning of year (from line 27, column (A)) (must agree with	• • • • • • • • • • • • • • • • • • • •	18	13,399	
188			cure reported an exist upode return)		40	15 050	
Net Assets	20		es in net assets or fund balances (explain in Schedule O)	•••••	19	15,059	
ž	21	Net assets or	fund balances at end of year. Combine lines 18 through 20	• • • • • • • • • • • • • • • • • • • •		20 450	
For		vork Reduction	on Act Notice, see the separate instructions.	**********	▶ 21	28,458	

Part II Balance Sheets (see the instructions for Check if the organization used Schedule O	Part II)	v guatian in this Dad			X
	to respond to an		eginning of year	<del>7</del>	(B) End of year
22 Cash, savings, and investments			14,857	22	28,45
23 Land and buildings		i i		23	20/20
24 Other assets (describe in Schedule O)	•••••		202		
20 10181 85815		i	15,059	25	28,45
26 Total liabilities (describe in Schedule O)				1 20	
27 Net assets of fund balances (line 27 of column (B) must ag	gree with line 21)		15,059	27	28,45
	npiisnments (s	ee the instructions for	r Part III) III		
Check if the organization used Schedule O What is the organization's primary exempt purpose?	to respond to an	y question in this Part	<u> </u>	<b>↓</b>	Expenses
SEE SCHEDULE O					equired for section
Describe the organization's program service accomplishments for	r each of its three Is	amest program consisons			1(c)(3) and 501(c)(4)
as measured by expenses. In a clear and concise manner, descri	ibe the services pro	ovided, the number of	•		anizations; optional for
persons benefited, and other relevant information for each progra	m title.			001	ers.)
28 THE SPAY AND NEUTER PROGRAM HELPS FUND SPAYS	ING AND NEUTER	ING OF DOGS WHOSE			
OWNERS MIGHT OTHERWISE NOT BE ABLE TO AFFORI	IT.		••••••		
* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •				•
(Grants \$ ) If this amount includes	foreign grants, chi	eck here	<b>N</b>	28a	4,554
29 THE PET FOOD BANK IS A PROGRAM THAT PROVIDES	PET FOOD TO E	TAMILIES IN NEED.			
• • • • • • • • • • • • • • • • • • • •					
(Grants \$ ) If this amount includes 30	foreign grants, che	eck here	▶	29a	15,295
		•••••	• • • • • • • • • • • • • • • • • • • •		
	••••••		• • • • • • • • • • • • • • • • • • • •		
(Grants\$ ) If this amount includes	foreign proper about	· · · · · · · · · · · · · · · · · · ·	······································		
(Grants \$ ) If this amount includes 31 Other program services (describe in Schedule O)				30a	
(Grants\$ ) If this amount includes	foreign grante, che		······	_	
34 I Otal program service expenses (and lines 28a through 31a	. \		_	31a	10.046
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	mployees (list eac	h one even if not compe	nsated — see the	instruc	19,849
Check if the organization used Scriedure O to res	(b) Average	on in this Part IV	T (d) Health has	-61-	
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compe	mployee and	(e) Estimated amount of other compensation
REBECCA FICKLIN	1				
PRESIDENT	30.00	0		0	0
JEREMY FICKLIN MEDIA & PR DIRECTOR					
DEBRA MILLER	2.00	0		0	0
TREASURER	10.00				
OLIVIA CORBIN	10.00	0		0	0
DIRECTOR	5.00			_	
JESSICA MUELLER	3.00	0		0	0
PET FOOD BANK DIRECT	5.00	0		0	
		<u> </u>	<u> </u>		0
				·	
			_		
•••••					
	[ ]				
DAA					Com 000 E7 (0000)

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	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V	٧	
	and the state of t	*	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		133	
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<del> </del>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		1	1
	change on Schedule O. See instructions	34	1	X
<b>3</b> 5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	···   <del></del>		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ľ	x
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<del> </del>	-
c		335	-	<del>                                     </del>
	reporting, and proxy tax requirements during the year? If "Yes" complete Schedulo C. Bort III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330	-	-
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a	***************************************		******	A
b	Did the organization file Form 1120-POI for this year?	37ь	2000	X
38a	***************************************	376		A
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	304		
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9 for public use of club facilities			
40a	111111111111111111111111111111111111111			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	10007	-		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		<b>*****</b>	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		İ.	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	********	X
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	-		
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
	transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed ▶ NONE	40e		<u> </u>
42a		10 EE	2 2	C C T
	PO BOX 6655	2-55	2-2	66/
	Located at ▶ Louisville RY ZIP+4▶ 4	0206		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	UZUB.	1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	100	Yes	No
	If "Yes," enter the name of the foreign country	. 42b	********	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	-		
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	********	X
	IT "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	-		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	•••••	• • • • •	
		T	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	*	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	. 44b	**********	X
C	Did the organization receive any payments for Indoor tanning services during the year?	44c		$\frac{x}{x}$
d	if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	1	
45a	Did the organization have a controlled entity within the magning of coeties 540/k/40/0	1 1		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u></u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	eccosta e	X
DAA		Form 990	-EZ	

f	Total number of other employees paid over \$100,000
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
	15010.

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NOME		
d Total number of other independent contractors each receiving over \$100,000		
The manual of date: independent contractors each receiving over \$100,000		

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A

	X Yes	- 1
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know true, correct, and complete. Declaration of preparer (other than officer) is based on all information of the best of my know true, correct, and complete.	45 163	_
ended for perjury, I decide that I have examined this feturn, including accompanying schedules and statements, and to the best of the least of the l		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of the best of my know	neage and belief, it	. LS

true, correct	, and c	complete. Declaration of preparer (other than officer) is	based on all information of which preparer has any knowledge.
Sign Here	•	Signature of officer REBECCA FICKLIN Type or print name and title	PRESIDENT

	Type or print na	me and title						_
	Print/Type preparer's n	name	Preparer's signature					_
Paid	BRENDA L HERRON, CPA		G A DA	CPA DE		Check if	PTIN	
Preparer	Firm's name	GOFORTH & HEI	RRON, PSC	X	Firm's El		-*************************************	7
Use Only	Firm's address	317 TOWNEPARI	CIRCLE, SUITE 1	00	1.2		312	7

LOUISVILLE, KY 40243-2340 May the IRS discuss this return with the preparer shown above? See instructions

502-895-0416 X Yes

Form 990-EZ (2020)

No

**SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2020

0000 0000000000000000000000000000000000	MO KITT TOO				**-**	*8180
Part I Rea	son for Public Charit	y Status. (All organization	ns must cor	nplete this part	.) See instruc	tions.
i ne organization is r	lot a private foundation becar	use it is: (For lines 1 through 12	, check only o	ne box.)		
1 A church,	convention of churches, or a	ssociation of churches described	d in section 1	70(b)(1)(A)(i).		
2 A school d	escribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (For	rm 990 or 990	I-EZ).)		
3 A hospital	or a cooperative hospital ser	vice organization described in s	ection 170(b)	(1)(A)(iii).		
4 A medical city, and st	research organization operal late:	ed in conjunction with a hospital	l described in	section 170(b)(1)	(A)(iii). Enter the	hospital's name,
		t of a college or university owner		by a covernmental		
section 17	'0(b)(1)(A)(iv). (Complete Pa	rt II.)	a or operated	by a governmental	i unit described ii	1
6 A federal,	state, or local government or	governmental unit described in	section 170/	bV1VAVv).		
7 🔼 An organiz	ation that normally receives and section 170(b)(1)(A)(vi).	a substantial part of its support t	from a govern	mental unit or from	the general pub	lic
8 A commun	ity trust described in section	170(b)(1)(A)(vi). (Complete Pa	rt II.)			
9 An agricult	ural research organization de	Scribed in section 170/hW1VAV	(ix) operated	in conjunction with	a land-cont coll	000
or university:	y or a non-land-grant college	of agriculture (see instructions)	. Enter the na	me, city, and state	of the college of	
10 An organiza	ation that normally receives:	(1) more than 33 1/3% of its sup	port from cor	tributions membe	rshin face and a	
. occipio ii o	gongrees related to 1/2 EYE	HIDLIUNCHORS, SUDJECT TO CERTAIN	AYCANHONC .	and (2) no more the	nm 224/20/ nf:4-	1055
Support nor	21,022 11,1462011611 11(0)116 5	i olderated nijsinass tavahja i	ncome floce	rootion E44 tout for	m businesses	
aaqaca b)	die organization alter Julie	ou, 1975. See section 509(a)(2	). (Complete l	Part (().)		
12 An organiza	stion organized and operated	exclusively to test for public sale	rety. See sec	tion 509(a)(4).		
01 0110 01 111	ore beningly appropried ardsir	exclusively for the benefit of, to izations described in section 50	10/3//11 05 00	wia- coo(-)/a\ c-		
Check the b	pox in lines 12a through 12d	that describes the type of suppo	rting organiza	ition and complete	e 12e 12e 12e eill	)(3). nd 12a
a iji iype i.	A supporting organization of	erated, supervised, or controlle	d hy its sunne	ted organizations	a) Amically by al-	ina izy.
uio sup	ported organization(5) tite po	wer to requiany appoint or elect	a mainrity of	the directors or tru	stees of the	mig
support	nig organization. You must (	complete Part IV, Sections A a	ind B.			
b Type II.	A supporting organization st	upervised or controlled in conne	ction with its	supported organiza	ition(s), by havin	g
0011801	or mane Rement of the 20bb0	rting organization vested in the Part IV, Sections A and C.	same person	s that control or ma	anage the suppor	ted
c Type III	functionally integrated. A	Supporting organization operate	d in connection	on with, and functio	nally integrated v	with.
	21.00 0.301.15000.1(2) (366 III)	ou ucuons). Tou must complete	Part IV. Sec	tions A. D. and E.		
u ∐ Type III that is n	non-runctionally integrated Th	d. A supporting organization ope	erated in conr	ection with its sup	ported organizati	on(s)
requiren	nent (see instructions). You	e organization generally must so must complete Part IV, Sectio	austy a distrib	ution requirement	and an attentiver	ness
e   Checkt	his box if the organization red	ceived a written determination fo	om the IDS #	at it is a Time ! Ti	ma II T III	
10,10001	any integrated, or 1 yes 111 160	i Fluricuonally integrated suppor	ting organizat	ion.	/pe II, Type III	
t Enter the nu	imber of supported organizat	ions				
		ne supported organization(s).			••••••••••••••	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(Iv) is the organi	zation (v) Amou	int of monetary	(vi) Amount of
•		(described on lines 1–10 above (see instructions))	listed in your gov document	eming sup	port (see	other support (see
		,		No	tructions)	Instructions)
(A)					<del></del>	
(B)						
(C)						
(D)						
(E)			<del>  </del> -		•	
Total	A-AN-N-N-					
roi raperwork keauction	on Act Notice, see the instruct	ions for Form 990 or 990-EZ.			Schodula	/Form 990 or 890 ET) 2020

Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Se	ction A. Public Support	<u>.</u>				<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,757	54,989	38,359	38,800	36,720	338,625
2	Tax revenues levied for the organization'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	169,757	54,989	38,359	38,800	36,720	220 605
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)				11	36,720	338,625
6	Public support. Subtract line 5 from line 4						338,625
	tion B. Total Support						336,623
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	169,757	54,989	38,359	38,800	36,720	338,625
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				30,000	30,720	330,625
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						338,625
2	Gross receipts from related activities, etc.	(see instructions)	***************			12	41,087
3	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop her	e		******	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	▶□
	tion C. Computation of Public Si	upport Percent	age				
4	Public support percentage for 2020 (line 6	i, column (f) divided	by line 11, colum	n (f))	•••••	14	100.00%
5	Lange anthors beschingde statis 50 ta 200	edule A, Part II, line	? 1 <b>4</b>			145	100.00%
6a	33 1/3% support test—2020. If the organ	ization did not chec	k the box on line 1	13, and line 14 is 3	3 1/3% or more, ct	eck this	
_	box and stop here. The organization qual	ifies as a publicly su	rpported organiza	tion			▶ 🕱
b	33 1/3% support test—2019. If the organ	zation did not chec	k a box on line 13	Or 16a, and line 19	5 is 33 1/3% or mo	re, check	_
72	this box and stop here. The organization of	qualines as a public	ly supported orga	nization	••••••	• • • • • • • • • • • • • • • • • • • •	▶ 🔲
14	10%-facts-and-circumstances test—202	o. It the organization	in did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets Part VI how the organization meets the "fa organization  10%-facts-and-circumstances test—201  15 is 10% or more, and if the organization in Part VI how the organization meets the	9. If the organization	ces" test. The org  on did not check a  nd-circumstances"	anization qualifies  box on line 13, 16a  test, check this bo	as a publicly support	orted line Explain	▶□
8	Private foundation. If the organization did	I not check a box or	n line 13, 16a, 16b	 , 17a, or 17b, chec	k this box and see	······································	
	instructions			• • • • • • • • • • • • • • • • • • • •	•••••		▶ ∐

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		the toote hatee	, p	ompioto i dit i	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0) 20.0	(4) 2010	(6) 2020	(I) IOIAI
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						***************************************
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6				(2) 20.0	(0) 2020	(i) iolai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 980 is for the org	ganization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501/c)	)(3)	
	organization, check this box and stop here	<b>3</b>				•	▶ □
	ion C. Computation of Public Su	pport Percent	tage				
5	Public support percentage for 2020 (line 8,	column (f), divide	d by line 13, colum	n (f))		15	%
<u>6</u>	r dulic support percentage from 2019 Sche	iquie A. Part III, III	le 15			16	%
	ion D. Computation of Investme	nt Income Per	centage				
7 9 1	Investment income percentage for 2020 (iii	ne 10c, column (f)	, divided by line 13	column (f))		17	%
8 (i	income berceurage itotti 2019 2	chequie A, Part III	ine 17			112	%
Ja	33 1/3% support tests—2020. If the organ	nzation aid not che	ECK the box on line	14, and line 15 is	more than 33 1/39	%, and line	_
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the organ	ix and stop here. The state of	i ne organization qu eck a box on line 14	ualifies as a public	ly supported organine 16 is more than	nization	▶ ⊔
	line 18 is not more than 33 1/3%, check thi	s box and stop he	re. The organization	on qualifies as a pr	ublicty supported o	manization	▶ □
0	Private foundation. If the organization did	not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either stone or together with persons described in tines 11b and 11c below. The governing body of a supported organization?  D A family member of a person described in line 11a above?  A 39% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part IV.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a mignity of the organization efficers, directors, or trustees at all times during the tax year? If No, describe in Part VI how the supported organizations efficers, directors, or trustees at all times during the tax year? If No, describe in Part VI how the supported organization of supported organizations and was a deposited or such powers during the tax year elecated among the supported organizations have the power to reputative appoint or elect at least a majority of the organization or supported organizations have the power to reputative appoint organization of the time to supported organizations or such according or presidentions. If I how the supported organization or supported organizations or developed in the purposes of the supported organization of the than the supported organizations or organizations. I have presented organizations or presented organizations are supported organizations or the supported organizations or supported organizations and properting Organizations.  1 Were a majority of the organizations are supported organizations in supported organizations or supported organizations are supported organizations or supported organizations are supported organizations are supported organiz		tule A (Form 990 or 990-EZ) 2020 NO KILL LOUISVILLE **	-***8180	٠	Page
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this mount	ь	Did the organization exercise a substantial degree of direction over the policies important and activities of each	38		
TOTAL		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	a:#5:536 <b>5</b>	

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	dle A (Form 990 or 990-EZ) 2020 NO KILL LOUISVILLE		**-**	3180 Page 6
*****	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	tions	
1	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 organization	s must com	olete Sections A through E	<b>.</b>
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	······································	
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			\ <u>\</u>
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3	**************************************	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del> </del>	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		

3

4

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

Par	Type III Non-Functionally Integrated 509(a)(3) 5	Supporting Organiza	tions (continued)	Page
Sect	Current Year			
	Amounts paid to supported organizations to accomplish exempt purpor			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity	• •		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiza	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Т		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
1	Distributable amount for 2020 from Section C, line 6		Pre-2020	Amount for 2020
2	Underdistributions, if any, for years prior to 2020			
-	(reasonable cause required-explain in Part VI). See			
	instructions.		1	
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
<u>d</u>	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

	m 990 or 990-EZ) 2020	NO KILL	LOUISVILLE		**-***8180	Page 8
Part VI	B, lines 1 and 2; Part V, 3a, and 3b; Part V,	, Section A, lines art IV, Section C , line 1; Part V, S	s 1, 2, 3b, 3c, 4b, 4c, 5 5, line 1; Part IV, Sect Section B, line 1e; Pai	equired by Part II, line 105, 6, 9a, 9b, 9c, 11a, 11 ion D, lines 2 and 3; Part V, Section D, lines 5, 6, al information. (See inst	); Part II, line 17a or 1 b, and 11c; Part IV, S IV, Section E, lines 1 and 8; and Part V	7b; Part Section c. 2a. 2b
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization NO KILL LOUISVILLE

Employer Identification number 27-2368180

WO WITH HOOTSAITHE			27-23681	6 U
FORM 990-EZ, PART I, LINE 16 - 01	HER EX	PENSES		•••••
DESCRIPTION		AMOUNT		
EXPENSES	• • • • • • • • • • • • • • • • • • • •			•
ADVERTISING	\$	571		
OFFICE	\$	4,301		
WEBSITE	\$	635		
TRAVEL	\$	939		
INSURANCE	\$	573	••••	
VETERINARIAN SERVICES	\$	4,554		
MISCELLANEOUS	\$	334	•••••	•••••
RESCUE FOOD SUPPLIES	\$	4,564	•••••	**************
BANK FEES	\$	1,038		••••••
OTHER ADMIN	\$	184		•••••
FUND RAISING	\$	811		
REPAIR & MAINTENANCE	\$	401		•••••
NON-INVESTMENT DEPRECIATION	\$	202		•••••••••••
TOT	AL \$	19,107		
FORM 990-EZ, PART II, LINE 24 - O	THER AS	SSETS	······	
ESCRIPTION			. OF YEAR EN	D OF YEAR
QUIPMENT			4,541 \$	••••••
LESS ACCUMULATED DEPRECIATION	••••		4,339 \$	
	• • • • • • • • • • • • • • • • • • • •		202 \$	

Name of the organization	Employer identification number
NO KILL LOUISVILLE	**-**8180
TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED I	N THE GREATER LOUISVILLE
AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULA	TION IN THE SAME AREA
FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOM	PLISHMENT
CONTRIBUTIONS TO OTHER ANIMAL SUPPORT ORGANIZATION	ONS
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	PAGE 1 OF 1

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury (99) Internal Revenue Service

Name(s) shown on return

Identifying number \*\*-\*\*\*8180

	NO KIL	L LOUISVIL	LE			**-	***	8180
	ess or activity to which this form relate							
	NDIRECT DEPRECIAT							
	Election To Expe				• . =			
_	Note: If you have a		y, complete Part	V before you c	omplete F	Part I.	Υ	
1 2	Maximum amount (see instruction			••••••			1	1,040,000
3	Total cost of section 179 property	v piaceu in service (si	ee instructions)		· · · · · · · · · · · · · · · · · · ·	•••••	2	2 500 000
4	Threshold cost of section 179 pro Reduction in limitation. Subtract li	ine 3 from line 2. If z	on in minitation (see m	structions)		•••••	3	2,590,000
5	Dollar limitation for tax year. Subtract li			ied filing conamiche		•••••	5	
6	(a) Description		or ress, enter -0-, it men	(b) Cost (business use		(c) Elected cost	1 5	
				(2) 0001 (00011000 000	U.L.y,	(c) Deciso cost		
				<del></del>		·		
7	Listed property. Enter the amount	from line 29	<del></del>		7			
8	Total elected cost of section 179		its in column (c), line	s 6 and 7			8	
9	Tentative deduction. Enter the sm	naller of line 5 or line		•••••			9	
10	Carryover of disallowed deduction			••••••	· · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	10	
11	Business income limitation. Enter	the smaller of busing	ess income (not less	than zero) or line	5. See instru	ıctions	11	
12	Section 179 expense deduction. A	Add lines 9 and 10, b	ut don't enter more th	nan line 11			12	
13	Carryover of disallowed deduction	to 2021. Add lines 9	and 10, less line 12	<b>&gt;</b>	13	<u> </u>		
Vote	: Don't use Part II or Part III below							
Pa	rt II Special Depreciat	ion Allowance a	ind Other Depre	ciation (Don't	include li	sted proper	ty. Se	e instructions.)
14	Special depreciation allowance for	r qualified property (d	other than listed prop	erty) placed in ser	vice			
	during the tax year. See instruction		•••••				14	
15	Property subject to section 168(f)	(1) election	• • • • • • • • • • • • • • • • • • • •				15	
16	Other depreciation (including ACF	<del>(S)</del>		• • • • • • • • • • • • • • • • • • • •	<u> </u>		16	
Pa	rt III MACRS Depreciat	tion (Don't includ			ns.)			
			Section					·
7	MACRS deductions for assets pla						17	202
8	If you are electing to group any assets placed	d in service during the tax y	ear into one or more genera	asset accounts, check	here	<b>▶</b>		
	Section B—A	Assets Placed in Se		V	e General D	epreciation S	ystem	1
	(a) Classification of property	placed in service	(c) Basis for deprecia (business/investment only-see instructions	use (u) Nocovery	(e) Convent	on (f) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
<u>e</u>	15-year property							
	20-year property			<del> </del>				
	25-year property			25 yrs.		S/L		
n	Residential rental property		<u> </u>	27.5 yrs.	MM	S/L		
	Nonresidential real	<u> </u>	<del> </del>	27.5 yrs.	MM	S/L		
١	property			39 yrs.	MM	S/L		
-	· · · · · · · · · · · · · · · · · · ·	sets Placed in Serv	ica Dusina 2020 Ta	Year Using the	Altomatica	S/L		<u> </u>
20a	Class life	Sets Flaced III Selv	ice burning 2020 12	C Teal Using the	Atternative	S/L		m T
	12-year	1		12 yrs.	<del></del>	S/L		
	30-year			30 yrs.	MM	S/L		<b></b>
	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See ins	tructions.)	<u> </u>					
1	Listed property. Enter amount from						21	·
22	Total. Add amounts from line 12,	lines 14 through 17,	lines 19 and 20 in co	lumn (g), and line	21. Enter	••••••		
_	here and on the appropriate lines	of your return. Partne	erships and S corpor	ations—see instru	ctions		22	202
23	For assets shown above and place							
	portion of the basis attributable to	SECTION ZOJA COSTS	· • • · • · • · • · • · · · · · · · · ·		23			