## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2021 calen	dar year, or tax	year begii	nning $10/$	'01	, 20	021, an	ıd endir	<b>ig</b> 9/3	30	, :	<b>20</b> 2022	
В	Check i	if applicable:	С								D Employ	er identif	ication number	
	Ac	ddress change	SOI DOG FO	ודעמווו	ON IISA						27-	16004	144	
		ame change	1321 UPLA			3905					E Telepho			
		-	HOUSTON,			3505								
	Ini	itial return	110001011,	111 //0.							541	-816-	-5085	
	Fin	nal return/terminated												
	An	mended return									<b>G</b> Gross r	eceipts \$	10,171	,466.
	Ap	oplication pending	F Name and addre	ess of principa	al officer: ⊤∧	NTS POSE	титнат			H(a) Is this	a group retur	n for subc	ordinates? Yes	X No
	ш .		SAME AS C	ABOVE	UA	ICON CINI	TIN T I I I I I I			H(b) Are all If "No,"	subordinates	included	? Yes	No
$\overline{}$	Tay	exempt status:	X 501(c)(3)	501(c) (	١٩	(insert no.)	4947(a)(	1) or	527	If "No,"	' attach a list	. See instr	ructions.	
÷						(IIISELL IIU.)	4347 (a)(	1) 01	JL1	ł				
J			TPS://WWW.			Т Т		1 -		H(c) Group	<u>`</u>			
K		of organization:	X Corporation	Trust	Association	Other ►		L Year	of format	tion: 201	0 M s	State of le	gal domicile: CA	L
Pa	art I	Summar	У											
	1	Briefly descri	be the organiza	tion's miss	ion or most	t significant a	activities:	SEE	SCHE	DULE O				
a														
ဋ														
E														
ē	2	Check this bo	ox ► lifthe o	organizatio	on discontin	ued its opera	ations or o	dispose	ed of m	ore than 2	5% of its	net ass	ets.	
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•ಶ	4		dependent votin									4		6
<u>8</u>	5		of individuals e									5		0
₹	6		of volunteers (									6		15
Activities & Governance	7a		ed business reve									7a		0.
~			d business taxab									7b		0.
	-	14ct dill'elatee	business taxac	ne meeme	1101111101111	330 1,1 art	1, 11110 111.				rior Year	7.5	Current Y	
		Contributions	and grants (Da	مرزا اللالم	. 16\							101		
<u>e</u>			and grants (Pa								,844,4	ŧΖΙ.	10,153	<u>,522.</u>
Revenue			vice revenue (Pa											
ě			ncome (Part VIII		-							335.		325.
<u> </u>			e (Part VIII, colu									31.		,619.
			e – add lines 8								844,7	/87.	10,171	<u>,466.</u>
	13	Grants and si	imilar amounts ¡	paid (Part	IX, column	(A), lines 1-	3)			. 4	,658,5	90.	9,847	,775.
	14	Benefits paid	to or for memb	ers (Part I	X, column	(A), line 4).								
	15	Salaries, other	er compensation	n. emplove	e benefits (	Part IX. colu	ımn (A). li	ines 5-	10)					
es	160													
Expenses	Iba		Professional fundraising fees (Part IX, column (A), line 11e)											
×	b	Total fundrais	sing expenses (F	Part IX, co	lumn (D), li	ine 25) 🟲	1,	,238,	,935.					
ш	17	Other expens	ses (Part IX, coli	umn (A), l	nes 11a-11	d, 11f-24e).							1,937	,398.
	18	Total expense	es. Add lines 13	8-17 (must	equal Part	IX, column (	A), line 25	5)			5,388,9		11,785	
			expenses. Sub								3,455,8		-1,613	_
5 6	_	110101100 1000	окропосо. Сав	THE COLUMN TO	10 110111 11110					_			End of Ye	
0 20	20	Total accets	(Part X, line 16)								ng of Currer			
Net Assets Fund Baland	21		es (Part X, line 10)							_	,297,9		2,898	,470.
Ϋ́	21			-,							16,1			,320.
žΞ	22	Net assets or	fund balances.	Subtract I	ine 21 from	line 20				. 4	,281,8	357.	2,668	,150.
Pa	art II	Signatur	e Block											
Und	er penal	ties of perjury, I de	eclare that I have exa	mined this ret	urn, including a	accompanying sc	hedules and	statemen	ts, and to	the best of m	y knowledge	and belie	f, it is true, correct	and
com	plete. De	eclaration of prepa	arer (other than office	r) is based on	all information	of which prepare	er has any kn	nowledge.	•					
		Janis	Rosenthal								Feb 24, 2	2023		
C:	n	Janis Rosent Signatu	re of officer							Da	te			
Sig He	JII	T7.NT	TO DOCEMENT	7. T						DDECI	LDENII			
116	16		IS ROSENTH print name and title	AL						PRESI	LDENI			
		, ,	<u> </u>		To			- 15		1		7	TINI .	
		Print/Type p	oreparer's name		Preparer's s	1 10/1	CPA	l <sub>D</sub>	ate	00	Check		PTIN	
Pa	id	CHERYI	L L. MORGAI	N, CPA	Mery	Magin	J 01/1		2.23	.23	self-employ	ed F	200168869	
	epare	Firm's name	► KERN 8	THOMP	SON LLC	0			-				· · · · · · · · · · · · · · · · · · ·	
Us	e On	Firm's addre					: 410				Firm's EIN	<b>►</b> 93-	1157146	
		addre		AND, OR		<u>-, Joil</u>					Phone no.	(503		38
Ma	v the I	RS discuss th	nis return with th			ove? See inc	tructions				i none no.	(505)	X Yes	No
1110	,	i vo diocuss til	no rotarri Witti ti	is bishaid	SIIOTTI UDO	OCC 1113	, a a c a c a c a c a c a c a c a c a c						27 162	140

Par	t III	Statement of Program S							v
1	Driofly	Check if Schedule O contains describe the organization's mis		to any line in this Pa	art III				X
	-	~~							
	<u> </u>	SCHEDORE O							
2		e organization undertake any signi							
		990 or 990-EZ?					∐ `	Yes X	No
_		s," describe these new services on							
3		e organization cease conducting		ant changes in how it	conducts, any progra	m services?	· · []	Yes X	No
4		s," describe these changes on Sch		monto for oooh of ita	three lergest program	conviose se	maaauraa	l bu avaa	naaa
4	Section	ibe the organization's program s on 501(c)(3) and 501(c)(4) organ	nizations are requir	ed to report the amo	unt of grants and allog	cations to other	ers, the to	tal exper	rises. ises,
	and re	evenue, if any, for each program	n service reported.						
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	SEE_								
					<b>A</b>		<u> </u>		
4 b	(Code	:) (Expenses \$		including grants of	\$	_) (Revenue	Ş		)
4 c	(Code	:) (Expenses \$		including grants of	\$	_) (Revenue	\$		)
4 d		program services (Describe on		. ^	· -	<b>A</b>			
	(Expe		including grant		) (Revenue	e Ş		)	
4 e	rotal	program service expenses -	10,500,	749.					

# Form 990 (2021) SOI DOG FOUNDATION USA Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		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.	11 b		Х
c	: 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	11 c		Х
c	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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	Х	
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	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2021) SOI DOG FOUNDATION USA 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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
ı	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ļ	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			
1 -	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	<b>a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
BAA	TEEA0104L 09/22/21	Form	1 <b>990</b> (	(2021

Form 990 (2021) SOI DOG FOUNDATION USA

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	<b>1</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5:	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
ı	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).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
	Form 8282?	7 0		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	, ,		71
,	as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 6 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..... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe on Χ Schedule O how this was done...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records JANIS ROSENTHAL 1240 SW HIGHLAND RD PORTLAND OR 97221 541-816-5085

## 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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)				_					
(A) Name and title	(B) Average hours per	is	both dir	an o	ot che unles fficer truste			(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	dotted line)	ee	stee			nsated				
(1) JANIS ROSENTHAL	_ 20									
PRESIDENT	0	Χ		Χ				0.	0.	0.
	$-\frac{15}{0}$	Х		Χ				0.	0.	0.
(3) ALEX HESTERBERG	5									
SECRETARY	0	Χ		Χ				0.	0.	0.
(4) JOHN HIGGS	5									_
DIRECTOR	0	Χ						0.	0.	0.
(5) ELIZABETH NEUBRAND	5									
DIRECTOR	0	Χ						0.	0.	0.
(6) PETER FITZGERALD	5									
DIRECTOR	0	Χ						0.	0.	0.
_(8)										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru	istees, (B)	Key	En	1plo ((		es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
<b>(A)</b> Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unle	Pos check ess pe	sition more erson direct	than is bottor Highest compensated employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o an	(F) ated amount of other insation reganizated anization	from ion
<u>(15)</u>												
<u>(16)</u>												
(17)												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	ensatio	n	
											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	ee, ke ial	ey e	mpl	oyee	e, or	high	nest compensated	l employee	. 3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab er than \$1	le co 50.00	mpe 00?	ensa If '}	ition	and com	oth nole	er compensation te Schedule J for	from			
such individual	e comper	 Isatio	 n fr	 om	 anv		 late	ed organization or	individual			Х
for services rendered to the organization? If 'Yes	s,' comple	te So	chec	lule	J fo	r suc	ch p	erson		. 5		X
1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epen	dent alen	t cor	ntrad	ctors endi	tha	t received more to	han \$100,000 of			
(A) Name and business add			<u></u>	<u> </u>	y ou.	0.10.	·· <u>·</u>	(B) Description			C) nsatio	n
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o the	se I	isted	abo	ve)	who received more	than			

_ COLUMN CONTRACTOR CO			
Part VIII Statement of Revenue			
Check if Schedule O contains a response or note to any	line in this Part V	III	

		Check if Schedule O contains a response or note to an	y line in this Part V	TIL		
		·	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
d di	g	Noncash contributions included in lines 1a-1f				
a C	h	Total. Add lines 1a-1f	10,153,522.			
ne		Business Code				
¥e Ke	2 a					
æ	b					
Ğ.	C					
Se	u					
Iran	f	All other program service revenue				
Program Service Revenue		Total. Add lines 2a-2f ▶				
	3	Investment income (including dividends, interest, and				
	_	other similar amounts)	325.			325.
	4	Income from investment of tax-exempt bond proceeds ► Royalties				
	5	(i) Real (ii) Personal				
	6 a	Gross rents 6a				
		Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a				
	b	Less: cost or other basis and sales expenses 7b				
	c	Gain or (loss) 7c				
		Net gain or (loss)				
ø	8 a	Gross income from fundraising events				
Š		(not including \$				
ě		of contributions reported on line 1c).				
Ē		See Part IV, line 18				
Other Revenue		Less: direct expenses				
O						
	эā	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less				
		returns and allowances				
		Net income or (loss) from sales of inventory				
S		Business Code				
e gr	11 a	CREDIT CARD REWARDS 900099	17,619.	17,619.		
Miscellaneous Revenue	b					
<b>6</b> 6	С					
ĭĕ ∝	_	All other revenue				
		Total revenue See instructions	17,619.	17.610		205
	14	Total revenue. See instructions	10,171,466.	17,619.	0.	325.

Part	t IX Statement of Functional Expe	enses			
Secti	ion 501(c)(3) and 501(c)(4) organizations must (	complete all columns. All ot	her organizations must co	omplete column (A).	
	Check if Schedule O contains	a response or note to any	/ line in this Part IX		
Do n 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 1	6 9,847,775.	9,847,775.		
5	Benefits paid to or for members		0.	0.	0.
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages		0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	3	•			
	` ' ' ' ' '				
	Management			100	
	Legal			100.	
	: Accounting			39,946.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A), amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	-/ - /	349,527.		1,225,115.
13	Office expenses	2,372.	860.	1,512.	
14	Information technology				
	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance			1,209.	
	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 O.).			2,2000	
а	ADOPTION FEES	302,587.	302,587.		
	BUSINESS REGISTRATION, FEES				13,720.
	LICENSES & FEE	2,517.		2,417.	100.
	BANK FEES	305.		305.	
	All other expenses	- <del>-</del>			
25	Total functional expenses. Add lines 1 through 24e	11,785,173.	10,500,749.	45,489.	1,238,935.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)		·	·	·

		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		1,994,080.	1	1,278,821.
	2	Savings and temporary cash investments		2,055,149.	2	1,332,479.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		247,560.	4	285,838.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, I contributor, or 35% rsons		5	
	6	Loans and other receivables from other disqualified p	h			
	Ū	section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		1,210.	9	1,332.
4		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	L L			
	b	Less: accumulated depreciation	10 b		10 c	
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11	F		12	
	13	Investments — program-related. See Part IV, line 11.			13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	F		15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	4,297,999.	16	2,898,470.
	17	Accounts payable and accrued expenses		16,142.	17	230,320.
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 35%		22	
_	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	· ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		25	
	26	Total liabilities. Add lines 17 through 25		16,142.	26	230,320.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥► X			
a∏aĭ	27	Net assets without donor restrictions		2,673,681.	27	1,108,909.
ä	28	Net assets with donor restrictions		1,608,176.	28	1,559,241.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund		30	
881	31	Retained earnings, endowment, accumulated income,	, or other funds		31	
it A	32	Total net assets or fund balances		4,281,857.	32	2,668,150.
ž	33	Total liabilities and net assets/fund balances	<u></u>	4,297,999.	33	2,898,470.
BA	A		TEEA0111L 09/22/21			Form <b>990</b> (2021)

BAA Form **990** (2021)

	( , 501 200 10011212011 0511	_ 000.				
Par						
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			-	166.
2	Total expenses (must equal Part IX, column (A), line 25)	2		•		L73.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	, 61	L3,7	707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 28	31,8	357.
5	Net unrealized gains (losses) on investments.	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	2	,66	58,1	L50.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2.	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
2 6				2 a		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?			2 b	Х	l
Ľ	3			2 D	Λ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ile				
	X Separate basis Consolidated basis Both consolidated and separate basis					
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
·	review, or compilation of its financial statements and selection of an independent accountant?			2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
Ł	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required audits.	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 09/22/21		F	orm	990	(2021)

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **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

2021

Open to Public Inspection

Name of the organization Employer identification number SOI DOG FOUNDATION USA 27-1600444 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,955,119.	6,225,510.	8,548,103.	9,844,421.	10152522.	39,725,675.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 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)	4,955,119.	6,225,510.	8,548,103.	9,844,421.	10152522.	39,725,675.
6	<b>Public support.</b> Subtract line 5 from line 4						39,725,675.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	4,955,119.	6,225,510.	8,548,103.	9,844,421.	10152522.	39,725,675.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			22,068.	335.	325.	22,728.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			·			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						39,748,403.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	21,192.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 10			
	Public support percentage for 20 Public support percentage from 3						99.94 %
	<b>33-1/3% support test—2021.</b> If t and <b>stop here.</b> The organization	he organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, (	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and <b>stop here</b>	. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part d organization	VI how the ►

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.)

Sec	tion A. Public Support	·		•				
Calend	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021		(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 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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021		(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b.  Net income from unrelated business activities not included on 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.).							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(	c)(3) 	▶ □
	tion C. Computation of Pul					T		
	Public support percentage for 20	•			-	-	15	%
16	Public support percentage from 2						16	0/0
	tion D. Computation of Inv					Т		
17	Investment income percentage for	•	• •	-		-	17	%
18	Investment income percentage fi					<u></u>	18	%
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	iization qualifies	as a publicly supp	orted organi	zation	▶ ∐
	<b>33-1/3% support tests—2020.</b> If t line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported	organiz	ation ►
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, c	cneck this box and	ı see ınstruct	ions	

27-1600444

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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If</i> 'Yes,' provide detail in <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	: Did a disqualified person (as defined on 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 <b>Part VI</b> .	9с		
l0a	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.	10a		
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.)	10b		

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Pa	rt IV	Supporting Organizations (continued)			
11	Llog i	the expenientian eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
	<b>b</b> A far	mily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Se	ction	B. Type I Supporting Organizations		I	T
1	or monormostice organical	the governing body, members of the governing body, officers acting in their official capacity, or membership of one lore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees e allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers the tax year.	1	Yes	No
2	that of the state	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction	D. All Type III Supporting Organizations			
1	Did t	the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
·	orgai	nization'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	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a $\square$ $\top$	The organization satisfied the Activities Test. Complete line 2 below.			
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌 T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instri	uction	s).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported unizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	more reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization(s) involvement.	2b		
		for the organization's involvement.	20		
		ent of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? <i>If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.</i>	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	nizat		700444 rage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain i	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
- 7	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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		
3	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		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Pai	rt V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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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 D (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

SOI	DOG FOUNDATION USA			
				27-1600444
Par	Organizations Maintaining Dono Complete if the organization answ	<b>r Advised Funds or Other</b> vered 'Yes' on Form 990, F	<b>Similar Funds or Acc</b> Part IV, line 6.	counts.
		(a) Donor advised fun	nds (b) F	unds 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 don are the organization's property, subject to the			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, o	r for any other purpose cor	nferring
Par	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990 F	Part IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for examp	· · · · · · · · · · · · · · · · · · ·	<u></u>	rically important land area
	Protection of natural habitat	,	Preservation of a certif	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contrib	ution in the form of a conser	vation easement on the
				leld at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easer			
(	Number of conservation easements on a certif	ied historic structure included in	(a) 2 c	
(	Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or	terminated by the organization	on during the
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy reand enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, a	nd enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspe  ▶\$	cting, handling of violations, and er	nforcing conservation easeme	ents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	irements of section 170(h)(	4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	orts conservation easements in i o the organization's financial sta	ts revenue and expense statements that describes the	atement and balance sheet, and organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Tr	easures, or Other Sin	nilar Assets.
-	Complete if the organization answ	•	•	
1 8	If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education	i, or research in furtherance	e of public service, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or re	search in furtherance of publ	ic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h amounts required to be reported under FASB	istorical treasures, or other similar ASC 958 relating to these items:	assets for financial gain, pro	vide the following
a	Revenue included on Form 990, Part VIII, line	1		▶\$

Part III   Organizations Maintai	ining Colle	ections of	Art, Histor	ricai i reasures,	or Oti	ner Similar Asso	ets (contin	uea)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other reco		,		significant use of its	collection	
<b>a</b> Public exhibition		(	d Loan o	r exchange program	n			
<b>b</b> Scholarly research		(	e Other					
c Preservation for future generation	ations							
4 Provide a description of the organiz Part XIII.	ation's collect	ions and expl	ain how they	further the organizati	ion's exe	mpt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be ma	intained as p	part of the or	ganization's collecti	ion?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990	nplete if the part X, li	ine 21.	answe	red 'Yes' on For	m 990, Pa	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other in	termediary f	or contributions or o	other as	sets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete	the followin	g table:		-		
						,	Amount	
<b>c</b> Beginning balance						1 c		
<b>d</b> Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance						1 f		
2a Did the organization include an a	mount on Fo	rm 990, Part	X, line 21, f	or escrow or custod	dial acco	ount liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here i	f the explana	ation has been prov	vided on	Part XIII		
Part V Endowment Funds. C	omplete if	the organi	zation ans	swered 'Yes' on	Form	990, Part IV, Iin	e 10.	
	(a) Current	year	(b) Prior year	(c) Two years h	back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage		nt year end	-	: 1g, column (a)) he	eld as:			
a Board designated or quasi-endowment			_%					
<b>b</b> Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
c Term endowment ►	<del></del> %							
The percentages on lines 2a, 2b, ar								
3a Are there endowment funds not in the organization by:							Yes	No
(i) Unrelated organizations							3a(i)	
(ii) Related organizations							3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-						3b	
4 Describe in Part XIII the intended			's endowmer	nt funds.				
Part VI Land, Buildings, and I Complete if the organi			s' on Form	ı 990, Part IV, li	ine 11a	a. See Form 990	D, Part X, I	line 10.
Description of property		(a) Cost or o	other basis ment)	(b) Cost or other basis (other)	(0	Accumulated depreciation	(d) Book	value
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment								
<b>e</b> Other								
Total. Add lines 1a through 1e. (Column		qual Form 99	90, Part X, co	olumn (B), line 10c.	.)			0.
BAA	<u> </u>	<u> </u>	, -		-		ıle D (Form 9	

Schedule D (Form 990) 2021

Complete if the organization answere			990 Pari & line //
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives		,,	
(2) Closely held equity interests			
(3) Other			
(A)			
 (B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)	_		
(I) ====================================			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	<b>&gt;</b>	27./2	
Part VIII Investments — Program Related. Complete if the organization answere	ed 'Yes' on Form 99	N/A 0 Part IV line 11c See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	
(1)	,,,	,,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(8)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.	N/A	A 0. Part IV. line 11d. See Form	990. Part X. line 15
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answere	N/A	A 0, Part IV, line 11d. See Form	990, Part X, line 15
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answere	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (1) (2) (3)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (1) (2) (3) (4)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6)	N/ <i>I</i> d 'Yes' on Form 99:	A O, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8)	N/ <i>I</i> d 'Yes' on Form 99:	A O, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/Fed 'Yes' on Form 99	0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.	ed 'Yes' on Form 99 rescription	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities. Complete if the organization answered 'Yes' on	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Description 1.	ed 'Yes' on Form 99 rescription	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Description (a) (b) (b) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answere (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2)	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Desc. (1) Federal income taxes (2) (3) (4)	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.  Complete if the organization answered 'Yes' on 1. (a) Descential (Column (a) Descential (Co	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Description (Column (a) Descripti	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Descention (Column (a) Descention	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8)	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Description (Column (a) Column (b) Column (c) Column	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Descending (Column (b) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes' on  1. (a) Description (Column (a) Column (b) Column (c) Column	M/A ed 'Yes' on Form 99 rescription  (B) line 15.)	0, Part IV, line 11d. See Form  11e or 11f. See Form 990, Part X, line 2	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	10,171,466.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	10,171,466.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	10,171,466.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returi	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	11,785,173.
<ul> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	1	11,785,173.
·	1	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1 2e	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2e 3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2e 3	11,785,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2e 3	

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

SOI DOG FOUNDATION U	ISA			27-16004	
Part I General Informat on Form 990, Par	ion on Activiti	es Outside the	e United States. Complet	te if the organization	n answered 'Yes'
			substantiate the amount of its election criteria used to award		
2 For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	s for monitoring the use of its gra	ints and other assistance	outside the
3 Activities per Region. (The	following Part I, I	ine 3 table can be	e duplicated if additional space	e is needed.) PART V	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE					
(1) PACIFIC			GRANTMAKING	SEE PART V	9,847,775.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					9,847,775.
<b>b</b> Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			9,847,775.

27-1600444

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant  PART V	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				GRANT					
				MAKING		WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Schedule F (Form 990) 2021

27-1600444

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2021

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see Instructions for Form 926)	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt tain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain or Corporations (see Instructions for Form 5471)	Yes	X No
4	electin <i>Returr</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information to by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see citions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865)	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

 BAA
 TEEA3505L
 10/28/21
 Schedule F (Form 990) 2021

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

GRANT MAKING TO SUPPORT THE EFFORTS OF SOI DOG FOUNDATION, A REGISTERED CHARITY IN THAILAND. ALL GRANTS IN LINE WITH EXPRESSED DESIRE OF OUR DONORS AS DETAILED IN OTHER SECTIONS OF THIS FORM.

#### PART II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION

ALL GRANTS WERE MADE TO SOI DOG FOUNDATION BASED IN PHUKET, THAILAND. SOI DOG
FOUNDATION IS A LEGALLY RECOGNIZED CHARITY AND THAILAND AND IS INDEPENDENTLY
AUDITED. GRANTS ARE MADE BASED ON THE EXPRESSED DESIRE OF INDIVIDUAL DONORS TO SOI
DOG FOUNDATION USA. WHEN NO SPECIFICATION IS PROVIDED BY THE DONOR, DONATIONS ARE
USED TO SUPPORT SOI DOG FOUNDATION AS UNRESTRICTED GRANTS TO CARRY OUT THEIR
PURPOSES AND MISSION. GRANT UTILIZATION IS MONITORED BY PUBLIC DOCUMENTATION OF
EFFORTS AND SUCCESSES VIA NEWSLETTERS, WEBSITE UPDATES, VIDEO UPDATES AND THROUGH
ROUTINE COMMUNICATION WITH SOI DOG FOUNDATION LEADERSHIP IN THAILAND. ADDITIONALLY,
SOI DOG FOUNDATION USA RECEIVES REGULAR FINANCIAL UPDATES AND YEARLY REPORTS ON HOW
OUR GRANTS WERE UTILIZED.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

**2021** 

27-1600444 SOI DOG FOUNDATION USA

#### FORM 990. PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

SOI DOG FOUNDATION USA (THE "FOUNDATION") IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED IN CALIFORNIA IN 2010. THE FOUNDATION IS GOVERNED BY ELECTED OFFICERS AND DIRECTORS.

THE FOUNDATION ACHIEVES ITS MISSION OF IMPROVING ANIMAL WELFARE OF DOGS AND CATS IN ASIA PRIMARILY AS A FUNDRAISING AND GRANT-MAKING ORGANIZATION THAT MAKES GRANTS TO SOI DOG FOUNDATION ("SOI DOG"), A THAI CHARITY WHOSE PURPOSES ALIGN WITH THE FOUNDATION'S. FOLLOWING IS A SUMMARY OF THE FOUNDATION'S PROGRAMS.

DONATIONS ARE USED TO SUPPORT THE FOUNDATION'S OVERALL MISSION TO CARE FOR THE STREET DOGS AND CATS IN ASIA AND REDUCE SUFFERING THROUGH A VARIETY OF PROGRAMS. A PRIMARY INITIATIVE OF THE FOUNDATION IS TO RAISE FUNDS IN SUPPORT OF SOI DOG'S CVNR (CAPTURE, VACCINATE, NEUTER, RETURN) PROGRAM WHICH CURBS THE POPULATION GROWTH AND MINIMIZES INSTANCES OF ABUSE AND INJURY THAT OFTEN ACCOMPANY GROWING STREET DOG AND CAT POPULATIONS. THESE FUNDS ARE ALSO UTILIZED TO SUPPORT SHELTER OPERATIONS AND OTHER NECESSARY ACTIVITIES RELATED TO THE FOUNDATION'S MISSION TO CARE FOR STREET DOGS AND CATS THAT, FOR A VARIETY OF REASONS, CANNOT BE RETURNED TO THEIR COMMUNITY AFTER STERILIZATION. FUNDS ARE ALSO USED IN THE EFFORT TO END THE DOG MEAT TRADE.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOI DOG FOUNDATION USA (THE "FOUNDATION") IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED IN CALIFORNIA IN 2010. THE FOUNDATION IS GOVERNED BY ELECTED OFFICERS AND DIRECTORS.

THE FOUNDATION ACHIEVES ITS MISSION OF IMPROVING ANIMAL WELFARE OF DOGS AND CATS IN

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOI DOG FOUNDATION ("SOI DOG"), A THAI CHARITY WHOSE PURPOSES ALIGN WITH THE FOUNDATION'S. FOLLOWING IS A SUMMARY OF THE FOUNDATION'S PROGRAMS.

DONATIONS ARE USED TO SUPPORT THE FOUNDATION'S OVERALL MISSION TO CARE FOR THE STREET DOGS AND CATS IN ASIA AND REDUCE SUFFERING THROUGH A VARIETY OF PROGRAMS. A PRIMARY INITIATIVE OF THE FOUNDATION IS TO RAISE FUNDS IN SUPPORT OF SOI DOG'S CVNR (CAPTURE, VACCINATE, NEUTER, RETURN) PROGRAM WHICH CURBS THE POPULATION GROWTH AND MINIMIZES INSTANCES OF ABUSE AND INJURY THAT OFTEN ACCOMPANY GROWING STREET DOG AND CAT POPULATIONS. THESE FUNDS ARE ALSO UTILIZED TO SUPPORT SHELTER OPERATIONS AND OTHER NECESSARY ACTIVITIES RELATED TO THE FOUNDATION'S MISSION TO CARE FOR STREET DOGS AND CATS THAT, FOR A VARIETY OF REASONS, CANNOT BE RETURNED TO THEIR COMMUNITY AFTER STERILIZATION. FUNDS ARE ALSO USED IN THE EFFORT TO END THE DOG MEAT TRADE.

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ADOPTIONS: THE FOUNDATION MAKES GRANTS TO SOI DOG INTERNATIONAL TO SUPPORT THE COSTS OF CAT AND DOG ADOPTION EXPENSES SUCH AS CRATES, VET EXAMS, CUSTOMS CLEARANCE, TRAVEL PAPERWORK AND FLIGHT COSTS. MONTHLY SPONSORSHIPS BY DONORS PROVIDE AN ONGOING AND DEDICATED LEVEL OF SUPPORT FOR FOOD, MEDICAL CARE, SOCIALIZATION, AND STAFF TO WORK WITH THE DOGS TO PREPARE THEM FOR ADOPTION.

SHELTER OPERATIONS: THE FOUNDATION MAKES GRANTS TO SOI DOG INTERNATIONAL FOR THE PURPOSE OF CARE FOR FERAL, ABANDONED AND INJURED DOGS AND CATS; THIS SUPPORT INCLUDES ANY MEDICAL, HOUSING AND FEEDING NEEDS.

THE CAMPAIGN TO END THE DOG MEAT TRADE: THE FOUNDATION FUNDS SOI DOG'S INITIATIVE TO END THE DOG MEAT TRADE. IN VARIOUS LOCATIONS IN ASIA, A CRUEL MEANS OF CAPTURE AND TRANSPORT OFTEN MEANS THAT MANY DOGS DIED ON THEIR JOURNEY TO THE SLAUGHTERHOUSE, AND

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THOSE THAT SURVIVE TRANSPORT FACE A CRUEL AND PAINFUL DEATH AS PART OF THE PROCESS OF PREPARING DOG MEAT. SOI DOG WORKS WITH ASIAN GOVERNMENTS, RAISING PUBLIC AWARENESS AS WELL AS PROVIDING NECESSARY CARE FOR THOSE DOGS RESCUED FROM THE TRADE. DONATIONS MADE TO THE CAMPAIGN TO END THE DOG MEAT TRADE DIRECTLY SUPPORT SOI DOG'S EFFORTS TO END THIS TRADE - FIRST IN THAILAND AND NOW, INCREASINGLY, IN NEIGHBORING COUNTRIES SUCH AS VIETNAM AND THE PHILIPPINES.

EMERGENCY RESPONSE TEAM (ERT): THE FOUNDATION RAISES FUNDS THAT ENABLE EMERGENCY SUPPORT TO COMMUNITIES DURING AND AFTER NATURAL DISASTERS. SOI DOG'S ERT DELIVERS FOOD, MEDICAL SUPPLIES, AND HANDS-ON CARE TO ANIMALS IN AREAS THAT ARE DEVASTATED AND, IN MANY CASES, INACCESSIBLE.

HUMANE EDUCATION PROGRAM: THE FOUNDATION RAISES FUNDS TO SUPPORT SOI DOG'S HUMANE EDUCATION PROGRAM WHICH TEACHES SCHOOL-AGED CHILDREN COMPASSION TOWARDS ANIMALS, THE ONLY WAY TO SUSTAINABLY END ANIMAL CRUELTY.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

TEEA4902L 08/10/21

## Soi Dog Foundation USA Formm 990

Final Audit Report 2023-02-24

Created: 2023-02-24

By: Cheryl Morgan (cheryl@kern-thompson.com)

Status: Signed

Transaction ID: CBJCHBCAABAAsYeiYdddk18icDggFIRpvLa8\_M\_x9IPK

## "Soi Dog Foundation USA Formm 990" History

Document created by Cheryl Morgan (cheryl@kern-thompson.com) 2023-02-24 - 5:39:41 PM GMT- IP address: 96.89.115.81

Document emailed to janis@soidog.org for signature 2023-02-24 - 5:40:40 PM GMT

Email viewed by janis@soidog.org
2023-02-24 - 5:44:50 PM GMT- IP address: 104.47.26.62

Signer janis@soidog.org entered name at signing as Janis Rosenthal 2023-02-24 - 5:52:41 PM GMT- IP address: 71.193.190.42

Document e-signed by Janis Rosenthal (janis@soidog.org)

Signature Date: 2023-02-24 - 5:52:43 PM GMT - Time Source: server- IP address: 71.193.190.42

Agreement completed. 2023-02-24 - 5:52:43 PM GMT