Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20

Under section 501(c), 527, 0	or 4947(a)(1) of the Internal Revenue (Code (except private foundations)
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Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury
Internal Revenue Service

Interr	al Reve	nue Service		Go	to www.irs	.gov/Form9	990 for instruc	ctions an	d the lates	t inforr	nation.		Inspection	
Α	For th	e 2024 calend	lar year, or f	tax year b	peginning				, 2024, a	and end	ling		, 20	
В	Check if	applicable:	C Name of or	ganization	CRISIS	DOGS NO	2					D Emp	loyer identification number	
	Address	change	Doing busir	ness as									81-3351592	
	Name cł	hange	Number an	d street (or F	P.O. box if mail	is not delivered	to street address)			Room/s	uite	E Telep	phone number	
	Initial return P O BOX 62 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											(910)916-3974		
											G Gross receipts			
Ē	Amende	d return	Sprin	ng Lake	e, NC 28	390						\$	314,053	
Π	Applicati	ion pending	F Name and								H(a) Is this a	group return	for subordinates? Yes X No	
					•								tes included? Yes No	
	Tax-exe	mpt status: X	501(c)(3)	501(c) () (i	nsert no.)	4947(a)(1) or	5	27				ist. See instructions	
	Website		SISDOGS		, , , ,	,					H(c) Group			
		_	Corporation		Association	Other		1	Year of format	ion [.] 20			gal domicile: NC	
	rt I	Summar									10			
10	1			nization's	mission or l	most signific	ant activities:	TO D		METE		DANDO	NED DOGG AND MAKE	
	'					nost signine	ant activities.	<u>10 R</u>	ESCUE HO	мене	SS AND A	BANDC	NED DOGS AND MAKE	
ë		THEM AVA		FOR ADC	DELTON									
anc														
Governance				· .						-0/ /				
Š	2			0		•	erations or disp					1		
	3	Number of v	-									3	3	
Activities &	4			-			body (Part VI,					4	0	
viti	5	Total numbe	r of individua	als employ	yed in calen	dar year 202	24 (Part V, line	2a) .				5	0	
\cti	6	Total numbe										6		
4	7a						C), line 12 .					7a	0	
	k	Net unrelate	d business t	taxable in	come from F	Form 990-T,	Part I, line 11					7b	0	
											Prior Year		Current Year	
	8						3,079	166,097						
ne	9	Program service revenue (Part VIII, line 2g)							7,510	147,956				
Revenue	10	Investment i	vestment income (Part VIII, column (A), lines 3, 4, and 7d)								0			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0							
	12	Total revenu	e - add lines	8 through	h 11 (must e	qual Part VI	II, column (A),	line 12)			320),589	314,053	
	13						s 1-3)						0	
	14	Benefits paid	d to or for m	embers (F	Part IX, colur	mn (A), line	4)						0	
	15	•		•		. ,					20	0,033 9		
es			other compensation, employee benefits (Part IX, column (A), lines 5-10) 20 nal fundraising fees (Part IX, column (A), line 11e)									0		
Expenses		b Total fundra	-				-,		•					
ğ							4e)			-	29/	5,817	292,361	
							umn (A), line 25					5,850		
	19				· ·		•••••	,				3,739	20,757	
	-	1000100100	<u> </u>	Jubliaut				• • • •	• • • • • •	Bor	inning of Curr	-	End of Year	
Net Assets or	20 au	Total assets	(Part X line	16)						Deč			56,816	
sset	20			,			· · · · · · · · ·					4,743 9,000	0	
et A	22						••••					-		
_	rt II		re Block			nom line 20	• • • • • • •	• • • •			3:	5,743	56,816	
					nis return inclur	ting accompany	ving schedules and	statements	and to the best	of my kn	wledge and be	liof it is		
							mation of which pre			. Si my Kli				
Sig	n		SMITH										210	
-		Signature of office										Da	ate	
He	e		SMITH,	TREASU	JRER									
		Type or print na			-				-					
		Preparer's na	me		Prepar	er's signature			Date		Check	X if	PTIN	
Pai			Daniels						03-27-20	25	self-en	ployed	P00113830	
	pare			CRC 1	lax & Bu	siness S	Services				Firm's EIN			
Use	e Oni	y Firm's addres	S	131 C	Canal St	Suite H	Ξ				Phone no.			

X Yes

No

Form	n 990 (2024) CRISIS DOGS NC	81-3351592	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	Briefly describe the organization's mission:		
	TO RESCUE HOMELESS AND ABANDONED DOGS AND MAKE THEM AVAILABLE FOR ADOPTION		
<u> </u>	Did the executive undertake any eignificant program convises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 000 or 000 FZ2	Yes 🛛 Ne	•
	prior Form 990 or 990-EZ?		0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			`
	If "Yes," describe these changes on Schedule O.		0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the service accomplishments for each of th	red by	
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 293,296 including grants of \$) (Revenue	\$ 147,95	7)
	CRISIS DOGS NC HAS PROVIDED NECESSARY MEDICAL CARE FOR DOGS INCLUDING HEART		_ ′
	SOUTH CAROLINA VETERINARY HOSPITALS AND NORTH CAROLINA SCHOOL OF VETERINARY		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	_)
4d	Other program services (Describe on Schedule O.)		
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 293,296	/	
EEA		Form 990	(2024)

	n 990 (2024) CRISIS DOGS NC 81-335	1592	F	Page 3
Pa	rt IV Checklist of Required Schedules		I	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	x	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		x
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		-
	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	11c		х
Ċ	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			x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		
b	Schedule D, Parts XI and XII	12a		x
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		1 41	1	

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	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	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	• • • •	1	
			Yes	No
1a		0		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X 000	(2024

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Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2024) CRISIS DOGS NC 81-3351	592	F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstruc	_
_	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
4.	Estable contraction to the contraction bed with a set of the formula		Yes	No
1a		3		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4		
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a h	The governing body?	8a 8b	X	v
ь 9	Each committee with authority to act on behalf of the governing body?	uo		x
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
a b	Other officers or key employees of the organization	15a	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 taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Image: Constraint of the second se			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
~	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ROSE MEIRS (804)316-0612, 4315 VERA ST, Boise, ID 83704			

Form 990 (202	4) CRISIS DOGS NC	81-3351592	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated Employee	es, 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 Compensate	ed Employees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending	with or within the	
organization's t	ax year.		
	the organization's current officers, directors, trustees (whether individuals or organizations), reg Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ardless of amount of	

- · 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, box 6 of 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.

\mathbf{x} Check this box in heither the organization for any relate	u organizat	ION COL	nper	Isat	eu a	ny cui	rent	officer, director, or	llusiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar	`	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week				,		from the	from related	compensation	
	(list any	임파	Ξ	0	2	φI	Ţ	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divio	stitu	Officer	ey e	nplc	Former	1099-NEC)	1099-NEC)	related organization
	related	dual ector	tion		mplo	yee	Ŷ	,	,	j.
	organizations below	Individual trustee or director	altr		Key employee	omp				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
						đ				
DIRECTOR				х				0	0	0
_(2)FAYE_SMITH										
TREASURER				х				0	0	0
(3) TRACY SULLIVAN										
SECRETARY				x				0	0	0
_(4)										
(5)										
_(7)										
_(8)										
(10)										
(44)										
(12)				_						
(13)										
(14)										
										Eams 000 (000

	90 (2024) CRISIS DOGS NC									81-3351			9age 8
Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	plo	yee	s, ar	nd F	Highest Comp	ensated Empl	oyees	(cont	inued)
	(A) Name and title		box	, unles	Po leck m ss pe d a di	rson i: rector	han one s both a /trustee)	n)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	сог	(F) nated am of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	nization d organiz	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
<u>(</u> 24)													
(25)													
1b	Subtotal		•••	•••	•••	•••	•••	•					
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)		• • •	•••	•••	•••	•••	•	0	0			
2	Total number of individuals (including but												
-	reportable compensation from the organi		0 1100	0 110		abe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						0
												Yes	No
3	Did the organization list any former officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>		-				-				3		x
4	For any individual listed on line 1a, is the sum o										Ū		
-	organization and related organizations greater	than \$150,00	0? If "Y	′es,"	con	nple	te Sch	edu	le J for such				
5	individual	ue compensati	on from	n any	unr	elate	ed org	aniz	ation or individual		4		X
Cost	for services rendered to the organization? <i>If "</i>)	es," complete	Sched	lule .	J for	' suc	h pers	son			5		x
1	on B. Independent Contractors Complete this table for your five highest of	-	-										
	compensation from the organization. Rep	ort compens	sation	for t	ne d	cale	ndar	yea	-	within the organi		tax y	ear.
	(A) Name and business add	Iress							(B) Description of service	ces	(C) Compens	ation	
2	Total number of independent contractors	(including b	ut not l	imit	ed t	o th	ose li	isteo	d above) who				

received more tha	in \$100,000 of	compensation	from the or	ganization

Form 99	90 (20	24) CRISI	S D	OGS NC					81-33515	5 92 Page 9
Part	VIII	Statement of Rev	enu	ie						
		Check if Schedule O) cor	ntains a res	pons	e or note to any li	ne in this Part V	/111		[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
()	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c					
ษัยั	d	Related organizations .			1d					
iifts ar A	е	Government grants (contr	ributio	ons)	1e					
s, G mila	f	All other contributions, gif	ts, gr	ants,						
r Si		and similar amounts not in	nclud	led above	1f	166,097				
the	g	Noncash contributions inc	clude	d in						
ontr		lines 1a-1f			1g	\$				
ଗ ପ	h	Total. Add lines 1a-1f					166,097			
						Business Code				
	2a	ADOPTION FEE				900099	147,956	147,956		
Program Service Revenue	b									
iue v	c									
Jram Serv Revenue	d									
gra	е									
õ	f	All other program service	rever	nue						
-		Total. Add lines 2a-2f .					147,956			
		Investment income (includi								
	3	other similar amounts) .								
	4	Income from investment of				F				
	5	Royalties			•	F				
				(i) Real		(ii) Personal				
	62	Gross rents	6a	(1) 11001						
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		, , , , , , , , , , , , , , , , , , ,	' ·	(i) Securitie		(ii) Other				
	7a	Gross amount from			55					
		sales of assets other than inventory	7a							
	h	Less: cost or other basis	10							
e		and sales expenses	7b							
mu		Gain or (loss)								
eve		Net gain or (loss)								
Other Revenu		Gross income from fundra			• • •					
the	oa	events (not including \$	ising							
0		of contributions reported o	n lind	<u> </u>	•					
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .			8b					
		Net income or (loss) from t				-				
		Gross income from gaming		aising even	s .					
	Ja	activities. See Part IV, line			9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from				-				
			-	ng activities						
	10a	Gross sales of inventory, le			10-					
		returns and allowances .			10a					
		Less: cost of goods sold			10k	-				
	C	Net income or (loss) from	sales	ot inventory	/					
						Business Code				-
e e										+
anc	b									
cell eve	C									
Miscellanous Revenue		All other revenue								L
		Total. Add lines 11a-11d								-
	12	Total revenue. See instru	iction	IS			314,053	147,956	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	935	935		
6	Compensation not included above to disqualified	935	935		
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b		2,200	2,200		
c					
d					
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	3,186	3,186		
12	Advertising and promotion	3,294	3,294		
13	Office expenses	656	656		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,038	5,038		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		4,606	4,606		
24	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.)				
a	VETERINARIAN EXP	219,455	219,455		
b	ANIMAL FOOD	24,807	24,807		
C	VETERINARY SUPPLIES	8,765	8,765		
d	GROOMING, TRAINING, BOARDING	5,868	5,868		
e	All other expenses	14,486	14,486		
25	Total functional expenses. Add lines 1 through 24e.	293,296	293,296	0	0
26	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)				1

	990 (20	,	83	1-335	1592 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	44,743	1	56,816
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,743	16	56,816
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	9,000	25	
	26	Total liabilities. Add lines 17 through 25	9,000	26	0
		Organizations that follow FASB ASC 958, check here			
es	07	and complete lines 27, 28, 32, and 33.		07	
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here X			
ĿFu	20	and complete lines 29 through 33.		20	
s ol	29 30	Capital stock or trust principal, or current funds		29 30	
set	30	Retained earnings, endowment, accumulated income, or other funds	2E 7/3	30	EC 010
Net Assets or Fund Balances	32	Total net assets or fund balances	<u>35,743</u> 35,743	32	<u>56,816</u> 56,816
Re	33	Total liabilities and net assets/fund balances	44,743	33	56,816
	33		44,743	- 55	50,010

EEA

Form 990 (2024)

Form	990 (2024) CRISIS DOGS NC 8	1-3351592		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		314,	053
2	Total expenses (must equal Part IX, column (A), line 25)	2		293,	296
3	Revenue less expenses. Subtract line 2 from line 1	3		20,	757
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		35,	743
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			316
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		56,	816
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			••	
		-		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Ccrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · · · ·	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	· · · · ·	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				l
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
EEA			Form	990 ((2024)

SCHEDU	JLE A
(Form 99	0)

Public Charity Status and Public Support

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

OMB No. 1545-0047	7
2024	

		nt of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public				Open to Public			
Interna	al Re	evenue Service	Go to	www.irs.gov/For	www.irs.gov/Form990 for instructions and the latest information. Inspection					
Name	of t	he organization			Employer identification number					
CRIS	SIS	DOGS NC			81-3351592					
Par	tΙ	Reason fo	or Public Cha	rity Status. (Al	II organizations mus	st comple	ete this p	oart.) See instruct	ions.	
The o	rga	nization is not a pri	vate foundation b	ecause it is: (For lir	nes 1 through 12, check c	only one bo	ox.)			
1		A church, conven	tion of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)			
2		A school describe	ed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)				
3		A hospital or a co	operative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).			
4		A medical resear	ch organization o	perated in conjunc	tion with a hospital descr	ribed in se	ction 170	(b)(1)(A)(iii). Enter the	e	
		hospital's name, o	ity, and state:							
5		An organization o	perated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (Comple	te Part II.)						
6		A federal, state, o	or local governme	nt or governmenta	I unit described in section	on 170(b)(1)(A)(v).			
7		An organization the	nat normally recei	ves a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public	;	
		described in sect	ion 170(b)(1)(A)	(vi). (Complete Par	rt II.)					
8		A community trus	t described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)					
9		An agricultural re	search organizati	on described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant co	ollege	
		or university or a	non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or		
		university:								
10	х	receipts from acti support from gros	vities related to its is investment inco	s exempt functions, me and unrelated l	33 1/3% of its support fro subject to certain except business taxable income e section 509(a)(2). (Co	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	SS	
11		An organization of	organized and ope	erated exclusively t	to test for public safety. S	See sectio	on 509(a)(4	l).		
12		An organization o	rganized and ope	rated exclusively for	or the benefit of, to perform	m the func	tions of, or	to carry out the purpo	ses of	
		one or more publ	icly supported or	ganizations describ	ed in section 509(a)(1)	or sectior	n 509(a)(2)	. See section 509(a)	(3). Check	
		the box on lines 1	2a through 12d th	nat describes the type	pe of supporting organiza	ation and c	complete lir	nes 12e, 12f, and 12g.		
а					ervised, or controlled by i		-		giving	
		the supported	d organization(s) t	he power to regula	rly appoint or elect a maj	jority of the	e directors	or trustees of the		
		_ ·· •	0	•	rt IV, Sections A and B					
b				•	controlled in connection		• •		•	
			•		ation vested in the same p	persons that	at control o	r manage the support	ed	
		`		mplete Part IV, Se						
С		_ //			rganization operated in c			, ,	d with,	
					ou must complete Part					
d			-	•	ing organization operate				. ,	
				-	n must generally satisfy a		•	ent and an attentivene	ess	
			. ,	•	ete Part IV, Sections A					
е			0		en determination from the			I, Type II, Type III		
	_		• •	•	integrated supporting or	rganizatior	1.			
f		Enter the number of	11 0		••••				••••	
g			•	ut the supported or	Č í					
	(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Comparization (iii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Comparization (iii) Comparization (iii) Is the organization (vi) Amount of other support (see above (see instructions)) above (see instructions)) document? instructions) instructions)					other support (see				
	Yes No									
(A)										
(B)										
(C)										
(D)										
(E)										

Total

	le A (Form 990) 2024 CRISIS DOGS					81-3351592	<u> </u>
Part							
	(Complete only if you checked th				•		lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	e Part III.)	
-	on A. Public Support	T	1	T	1		
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources						_
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.)(2)
13	First 5 years. If the Form 990 is for the or	-			-		
Secti	organization, check this box and stop her on C. Computation of Public Support				• • • • • • • • •		•••••
14	Public support percentage for 2024 (line 6			11 column (f))		14	%
15	Public support percentage from 2023 Sch					15	%
16a	33 1/3% support test - 2024. If the organ					-	
	box and stop here. The organization qua						
b	33 1/3% support test - 2023. If the organ		• • • •	•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization						🗌
b	10%-facts-and-circumstances test - 202	23. If the organ	nization did not	t check a box c	on line 13, 16a,	16b, or 17a, ar	nd line
	15 is 10% or more, and if the organization	meets the fac	cts-and-circum	stances test, cl	heck this box a	nd stop here. I	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	is a publicly su	oported
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and s	ee
	instructions						<u></u>

	If the organization fails to qualify	under the tes	sts listed belo	w, please coi	mplete Part II	.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		177,943	226,579	233,079	166,097	803,698
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		68,888	50,661	87,510	147,957	355,016
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						
<u> </u>	organization without charge						
6	Total. Add lines 1 through 5		246,831	277,240	320,589	314,054	1,158,714
7a							
h	received from disqualified persons Amounts included on lines 2 and 3						
b	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	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	0	0	0	0	0	0
Ŭ							1,158,714
Secti	on B. Total Support						1,130,714
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(4) =0=0	246,831	277,240	320,589	314,054	1,158,714
10a	Gross income from interest, dividends,				010,000		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	246,831	277,240	320,589	314,054	1,158,714
14	First 5 years. If the Form 990 is for the or	•			•	•	
0	organization, check this box and stop her						· · · · · · L
-	on C. Computation of Public Suppor			0		45	
15	Public support percentage for 2024 (line 8		-			15	100.00 %
<u>16</u>	Public support percentage from 2023 Sch					16	0.00 %
	on D. Computation of Investment Inc		-	vilias 12 solur	mm (f))	17	0.0/
17 19	Investment income percentage for 2024 (I			-		17	0 %
18 10a	Investment income percentage from 2023					-	0 %
19a	33 1/3% support tests - 2024. If the orga						_
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests - 2023. If the organizati	-	-	-			
U	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	-			-	
20	i male ioundation. Il the organization di			13a, 01 19D, Cl	IGOV (1112 DOX 9		

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Page 3

Schedule A (Form 990) 2024

Part III

CRISIS DOGS NC

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.

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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 disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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 Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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

11 Has the organization accepted a gift or contribution from any of the following persons? A person with directly or intrice; there alone or together with persons described on lines 11b and 11b. 111 15 A string member of a person described on line 11a boxe? 111 110 110 110 Section B. Type I Supporting Organizations 111 110 2 Section B. Type I Supporting Organizations activities a testing in their official capacity, or merbership of one or more supported organizations have the power to regularity activities. If the organization is during that year is 17 hor? describe 10 her official capacity, or merbership of one or more supported organization or rearrietors. <i>B any</i> supported organization had more than one supported organization is the the operate of any supported organization had more than one supported organization for the benefit of any supported organization for the her offici of any supported organization had more than one supported organization is the ther offici of any supported organization is during that year. 1 2 Did the organization persons to agoin the provise supported organization is the ther than the supported organization is the test of the benefit of any supported organization is during the supported organization is the test of the benefit of a new supported organization is at the output of the organization is supported organization is the test of the benefit of a new supported organization is the part of the persons that controlled the supporting organization is the part of the organization supported organization is supported organiza				Yes	No
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b A tamily member of a person described on line 11 a above? If "Yes" to line 11a, 11b, or 11a, provide detail in Part VI. 11b Section B. Type I Supporting Organizations 1 1 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officer, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations of the comparization or estication, if any applet to sub powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization atom cerus supported organizations and wild conditions or controlled the supporting organization. If were supported organizations and wild conditions or controlled the supporting organization. 1 2 Did the organization operate for the benefit of any supported organization atom? 1 2 Section C. Type II Supporting Organizations 2 2 Section C. Type II Supporting Organization was vested in the same persons that controlled or managed to the supporting organization was vested in the same persons of the comparization's supported organization and (i) were trave, way and (i) a copy of the Crom Supporting Organizations 1 1 3 Did the organization provide to each of its supported organization and (ii) were the supporting organization was vested in the same persons that controlled organizations (i) were neganization's supported organiza	u		11a		
 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularily appenit or elect at least a majority of the organization's diverse, directors, or trustees at all the organization states at all the powers to apported organization of the two provides auch powers during the tax year. 1 Did the organization and what conditions or esticitions, any, applied to supported organization of the tax year. 2 Did the organization organization of the supporting organization. If "Yes," explain in Part W how control or an anagement of the supporting organization (s)? If "No," describe in Part W how control or management of the supporting organization, supporting organization (s)? 1 Were a majority of the organization sort trustees during the tax year also a majority of the directors or trustees of each of the supporting organization (s)? If "No," describe in Part W how control or management of the supporting organization, sy the last day of the fifth month of the organization (s)? 2 Section D. All Type II Supporting Organizations 1 Did the organization so floes, directors, or trustees ether (i) appointed or elected by the supported organization (s)? 2 To de the organization softeers, directors, or trustees ether (i) appointed organization and (i) convolved during the prior tax year, (ii) a cory of the Erom 900 that was most recently liked as of the date of notification, and (ii) copies of the organization's by each of the supported organization's to the extern the organization's supported organization's active darganization's active darganization's active darganization's active darganization's active darganization's active darganization's active darganiza	h				
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	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
EEA Schedule A (Form 990) 202		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	EEA	Schedu	le A (F	orm 99	0) 2024

81-3351592

Page 5

 Schedule A (Form 990) 2024
 CRISIS DOGS NC

 Part IV
 Supporting Organizations (continued)

Part	CRISIS DOGS NC CRISIS DOGS NC Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	81-335 zations	1 592 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2024

	e A (Form 990) 2024 CRISIS DOGS NC		81-33		92 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued	(r (
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	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 resp	onsive		
	(provide details in Part VI). See instructions.		1	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	S	(iii) Distributable
- 1	Distributable amount for 2024 from Section C, line 6		Pre-2024		Amount for 2024
 2	Underdistributions, if any, for years prior to 2024				
2	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	F ire and 0010				
<u>a</u> b	F ire are 0000				
 C	France 0004				
 d	F ire are 0000				
e	From 2022				
f	Total of lines 3a through 3e				
'	Applied to underdistributions of prior years				
9_ h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in	,			
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
b	Excess from 2021				
C	Excess from 2022				
d	Excess from 2023				
e	Excess from 2024				
EEA				Se	

Schedule A (Fo		81-3351592	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10		
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part	rt IV. Section E. lines	Section 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, S	
	lines 2, 5, and 6. Also complete this part for any additional information. (See ins	structions.)	

SCHEDULE O (Form 990) (Rev. December 2024)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

81-3351592

Department of the Treasury Internal Revenue Service Name of the organization

CRISIS DOGS NC

01. Committee meeting documentation (Part VI, line 8b)

The officers meet when needed and discuss the business. Secretary takes minutes.

02. Form 990 governing body review (Part VI, line 11)

AN EMAIL WITH THE RETURN WILL BE SENT TO OFFICERS FOR REVIEW BEFORE FILING

03. Other officer or key employee compensation (Part VI, line 15b

The officers vote on the compensation of the only paid officer.

04. Governing documents, etc, available to public (Part VI, line 19)

The tax returns are on the IRS website. All other documentation would have to be requested.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning

, 2024, and ending

2024

, 20

Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	2024
Name of filer	EIN or SSN	
CRISIS DOGS NC	81-3351592	

Name and title of officer or person subject to tax

FAYE SMITH, TREASURER

Type of Return and Return Information Part I

8038-C 3a, 4a, 3b, 4b,	P and Form 5330 filers may enter dolla 5a, 6a, 7a, 8a, 9a, or 10a below, and th	rs a ne ai s ap	this Form 8879-TE and enter the applicable amount, if any, from the return. For nd cents. For all other forms, enter whole dollars only. If you check the box or mount on that line for the return being filed with this form was blank, then leav plicable, blank (do not enter -0-). But, if you entered -0- on the return, then er one line in Part I.	n line 1a, /e line 1b	, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	314,053
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
Part	II Declaration and Signatu	re /	Authorization of Officer or Person Subject to Tax		
Under p	penalties of perjury, I declare that	1	am an officer of the above entity or I am a person subject to tax with re	espect to	(name

and that I have examined a copy of the of entity) , (EIN) 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

EEA

ERO firm name		Futer first much	
		Enter five numbe do not enter all z	,
on the tax year 2024 electronically filed return. If I have indicated within the agency (ies) regulating charities as part of the IRS Fed/State program, I return's disclosure consent screen.		•	
As an officer or person subject to tax with respect to the entity, I will enter filed return. If I have indicated within this return that a copy of the return is of the IRS Fed/State program, I will enter my PIN on the return's disclosu	s being filed with a state ager		
Signature of officer or person subject to tax		Date 03-25	5-2025
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	670781 81660)	
	Do not ente	er all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 20 am submitting this return in accordance with the requirements of Pub. 4163 , I Providers for Business Returns.			
ERO's signature	Date	03-27-2025	5
ERO Must Retain This Fo			
Do Not Submit This Form to the IR For Privacy Act and Paperwork Reduction Act Notice, see the instructions	•	10 00 50	Form 8879-TE

CRISIS DOGS NC 81-335159 EXPENSES Amount POSTAGE \$ 5,1 BANK CHARGES 4,5 ANIMAL SUPPLIES 4,0 DONATION 9	990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024	Page 1
EXPENSESDescriptionAmountPOSTAGE\$ 5,1BANK CHARGES\$ 5,1ANIMAL SUPPLIES4,5DONATION4,0DUES1PHONE1	Name(s) as shown on return		FEIN	
DescriptionAmountPOSTAGE\$ 5,1BANK CHARGES4,5ANIMAL SUPPLIES4,0DONATION5DUES1PHONE1	CRISIS DOGS NC			81-3351592
POSTAGE\$5,1BANK CHARGES4,5ANIMAL SUPPLIES4,0DONATION5DUES1PHONE1		EXPENSES		
BANK CHARGES4,5ANIMAL SUPPLIES4,0DONATION5DUES1PHONE1	Description			
ANIMAL SUPPLIES 4,0 DONATION 5 DUES 11 PHONE 11			\$	5,110
DONATION E DUES E PHONE E				4,540
DUES 1		5	<u> </u>	4,076
PHONE				594
				103
IOCAI: \$ <u>1¥7</u> .	PHONE	Total	_,	63
		IOCAL:	°===	14,400

FOR TAX YEAR 2024

CRISIS DOGS NC

CRC Tax & Business Services

131 Canal St Suite E Pooler, GA 31322

(912)450-0219

2024 Filing Instructions CRISIS DOGS NC Tax year ending 12-31-2024

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

05-15-2025

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

131 Canal St Suite E Pooler, GA 31322 clara@crctax.com Phone: (912)450-0219 | Fax: (912)225-3635

March 27, 2025

CRISIS DOGS NC P O BOX 62 Spring Lake, NC 28390

Subject: Preparation of 2024 Tax Returns

CRISIS DOGS NC:

Thank you for choosing CRC Tax & Business Services to assist with the 2024 taxes for CRISIS DOGS NC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2024 federal and state income tax returns for CRISIS DOGS NC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of CRISIS DOGS NC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2024 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(912)450-0219.

Sincerely,

Robert Daniels CRC Tax & Business Services

Accepted By:

Officer

Date

131 Canal St Suite E Pooler, GA 31322 clara@crctax.com Phone: (912)450-0219 | Fax: (912)225-3635

March 27, 2025

CRISIS DOGS NC P O BOX 62 Spring Lake, NC 28390

CRISIS DOGS NC:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for CRISIS DOGS NC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (912)450-0219.

Sincerely,

Robert Daniels CRC Tax & Business Services

131 Canal St Suite E Pooler, GA 31322 clara@crctax.com Phone: (912)450-0219 | Fax: (912)225-3635

March 27, 2025

CRISIS DOGS NC P O BOX 62 Spring Lake, NC 28390

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (912)450-0219.

Sincerely,

Robert Daniels CRC Tax & Business Services

131 Canal St Suite E Pooler, GA 31322 clara@crctax.com Phone: (912)450-0219 | Fax: (912)225-3635

Customer Name		Customer Information		
CRISIS DOGS NC	Invoice #:			
P O BOX 62	Date:	March 27, 2025		
Spring Lake, NC 28390	Phone:	(910)916-3974		
	E-mail:	faye@crisisdogsnc.org		

Description Fee **Federal And Supplemental Forms** Form 990 Return of Org Exempt from Income Tax, page 1 Form 990 pg 2 Return of Org Exempt from Income Tax, page 2 Return of Org Exempt from Income Tax, page 3 Form 990 pg 3 Return of Org Exempt from Income Tax, page 4 Form 990 pg 4 Form 990 pg 5 Return of Org Exempt from Income Tax, page 5 Return of Org Exempt from Income Tax, page 6 Form 990 pg 6 Form 990 pg 7 Return of Org Exempt from Income Tax, page 7 Return of Org Exempt from Income Tax, page 8 Form 990 pg 8 Return of Org Exempt from Income Tax, page 9 Form 990 pg 9 Form 990 pg 10 Return of Org Exempt from Income Tax, page 10 Form 990 pg 11 Return of Org Exempt from Income Tax, page 11 Form 990 pg 12 Return of Org Exempt from Income Tax, page 12 Organization Exempt Under Sec 501(c)(3), page 1 Schedule A Organization Exempt Under Sec 501(c)(3), page 2 Schedule A pg 2 Schedule A pg 3 Organization Exempt Under Sec 501(c)(3), page 3 Schedule A pg 4 Organization Exempt Under Sec 501(c)(3), page 4 Schedule A pg 5 Organization Exempt Under Sec 501(c)(3), page 5 Schedule A pg 6 Organization Exempt Under Sec 501(c)(3), page 6 Organization Exempt Under Sec 501(c)(3), page 7 Schedule A pg 7 Organization Exempt Under Sec 501(c)(3), page 8 Schedule A pg 8 Supplemental Information, page 1 Schedule O Form 8879-TE E-file Signature Authorization for Tax Exempt Overflow Itemized Listing Attachment

Total Forms	23	Forms Subtotal	800.00
		Total Balance Due	800.00

Payment due upon receipt. Thank you for your business!

990	Tax Exempt Diagnostic Summary	y 2024
Name		Employer Identification #
CRISIS DOGS NC		81-3351592
Demographics		
Mailing Address:	Phone:	: (910)916-3974
P O BOX 62	Email:	
Spring Lake, NC 2839	0	
Resident State: NC		
Signor of Return		
Officer: FAYE SMITH		Title: TREASURER
Diagnostics		
Preparer: Robert Dani	els Invoice:	Date: 03-27-2025
Return Information		

Itom on Dotum	2024	2023 Federal
Item on Return	Federal	(If available)
Total Revenue	314,053	320,589
Total Expenses	293,296	316,850
Net Excess (Deficit)	20,757	3,739
Net Assets or Fund		
Balances	56,816	35,743

State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)