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# PUBLIC DISCLOSURE COPY

Form	9	9	0
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Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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.



AH	or th	e 2022 calendar year, or tax year beginning and o	ending	_			
B c	heck if	le: C Name of organization		D Employer identifie	cation number		
	Addre	P ANIMAL OUTLOOK, INC.					
	Name Chang	Doing business as		52-20344	17		
	Initial return		E Telephone number	r			
	Final returr	P.O. BOX 9773	(301) 89	1-2458			
	terminated			G Gross receipts \$	2,009,482.		
	Amer	WASHINGTON, DC 20010		H(a) Is this a group re			
	Appli tion			for subordinates	? 🗌 Yes  🛣 No		
	pend	<sup>ng</sup> CARROLL AVE, # 439, TAKOMA PARK, MD 20	0912	H(b) Are all subordinates in	ncluded? Yes No		
11	ax-ex	empt status: 🔀 501(c)(3) 🔄 501(c) ( ) (insert no.) 🗔 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption			
ΚF	<sup>i</sup> orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1997 N	State of legal domicile: DE		
Pa	art I						
ø	1	Briefly describe the organization's mission or most significant activities:	AL OUI	LOOK, INC.	IS A		
anc		NATIONAL ANIMAL PROTECTION ORGANIZATION V	WORKIN	IG TO END TH	E ABUSE OF		
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	4		
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			4		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			22		
iti	6	Total number of volunteers (estimate if necessary)	6	60			
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		1,843,925.	2,000,260.		
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,612.	6,137.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		564.	2,405.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,848,101.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		1,249,416.	1,360,418.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă		Total fundraising expenses (Part IX, column (D), line 25)		240.000	<b>E</b> 40, 004		
ш	17			349,280.	543,934.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,598,696.	1,904,352.		
	19	Revenue less expenses. Subtract line 18 from line 12		249,405.	104,450.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
sset 3ala		Total assets (Part X, line 16)	······	1,507,926.	1,597,904.		
et A nd E		Total liabilities (Part X, line 26)		141,374.	206,649.		
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,366,552.	1,391,255.		
1 12	ITT II	- Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
	CHERYL LEAHY, EXECUTIVE I	DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	JENNIFER S. HAN	JENNIFER S.	HAN	09/28	/23 <sup>if</sup> self-employed	₽00633304		
Preparer	Firm's name HAN GROUP, LLC				Firm's EIN			
Use Only	Firm's address 1020 19TH STREET,	NW, SUITE 8	300					
	WASHINGTON, DC 20	036			Phone no. ( 202	293-7000		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate in	structions.			Form <b>990</b> (2022)		
n n	FE COMEDINE O FOD ODCANTS	AMTON MITCOTO						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments	52-2034417 Page
Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission: ANIMAL OUTLOOK, INC. IS A NATIONAL ANIMAL PROTECTION WORKING TO END THE ABUSE OF FARMED ANIMALS USING A	VARIETY OF
STRATEGIES, INCLUDING INVESTIGATIONS, LEGAL ADVOCAC FOOD SYSTEM REFORM, AND VEGAN OUTREACH.	CY, CORPORATE AND
2 Did the organization undertake any significant program services during the year which were not listed	on the
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X N
3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	services?
4 Describe the organization's program service accomplishments for each of its three largest program see Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
revenue, if any, for each program service reported.	
4a (Code:)(Expenses \$480,845. including grants of \$ INVESTIGATION: THE ORGANIZATION'S INVESTIGATORS GO FACTORY FARMS AND SLAUGHTER PLANTS TO DOCUMENT THE THESE FACILITIES. THIS REGULARLY INCLUDES SEVERE AN OF WHICH IS CONSIDERED STANDARD PRACTICES WITHIN AN AS A RESULT OF ITS INVESTIGATIONS, THE ORGANIZATION FAVORABLE ATTENTION IN MAJOR MEDIA OUTLETS AS WELL	CONDITIONS INSIDE NIMAL CRUELTY, SOME NIMAL AGRIBUSINESS. N HAS GARNERED
TELEVISION NEWS PROGRAMS, AND OTHERS. THE ORGANIZAT	
MORE THAN 30 INVESTIGATIONS INSIDE THE MEAT, EGG, A	AND DAIRY INDUSTRIES
4b       (Code:) (Expenses \$	H ACTIVITIES BOTH IN
LEGAL ADVOCACY: THE ORGANIZATION'S LEGAL ADVOCACY I	
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Form	990	(2022)

ANIMAL OUTLOOK, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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) 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			
Ū	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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			x
•	<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
45	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	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? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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2022.04020 ANIMAL OUTLOOK, INC.

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Form 990 (2	2022)	ANIMAL	OUTLOOK,	IN
Part IV	Checklist of	FRequired Sc	hedules (contin	ued)

ANIMAL OUTLOOK, INC.

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		Σ
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		2
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		2
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		
	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			Ι,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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	051		,
20	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former director, trustee, key employee, creater or founder, substantial contributor, or 35%			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		F
	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		
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		2
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
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		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			2
	contributions? If "Yes," complete Schedule M	30 31		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		Ľ
52	Schedule N, Part II	32		2
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		
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?	36		
37	If "Yes," complete Schedule R, Part V, line 2	30		╞╴
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u>.</u>		$\vdash$
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		Yes	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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	4			,0
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Form	990 (2022) ANIMAL OUTLOOK, INC.		52-2034	417	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
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	еO .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	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 A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х
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 t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	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 se	rvices	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 w	as re	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<b></b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<b></b>
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	100	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		X
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			4.5		x
	excess parachute payment(s) during the year?			15		21
16	If "Yes," see the instructions and file Form 4720, Schedule N.	at in a	200	46		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yos " complete Form 4720. Schedule O	IL INCO	e <i>r</i>	16		Δ
17	If "Yes," complete Form 4720, Schedule O.	otiviti -				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any authat would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
232004	i 12-13-22			Form	990	(2022)
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Form 990 (2	2022)
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ANIMAL OUTLOOK, INC.

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

Х

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.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	Ł		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	Ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	├──
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	10-	x	
^	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13 14	X	
4 5	Did the organization have a written document retention and destruction policy?	14	- 23	
5	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?			
~	The organization's CEO, Executive Director, or top management official	150	x	
	Other officers or key employees of the organization	15a 15b	X	
IJ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
Ja	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed CA, MD, MA, NY, VA			
8	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	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)	, ,	,	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
J	statements available to the public during the tax year.	iu iifid	nuidi	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
.0	CHERYL LEAHY - (301) 891-2458			
3200	<b>6930 CARROLL AVE, #439, TAKOMA PARK, MD 20912</b> 3 12-13-22	Form	1 <b>990</b>	(202:
	6			
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Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest C	ompensated
	Employees, and Independe	nt Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i lirecto	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	'ustee	trust		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	l ual tr	tional		nploy	st cor yee	L	10334120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			erganizatione
(1) CHERYL LEAHY	40.00			_						
EXECUTIVE DIRECTOR				Х				123,681.	0.	5,229.
(2) IRINA ANTA TREAS (AS OF 01/2023)	40.00									
SR DIR OF OP. (UNTIL 6/2022)				Х				43,958.	0.	2,603.
(3) AMY TRAKINSKI	1.00								_	_
BOARD CHAIR/PRESIDENT		Х		Х				0.	0.	0.
(4) LISA WINEBARGER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SEBASTIANO COSSIA CASTIGLIONI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) AMANDA HITT	1.00									
BOARD MEMBER		X						0.	0.	0.
					┝					
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box,	not cl , unle:	ss pe	ition <sup>more</sup> rson i	than of is both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
. <u> </u>											
									167 620		
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							167,639. 0. 167,639.	0	• 0.
2	Total number of individuals (including but ne compensation from the organization								eceived more than \$100	0,000 of reportable	1   Yes   No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual									3 X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes,' Iccrue comper	" <i>coi</i> nsati	<i>mple</i> ion f	ete S rom	Sche any	edule / unr	e <i>J f</i> elat	for such individual ed organization or indiv	dual for services	4 X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	olete Schedule	e J fe	or si	ich	pers	son .				5 X
1	Complete this table for your five highest con the organization. Report compensation for t										sation from
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	(C) Compensation
								_			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis )	stec	l above) who received n	nore than	Form <b>990</b> (2022)

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Pa	rt VIII	Statement of Rev	venue					
		Check if Schedule O c	ontains a respor	nse or note to any li	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contril All other contributions, gifts, g similar amounts not included a	1b           1c           1d           butions)         1e           grants, and above         1f	2,000,260. 4,620.				
Con		Noncash contributions included in I Total. Add lines 1a-1f			2,000,260.			
-				Business Code				
Program Service Revenue	2a b c d e							
	f g	All other program service re Total. Add lines 2a-2f						
	3 4	Investment income (includ	ing dividends, in	terest, and	6,137.			6,137.
	5	Royalties						
	b	Less: rental expenses	(i) Real 66 66 66	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securitie	es (ii) Other				
Revenue		Less: cost or other basis and sales expenses	7b					
eve		· / ·····	7c					
Other R	d 8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on I	g events (not of line 1c). See					
		Part IV, line 18		8a	-			
		Less: direct expenses Net income or (loss) from f		8b				
		Gross income from gaming Part IV, line 19	g activities. See	9a				
		Less: direct expenses	····· I	9b				
		Net income or (loss) from g Gross sales of inventory, le and allowances	ess returns	10a 100.				
	b	Less: cost of goods sold		10b 680.				
	с	Net income or (loss) from s	sales of inventor		-580.	-580.		
Miscellaneous Revenue	11 a b	CREDIT CARD R	EWARDS	Business Code 900099	2,985.			2,985.
sells eve	c							
Misc	d	All other revenue						
-		Total. Add lines 11a-11d			2,985.			
23200	<b>12</b> 9 12-13-	Total revenue. See instruction	ns		2,008,802.	-580.	0.	<b>9 , 122 .</b> Form <b>990</b> (2022)

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ANIMAL OUTLOOK, INC.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	175 471	101 464	44 002	0 0 0 4
	trustees, and key employees	175,471.	121,464.	44,983.	9,024
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		770 711	00 205	100 740
7	Other salaries and wages	1,013,764.	770,711.	82,305.	160,748
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	60 007	F2 20C	E 0.01	10 700
9	Other employee benefits	69,897. 101,286.	53,296.	5,821.	10,780.
10	Payroll taxes	101,200.	76,055.	10,707.	14,524
11	Fees for services (nonemployees):				
а	Management	27 022			
b	Legal	27,032. 43,143.	27,032.	12 1 12	
С	Accounting	43,143.		43,143.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	120 220	101 750	10 1/2	207
	column (A), amount, list line 11g expenses on Sch O.)	120,229. 94,932.	101,759. 81,843.	<u>18,143.</u> 11,077.	327
12	Advertising and promotion	8,824.	5,326.	1,128.	2,012
13	Office expenses	9,761.	8,261.	1,473.	2,370
14	Information technology	9,701.	0,201.	1,4/3.	41
15	Royalties	44,459.	33,181.	5,139.	6,139
16		94,797.	82,800.	2,859.	9,138
17	Travel	94,191.	02,000.	2,039.	9,130
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,969.	5,969.		
19 20	Conferences, conventions, and meetings	5,309.	5,209.		
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23		9,339.	4,339.	4,145.	855
23 24	Insurance Other expenses. Itemize expenses not covered	5,555.	1,000.	1,115.	000
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER DIRECT COSTS	83,395.	60,475.	17,172.	5,748
b	IN-KIND GOODS	1,420.		820.	600
c	MISCELLANEOUS	634.	342.	292.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,904,352.	1,432,853.	249,207.	222,292
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	advactional compaign and fundraising colligitation				

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Check here

educational campaign and fundraising solicitation.

\_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

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	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subs	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,093.	8	7,741. 11,329.
<	9	Prepaid expenses and deferred charges			20,232.	9	11,329.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>8,184.</u> 8,184.			
	b	Less: accumulated depreciation	10b	8,184.	0.	10c	0.
	11	Investments - publicly traded securities			335,399.	11	255,652.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,765.	15	23,463.
	16	Total assets. Add lines 1 through 15 (must equa			1,507,926.	16	1,597,904.
	17	Accounts payable and accrued expenses		141,374.	17	158,648.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	28,965.
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	ontributor, or 35%				
iab		controlled entity or family member of any of thes	ons		22		
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	19,036.
	26	Total liabilities. Add lines 17 through 25			141,374.	26	206,649.
s		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.			1 001 110		1 004 040
alar	27	Net assets without donor restrictions			1,231,110.	27	1,204,843.
ΪB	28	Net assets with donor restrictions		<u></u>	135,442.	28	186,412.
n		Organizations that do not follow FASB ASC 9	58, che	ck here			
۲ ۳		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		1 266 552	31	1 201 255	
ž	32	Total net assets or fund balances		1,366,552.	32	1,391,255.	
	33	Total liabilities and net assets/fund balances			1,507,926.	33	1,597,904.
							Form <b>990</b> (2022)

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

(A) Beginning of year

895,977.

200,231.

48,229.

1

2

3 4

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2022)

1

2

3

4

**(B)** End of year

512,782.

695,494.

91,443.

	ANIMAL OUTLOOK, INC.	52-2	2034417	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,90		
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,36		
5	Net unrealized gains (losses) on investments	5	-7:	9,7	47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,39	1,2	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

232012 12-13-22

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

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
I	2022
	Open to Public Inspection
Employer	identification number

# Name of the organization

Nan				TNO					2 2024417	1			
Do	rt I	Reason for Public (	AL OUTLOOK			- :			2-2034417	_			
								1S.					
	organ	ization is not a private found	-	-	-	-							
1		A church, convention of ch				on 170(b)(1	1)(A)(i).						
2		A school described in section											
3		A hospital or a cooperative					-						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 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 <b>section 170(b)(1)(A)(v).</b>											
7	X												
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in coniu	unction with a	land-grant	college				
-		or university or a non-land-				-		-	-				
		university:	grant conege of agric		Entor tho	name, eng	y, and state s	r the colleg					
10		-	lly reacives (1) more	than 22 1/20/ of its our	nort from	oontributic	no momboro	hin face a	ad areas respires from				
10		An organization that norma											
		activities related to its exen		-					-				
		income and unrelated busir		(less section 511 tax) th	om busine	sses acqu	lired by the o	ganization	aπer June 30, 1975.				
		See section 509(a)(2). (Cor											
11	H	An organization organized a	-	•	•								
12		An organization organized a	-	•	-			-					
		more publicly supported or							check the box on				
		lines 12a through 12d that				-		-					
а		<b>Type I.</b> A supporting orga	-	-	•	-							
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting				
	_	organization. You must c	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving				
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
		_ organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,				
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .						
е		Check this box if the orga		-				II, Type III					
		functionally integrated, or											
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0					٦			
a	Prov	vide the following informatior	n about the supporte	d organization(s).						_			
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	-			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	)			
										-			
										-			
										—			
<b>.</b>										_			
Tota													

Schedule A	(Form 990)	2022

ANIMAL OUTLOOK, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2002624.	2181626.	1556994.	1843925.	2000260.	9585429.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2002624.	2181626.	1556994.	1843925.	2000260.	9585429.
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)						3176304.
6	Public support. Subtract line 5 from line 4.						6409125.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2002624.	2181626.	1556994.	1843925.	2000260.	9585429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,790.	7,373.	2,848.	988.	6,137.	23,136.
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.)		1,313.	5,888.			7,201.
11	Total support. Add lines 7 through 10						9615766.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	69,708.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, <sup>.</sup>	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (	line 6, column (f), d	livided by line 11, o	column (f))		14	66.65 %
	Public support percentage from 2021					15	54.90 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s
						Schodulo A	(Form 990) 2022

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(	e) 2022	(f) Tota	al
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
C	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support				-1				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(	<b>e)</b> 2022	(f) Tota	al
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	• 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								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)						(0)		
14	First 5 years. If the Form 990 is for t								
Sa	check this box and stop here ction C. Computation of Pub								. 🖵
	Public support percentage for 2022			column (f))		15			%
	Public support percentage from 202					16			
	ction D. Computation of Inve					10			70
	Investment income percentage for 2				))	17			%
18	Investment income percentage from					18			%
	a 33 1/3% support tests - 2022. If the					L L	% and line 1	7 is not	70
190	more than 33 1/3%, check this box a	-							
ŀ	33 1/3% support tests - 2021. If the								. —
Ľ	line 18 is not more than 33 1/3%, ch	•							
20	Private foundation. If the organization								
	23 12-09-22	si dia not oncor a	<u></u>	a, or 100, 0100K		50000	Schedule A		
_020				15			20.70 duio F		,
17(	0926 140308 AO	202	22.04020		JTLOOK, IN	c.		AO	1

ANIMAL OUTLOOK, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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.	11c		
<u> </u>	stion P. Type I Supporting Organizations			
Sec	ction B. Type I Supporting Organizations			
Sec			Yes	No
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 organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		Yes	No
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 organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization.</i>	1	Yes	No

organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C	. Type I	I Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
600	ation D. All Type III Supporting Organizations			

Sec	tion b. An Type in Supporting Organizations	
4	Did the organization provide to each of its supported organizations	by the last de

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard	3	

#### Section E. Type III Functionally Integrated Supporting Organizations

- a 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 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

За

3b

1

instructions).

# Schedule A (Form 990) 2022 ANIMAL OUTLOOK , INC . Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribut	ions	2		
3 Other gross income (see instruct	ions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses p	aid 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	3)	7		
8 Adjusted Net Income (subtract	ines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of al	non-exempt-use assets (see			
instructions for short tax year or	assets held for part of year):			
a Average monthly value of securit	ies	1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-ex	empt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage of	r other factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness application	able to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt us	se. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use ass	ets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distribut	ions	7		
8 Minimum Asset Amount (add li	ne 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year	ar (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		
	ear is the organization's first as a non-functior	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 202
Part V Type III No

22	ANIMAL	OUTLOOK,	INC.	
on-Functi	onally Integ	rated 509(a)(3	Supporting C	rgan

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued	d)	
Sect	ion D - Distributions	<u></u>	loontindoo	<u>,</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2018	AMOUNT:	\$ 0.				
2019	AMOUNT:	\$ 1,313.				
2020	AMOUNT:	\$ 5,888.				
2021	AMOUNT:	\$ 0.				
2022	AMOUNT:	\$ 0.				
232028 12-						A (Form 990) 2

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

52-2034417

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

#### ANIMAL OUTLOOK, INC.

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Name of organization

Employer identification number

52-2034417

# ANIMAL OUTLOOK, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
		\$493,600.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
2		\$240,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
3		\$128,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contribution

Schedule B	(Form	990)	(2022)
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Name of organization

Page 2

Employer identification number

## ANIMAL OUTLOOK, INC.

52-2034417

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$64,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$53,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	23		Schedule B (Form 990) (2022)
170926	140308 AO 2022.04020 ANIMAL	OUTLOOK, INC.	AO1

10170926 140308 AO

Name of organization

Page 2 Employer identification number

ANIMAL OUTLOOK, INC.

52-2034417

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>13</u>		\$50,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>14</u>		\$47,100.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

2022.04020 ANIMAL OUTLOOK, INC.

Schedule	B (Form 990) (2022)	
Name of c	organization	E
ANIMA	L OUTLOOK, INC.	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)

Part I		(See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
3453 11-15-22	25		Schedule B (Form 990) (202

Employer identification number

(d)

Date received

52-2034417

10170926 140308 AO

Name of orga	nization		Employer identification numb
ANIMAL	OUTLOOK, INC.		52-2034417
f	Exclusively religious, charitable, etc., contribut rom any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following line entry. For o	
ι	Jse duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-			

Schedule B (Form 990) (2022)

-		(e) Transfe	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held
ŀ		(e) Transfe	ar of gift	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held
		(e) Transfe	er of gift	
ľ	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held
ŀ		(e) Transfe	er of gift	1
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee

26

223454 11-15-22

10170926 140308 AO 2022.04020 ANIMAL OUTLOOK, INC. Schedule B (Form 990) (2022)

AO\_\_\_\_1

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.	
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information	
Name of the organization	ANIMAL OUTLOOK, INC.	

tements	ŀ
n Form 990,	
1f, 12a, or 12b.	

Inspection Employer identification number

OMB No. 1545-0047

**Open to Public** 

	ANIMAL OUTLOOK, INC	C.	52-2034417
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
-	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	unds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		v, mo /.
•	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2		ind concernation contribution in the form of a	concervation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form of a (	Held at the End of the Tax Year
-			
a L	Total number of conservation easements		
D			
с	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	-	
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ition easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Des	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Other	r Similar Acasta
Fai			Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	-	n, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022
23205	09-01-22		

10170926 140308 AO

27 2022.04020 ANIMAL OUTLOOK, INC.

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued]         Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>Debite exhibition</li> <li>Schalarly research</li> <li>Description of thure generations</li> <li>Provise a description of the organization accession, and other records, the organization's exempt purpose in Part XIII.</li> </ul> 9         Provise a description of the organization accession or active distribution at researce or other similar assets           10         Departure than to be maintained as part of the organization accession of arth, historical treasures, or other similar assets           9         Toring the year, did the organization accession for future generations to collection?         Yea         No           9         Toring the year, did the organization and or other intermodiary for contributions or other assets not included on form 300, Part X, line 21, line 21, for secrew or outstodial account liability?         Yes         No           14         Endowing that earrangement in Part XIII. Check here if the explanation has been provided on Part XII.         Yes         No           2         Dot the organization accular answard Yea' or provide account liability?         X         Yes         No           4         Controlutions during the year         (a) Curent year         (b) Prior year St			OUTLOOK, I			or Oth		2034417 Page 2
collection time (check all that apply): <ul> <li>Collection time (check all that apply):</li> <li>Scholarly research</li> <li>Collection to thure generations</li> <li>Collection to thure generations of collections and explain how they further the organization's esempt purpose in Part XIII.</li> </ul> <li>To the decision that are than to be maintained as part of the organization answered "Yes" on Form 990, Part XIII.</li> <li>The organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII.</li> <li>The organization and point the arrangement in Part XIII and complete the following table:</li> <li>Contributions or other assets not included an anount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Cont be organization and the organization and</li>				-				
a       Public exhibition       d       Can or exchange program         b       Scholary research       e       Other	3		ion, and other record	is, check an	y of the following	inat make	significant use of	of its
b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds rating methatical das part of the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Control Contr			d		a ar avahanga pro	arom		
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or         11       Is for organization and apple the trend present to the intermediary for contributions or other assets not included         11       Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included         12       Big is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         12       Bother organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         13       Bother organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         14       Endowment Funds. Complete if the organization asswerd 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?         14       Endowment Funds. Complete if the organization received on Form 990, Part X, line 21, for escrow or custodial account liability?         15       Contributions         16       Intermation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     <			d		÷ .	-		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part IV second a macronic norm 980, Part X, line 21.     Amount     Additions during the year     In the organization agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Begrining balance     Intermediation agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Begrining balance     Intermediation agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Bedginning balance     Intermediation agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Both organization agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X?     Both organization include an amount on Form 980, Part X, line 21, for secrem or custodial account lability?     If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Begrining of year balance     Intermediation include an amount on Form 980, Part X, line 21, for secrem or Form 980, Part X, line 21, for secrem Fo			e		er			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       Yes       No         Part V       Escrow and Custodial Arrangements. Complete if the organization is collection?       Yes       No         Part V       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 980, Part X ine 21.       Yes       X       No         b if 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       10       Amount       10       10       Amount       10		-	alloctions and avalai	n how thou	further the organiz	ation's ov	ampt purpaga in	Dort VIII
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.           c         Beginning balance         1c         Amount           c         Id         Id         Id           d Additions during the year         1d         Id         Id           f Ending balance         1f         Id         Id         Id           a Distributions during the year         1d         Id         Id         Id         Id           d Additions during the year         1d         Id								Fall All.
Part V       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2       Ves       X       No         b If "Yes," explain the arrangement in Part XII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X.       Image: Complete intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       X         2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Ves       X         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (d) Four years back in the argonement in Part XII.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back in the prosenses in the organization answered "Yes" on Form 990, Part X, line 21.	5							
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XZ       Ves       X No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       In         c Beginning balance       Ic       In       In       In       In         d Additions during the year       Ie       In       In <td>Par</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Par							
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       IVes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1c       Amount         c       Beginning balance       1c       Id       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       Is       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Is       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII.       Pervice if the arrangement in Part XIII.       Provice if the organization answered 'Yes' on Form 990, Part XIII.       Pervice if the explanation answered 'Yes' on Form 990, Part XIII.       Pervice if the explanation answered 'Yes' on Form 990, Part XIII.       Pervice if the organization set as a cholarships.       Image: State if the organization set as a cholarships.       Image: State if the organization set as a cholarships.       Image: State if the organization set as a cholarships.       Image: State if the organization set as a c	I UI						111 0111 990, Fai	t iv, in e 9, 0i
on Form 990, Part X2	12			liany for con	tributions or other	assets no	tincluded	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	Ia							
c       Beginning balance       Amount         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       IX       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       IX       Yes       No         ta       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         to Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         to Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         to Contributions       (b) Prior year       (b) Prior year       (c) Two years back       (e) Four years back         to Controlutions       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities	h							
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti liability?       X       Yes       No         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       For yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State Sta	U.		and complete the lo	nowing table	5.			Amount
d Additions during the year       1d         e Distributions during the year       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       IX       Yes       No         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         g End of year balance       (c) Tare endowment       96       (c) Term endowment       (c) So year       (c) Term endowment       (c) So year	~	Reginning balance					10	,
e Distributions during the year 1e   f Ending balance 1f   2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X   Yes explant the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X   Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year (b) Prior year   (c) Two years back (d) Three years back   (e) Contributions (e) Four years back   (f) Contributions (f) Three years back   (g) Endowment Funds. (f) Contributions   (h) Prior year (c) Two years back   (h) Prior year (f) Three years back   (h) Prior year (g) Three years back   (h) Prior years (h) Prior years   (h) Contributions (h) Prior years   (h) Prior years (h) Prior years   (h) Contributions <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       X       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Statistical S								
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       IX         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       IX       IX       IX         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Control expenditures for facilities       (a) Colument       (b) Prior year       (c) Two years back       (e) Fouryears back								
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Character Structure Structu								X Ves No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Content setures       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Content setures       (c) Accurent year end balance       (in an advertee year)       (in advertee ye		-					• • • • • • • • • • • • • • • • • • • •	
(a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (c) Two years back         1a       Beginning of year balance	_							
1a       Beginning of year balance       Image: Second Sec			-					oack (e) Four years back
b       Contributions	10	Reginning of year balance		(10) 1 1101	<b>Jou</b> ( <b>cj m j</b>		(,	(0) * *** ) *** *
c       Net investment earnings, gains, and losses								
d Grants or scholarships								
e       Other expenditures for facilities and programs								
and programs		-						
f       Administrative expenses	е							
g End of year balance								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations is lated as required on Schedule R?</li> <li>(iii) are the related organization's endowment funds.</li> </ul> Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation         b       Buildings								
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations	-							
b       Permanent endowment      %         c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations isted as required on Schedule R?</li> <li>(iii) Are the related organizations isted as required on Schedule R?</li> <li>(iii) Cost or other is the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation depreciation</li> <li>(d) Book value basis (investment)</li> <li>(ii) basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cother</li> <li>(d) Cother</li>             &lt;</ul>			rent year end baland		olumn (a)) neid as:			
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation         b Buildings       (b) Related (iinprovements)       <	-	-	0/	_%				
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiiii) Related organizations</li> <li>(iiiiiiii) Related organizations</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings	С		· -					
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3a(ii)       3a(i)       3a(i) <td< td=""><td>0-</td><td></td><td>-</td><td>- 1 1 1</td><td>- la al al ana al la alvadia i</td><td></td><td>41</td><td></td></td<>	0-		-	- 1 1 1	- la al al ana al la alvadia i		41	
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other	за	•	ession of the organiz	ation that ar	e neid and admini	stered for	the	Voc No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1       1         b       Buildings       1       1         c       Leasehold improvements       8,184.       8,184.         d       Equipment       8,184.       0.								
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land								
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       (d) Book value         b       Buildings       (d) Book value         c       Leasehold improvements       (d) Book value         d       Equipment       8,184.       8,184.         e       Other       (d) Book								
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land				owment fund	IS.			
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Fai			) Part IV lin	a 11a See Form (	00 Part V	line 10	
basis (investment)     basis (other)     depreciation       1a Land				· · ·				
b Buildings		Description of property						(d) Book value
c Leasehold improvements         8,184.         8,184.         0.           d Equipment         8,184.         0.           e Other         9         100.         100.	1a	Land						
c Leasehold improvements         8,184.         8,184.         0.           d Equipment         8,184.         0.           e Other         9         100.         100.								
d Equipment         8,184.         8,184.         0.           e Other								
e Other					8,184	•	8,184.	0
				X, column (l	B), line 10c.)			0

Schedule D (Form 990) 2022

232052 09-01-22

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (b) must equal Form 000, Part X, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must sound Form 000, Part X, col. (P) lin	o 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<del>5</del> 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV line	e 11e or 11f. See Form 990 Part X line 25	
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			.,
(2) OPERATING LEASE LIABILITY	1		19,036.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin			19,036.

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

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 ANIMAL OUTLOOK, INC.				2034417 Page 4				
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturi	n.				
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	2,176,144.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a	-79,747.						
b	Donated services and use of facilities	. 2b	246,409.						
С	Recoveries of prior year grants	. 2c							
d	Other (Describe in Part XIII.)	2d	680.						
е	Add lines 2a through 2d			2e	167,342.				
3	Subtract line 2e from line 1			3	2,008,802.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a							
b	Other (Describe in Part XIII.)	. 4b							
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,008,802.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.									
	Reconciliation of Expenses per Audited Financial Statem	ients wit	n Expenses per	κετι	ırn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		n Expenses per	Reti					
1			· ·	кеті 1	ırn. 2,151,441.				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		· ·						
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a							
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b	246,409.						
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			2,151,441.				
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	246,409.		2,151,441.				
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	246,409.	1	2,151,441.				
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	246,409.	1 2e	2,151,441.				
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	246,409.	1 2e	2,151,441.				
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	246,409.	1 2e	2,151,441.				
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	246,409.	1 2e	2,151,441. 247,089. 1,904,352. 0.				
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 2d 4a 4b	246,409.	1 2e 3	2,151,441. 247,089. 1,904,352.				
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	246,409.	1 2e 3 4c	2,151,441. 247,089. 1,904,352. 0.				

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

#### PART IV, LINE 2B:

FUNDS HELD FOR OTHERS REPRESENT ATTORNEY FEES DONORS DIRECTED TO BE PASSED

THROUGH TO CERTAIN ATTORNEYS WHO PARTICIPATED IN THE LITIGATION TOWARDS

THE CLASS ACTION LAWSUIT.

PART X, LINE 2:

### THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS

CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE

CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

## RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD

# OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX

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Schedule D (Form 990) 2022

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AO 1

OSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE	
Part XIII Supplemental Information (continued)	
Schedule D (Form 990) 2022       ANIMAL OUTLOOK, INC.       52-2034417 Page         Part XIII       Supplemental Information (continued)       POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE         ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO       UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.	r is the
Part XIII Supplemental Information (continued) POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE DRGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO	
XIII Supplemental Information (continued) ITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE ANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO	
THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX I	POSITIONS FOR

THE YEAR ENDED DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE STATUTE OF LIMITATIONS GENERALLY REMAINS OPEN FOR THREE TAX YEARS WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE

ORGANIZATION FILES TAX RETURNS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

680.

680.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE O

(Form 990)

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



52-2034417

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANIMAL OUTLOOK, INC.

FARMED ANIMALS USING A VARIETY OF STRATEGIES, INCLUDING INVESTIGATIONS,

LEGAL ADVOCACY, CORPORATE AND FOOD SYSTEM REFORM, AND VEGAN OUTREACH.

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

ALLEGING MISTREATMENT OF ANIMALS AT A LAMB SLAUGHTERHOUSE. DURING 2022,

\$246,409 OF DONATED LEGAL SERVICES WERE PROVIDED TO SUPPORT ANIMAL

OUTLOOK IN VARIOUS LEGAL CASES RELATED TO MISTREATMENT OF ANIMALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CORPORATE ENGAGEMENT AND FOOD SYSTEM REFORM: THE CORPORATE ENGAGEMENT

AND FOOD SYSTEM REFORM PROGRAM WORKS TO CHALLENGE THE STATUS QUO OF THE

ANIMAL AGRIBUSINESS BY REVOLUTIONIZING FOOD SYSTEMS THROUGH BOTH

WORKING TO CHANGE CORPORATE PRACTICES AND MOBILIZING SUPPORTERS TO

ENCOURAGE AN INCREASE IN VEGAN OFFERINGS AND DISPLACEMENT OF

ANIMAL-BASED OFFERINGS IN SUPPLY CHAINS AND MENUS, AS WELL AS PROVIDING

FARMERS WITH COMPREHENSIVE SUPPORT TO TRANSFORM THEIR ANIMAL

AGRIBUSINESS TO A SUCCESSFUL, FUTURE-FORWARD PLANT-FOCUSED

AGRIBUSINESS.

EXPENSES \$ 268,331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED DURING 2022 TO REFLECT UPDATED POLICIES RELATED TO

ATTENDANCE FOR DIRECTORS AND TO ADD A VICE PRESIDENT ROLE.

FORM	990,	PART	VI,	SECTION	в,	LINE	11B:						
LHA For	Paperwo	rk Reduc	tion Act	t Notice, see the	e Inst	ructions fo	r Form	990 or 990-l	EZ.		Schedule C	) (Form 99	0) 2022
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Schedule O (Form 990) 2022	Page <b>2</b>							
Name of the organization ANIMAL OUTLOOK, INC.	Employer identification number $52-2034417$							
THE FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTO	OR, THE DIRECTOR OF							
OPERATIONS, AND BOARD CHAIR. THE FORM 990 IS THEN MADE AV	AILABLE TO REVIEW							
BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.								

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN OFFICER, DIRECTOR, OR EMPLOYEE MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTERESTS IN THE ORGANIZATION, INCLUDING BUSINESS AND FAMILY RELATIONSHIPS IN THE ORGANIZATION. ANY POSSIBLE DISCLOSED FINANCIAL INTEREST, OR BUSINESS AND FAMILY RELATIONSHIPS, IS REVIEWED BY THE HEAD OF OPERATIONS AND EXECUTIVE DIRECTOR TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. (NOTE THAT A FINANCIAL INTEREST OR BUSINESS AND FAMILY RELATIONSHIP DOES NOT NECESSARILY CONSTITUTE A CONFLICT OF INTEREST). IF THE PERSON DISCLOSING THE FINANCIAL INTEREST OR EXISTING BUSINESS AND FAMILY RELATIONSHIPS IS A CURRENT MEMBER OF THE BOARD OF DIRECTORS, SAID MEMBER SHALL LEAVE THE MEETING ROOM DURING THE DISCUSSION OF, AND THE VOTE ON, WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD OF DIRECTORS DETERMINES A CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS SHALL TAKE APPROPRIATE CORRECTIVE OR DISCIPLINARY ACTIONS.

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

BOARD OF DIRECTORS DISCUSSION AND VOTE OF APPROVAL IS REQUIRED FOR THE SALARY OF THE EXECUTIVE DIRECTOR. CONSIDERATIONS INCLUDE COMPARABILITY DATA, CURRENT BUDGET, AND FORECAST. THE MOST RECENT COMPENSATION STUDY FOR THE EXECUTIVE DIRECTOR TOOK PLACE MID-YEAR 2022.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPONSchedule O (Form 990) 2022232212 10-28-223310170926 140308 AO2022.04020 ANIMAL OUTLOOK, INC.AO\_\_\_\_1

Schedule O (For Name of the orga	anization	AL OUTLOOK,	INC	•					Employer ider 52-20	ntification nur 34417
REQUEST.		STATEMENTS			ABLE	то	THE	GENERA		
REQUEST.										
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