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<form> Do not send to the IRS. Keep for your records. Do Not send to the IRS. Keep for your records. Do Not send to the IRS. Keep for your records. med film: INIAL OUTLOOK, INC. IN resist 52-203417 med at the of ofter or person subject to its: CHERYL LEAHY EXECUTIVE DIRECTOR Texast the offer or person subject to its: CHERYL LEAHY EXECUTIVE DIRECTOR Texast to soft of the return for which you are using this form 80% TE and enter the applicable mount, if any, from the return, form 60% GA, 70%, 60%, 50%, 60%, 60%, 60%, 60%, 60%, 60%, 60%, 6</form>				, 20	2022
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EXECUTIVE DIRECTOR Parl Type of Return and Return Information Description Description Descrescription				52-2	034417
Part II Type of Return and Return Information west the book for the return for which you are using this Form 837-12 and enter the applicable amount, if any, from the return. Form 8030-CI mb S300 files may enter collurs and cents. For all other form, enter which collars only if you check the box on ine 18, 22, 38, 46, 76, 86, 95, bichever is applicable, Bank (do not enter -0.). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not comple an online in B return or the inter or weight and you (form 900, Part VIII, column (A), line 12) the 1, 793, 23, 24, 26, 46, 26, 26, 26, 26, 26, 26, 26, 26, 26, 2	Name and title of officer or pe	· · · · · · · · · · · · · · · · · · ·			
besk the box for the return for which you are using this Form 3879-TE and enter the applicable anount, if any, from the torm, form 8030 (files may enter dollars and doets). For all doets form, and there form, enter which edidance only if you check the box on the 14, 23, a9, 45, 56, 67, 76, 89, 99, 7100 below, and the amount on that line for the return, then which filed with this form was blank, then leave line to, 23, 36, 46, 50, 66, 75, 89, 99, 700 below, and the amount on that line for the return. How most blank, then leave line to, 23, 36, 46, 50, 66, 75, 89, 99, 700 belock here is form 390-EZ check here is to toti revenue, if any (form 990, Part VIII, column (A), line 12) is 1, 779.37, 45, 700 belock here is form 390-FF check here is total revenue, if any (form 990, Part VIII, column (A), line 12) is 1, 779.37, 45, 700 belock here is form 390-FF check here is total tax (Form 1390-F, Part VI, line 5) is 6, 700 m90-FF check here is total tax (Form 1390-F, Part VI, line 5) is 6, 700 m90-FF check here is total tax (Form 1390-F, Part VI, line 5) is 6, 700 m90-FF check here is total tax (Form 390-F, Part VI, line 5) is 6, 700 m90-FF check here is 7 total tax (Form 390-F, Part VI, line 5) is 6, 700 m90-FF check here is 7 total tax (Form 390-F, Part VI, line 5) is 6, 700 m90-FF check here is 7 total tax (Form 1900-F, Part VI, line 5) is 6, 700 m90-FF check here is 7 total tax (Form 1900-F, Part VI, line 5) is 6, 700 m90-FF check here is 7 total tax (Form 1900-F, Part VI, line 2) is 7 total tax (Form 1900-F, Part VI, lin	Part I Type of				
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2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 120-POL check here b Total tax (Form 120-POL, ine 22) 3b 4a Form 990-PC check here b Balance due (Form 8666, line 30) 5b 5a Form 4720 check here b Data tax (Form 9720, Part II, line 4) 6b 5a Form 9700 check here b Total tax (Form 9720, Part II, line 4) 6b 5a Form 5207 check here b Total tax (Form 9300-FZ, line 9) 8b 5a Form 5300 check here b Total tax (Form 9330, Part II, line 4) 7b 5a Form 8303 chech here b Total tax (Form 9330, Part II, line 1) 8b 5a Form 8303 chech here b Total tax (Form 9300-FZ, line 9) 8b 5a Form 8303 chech here b Total tax (Form 9300, Part II, line 1) 7b 5a Form 8303 chech here b Total tax (Form 9300, Part II, line 1) 7b 5a Form 8303 chech here b Anount of credit or Part 300, main tax (Form 930, Part II, line 1) 7b 5a Form 8303 chech here b Anount of credit or Part 300, main tax (Form 9720, Part III, line 1) and that 1 have scaling a check here 5a Form 9300-FC heck here b Anount of credit or part 900, main tax (Form 9207, Item 10) and that 1 have scaling a check here 5a Form 8300 chech here b Form 9300, Form 110, have indicated tax (Form 7200, Form 10) and that 1 have scaling a check here <td></td> <td>nere X</td> <td>b Total revenue, if any (Form 990, Part VIII, column (A), line 1:</td> <td>2)</td> <td>1ь 1,793,93</td>		nere X	b Total revenue, if any (Form 990, Part VIII, column (A), line 1:	2)	1ь 1,793,93
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	Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nur submitting this return in ad Business Returns. ERO's signature JEN	our six-digit electroni y your five-digit self-s meric entry is my PIN ccordance with the r INIFER S. H Do Not Su	c filing identification elected PIN. 547011000 Do not enter all ze N, which is my signature on the 2023 electronically filed return in equirements of Pub. 4163, Modernized e-File (MeF) Information AN Date C RO Must Retain This Form - See Instructions bmit This Form to the IRS Unless Requested To	eros dicated above. for Authorized) 7 / 29 / 24	I confirm that I am
2023.04000 ANIMAL OUTLOOK, INC. AO	Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above num submitting this return in ad Business Returns. ERO's signature JEN	our six-digit electroni y your five-digit self-s meric entry is my PIN ccordance with the r INIFER S. H Do Not Su	c filing identification elected PIN. 547011000 Do not enter all ze N, which is my signature on the 2023 electronically filed return in equirements of Pub. 4163, Modernized e-File (MeF) Information AN Date C RO Must Retain This Form - See Instructions bmit This Form to the IRS Unless Requested To	eros dicated above. for Authorized) 7 / 29 / 24	l confirm that I am RS <i>e-file</i> Providers fo

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** 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.



Department of the Treasury Internal Revenue Service

A	For th	e 2023 calendar year, or tax year beginning and e	ending		
B	Check if applicat	le: C Name of organization		D Employer identifie	cation number
	Addr				
	Name	pe Doing business as		52-20344	17
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final returr	P.O. BOX 9773		(301) 89	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,466,515.
	Amer	WASHINGION, DC 20010		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: CHERYL LEAHY, 7304		for subordinates	? 🖸 Yes 🔀 No
	pend	^{ng} CARROLL AVE, #228, TAKOMA PARK, MD 209	912	H(b) Are all subordinates in	Included? Yes No
1	Tax-e>	empt status: 🔀 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) o	r 📃 527	lf "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
K	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year (of formation: 1997 N	State of legal domicile: DE
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities: A NAT	TIONAL	ANIMAL PRO	TECTION
Governance		ORGANIZATION WORKING TO END THE ABUSE OF	FARME	D ANIMALS.	
ŝ,	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Ň	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	4
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	19
viti	6	Total number of volunteers (estimate if necessary)		6	60
Activities &	7 a	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
ē	8	Contributions and grants (Part VIII, line 1h)		2,000,260.	1,741,629.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	3,104.
lev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,137.	25,447.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,405.	23,754.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,008,802.	1,793,934.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	9,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,360,418.	1,324,614.
sus,	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 219,59	93.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		543,934.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,904,352.	1,730,369.
	19	Revenue less expenses. Subtract line 18 from line 12		104,450.	63,565.
s or			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		1,597,904.	1,650,191.
t As	21	Total liabilities (Part X, line 26)		206,649.	185,944.
Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,391,255.	1,464,247.
Pa	art II	5			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is

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 D	IRECTOR				
	Type or print name and title	_		_		
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	JENNIFER S. HAN	JENNIFER S.	HAN	07/29	/24 self-employed	P00633304
Preparer	Firm's name HAN GROUP, LLC				Firm's EIN	
Use Only	Firm's address 1020 19TH STREET,		800			
	WASHINGTON, DC 20	036			Phone no. (202) 293-7000
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form 990 (2023)

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	990 (2023) ANIMAL OUTLOOK, INC.	52-2034417	Page
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ANIMAL OUTLOOK IS A NATIONAL ANIMAL PROTECTION ORGA END THE ABUSE OF FARMED ANIMALS USING A VARIETY OF INCLUDING INVESTIGATIONS, LEGAL ADVOCACY, CORPORATE	STRATEGIES,	
	REFORM, AND VEGAN OUTREACH.		
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?		XN
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	services?Yes	XN
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program se 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.		anu
4a	(Code:)(Expenses \$ 478,059. including grants of \$ INVESTIGATIONS: THE ORGANIZATION'S INVESTIGATORS GO	O UNDERCOVER INSI	
	ANIMAL AGRICULTURE FACILITIES TO DOCUMENT THE CONDI FACILITIES. THIS REGULARLY INCLUDES SEVERE ANIMAL (SE
	WHICH ARE CONSIDERED STANDARD PRACTICES WITHIN ANIM	-	AS
	A RESULT OF ITS INVESTIGATIONS, THE ORGANIZATION HA		
	ATTENTION IN MAJOR MEDIA OUTLETS AS WELL AS LOCAL M		
	TELEVISION NEWS PROGRAMS, AND OTHERS. THE ORGANIZAT		
	MORE THAN 30 INVESTIGATIONS INSIDE THE MEAT, EGG, A	AND DAIRY INDUSTR	IES.
4b	(Code:) (Expenses \$ 287,773 • including grants of \$ 9,500	(Revenue \$	
	VEGAN OUTREACH: THE ORGANIZATION PROMOTES VEGAN EAT		
	MAINSTREAM AMERICAN PUBLIC THROUGH ADVOCACY VIDEOS	ONLINE, IN-PERSO	N
	EVENTS, AND OTHER NATIONAL AND LOCAL CAMPAIGNS.		
4c	(Code:) (Expenses \$ 280,744. including grants of \$) (Revenue \$	
	LEGAL ADVOCACY: THE ORGANIZATION'S LEGAL ADVOCACY I TO PROACTIVELY CHALLENGE THE SYSTEMIC HARMS OF ANIM		ED
	THROUGH LITIGATION, CRIMINAL ENFORCEMENT, AND OTHER		יווית
	PROGRAM HAS REPEATEDLY SECURED CRIMINAL ENFORCEMENT		
	ACCOUNTABILITY FOR THE MISTREATMENT OF ANIMALS, DO		
	ORGANIZATION'S UNDERCOVER INVESTIGATIONS, INCLUDING		
		ROGRAM ALSO CONDU	CTS
	STRATEGIC LITIGATION, SUCH AS UNCOVERING AND DEVELO	OPING THE INITIAL	
	CASE THEORY FOR WHAT ULTIMATELY BECAME A CLASS ACT	ION AGAINST MOST	OF
	THE DAIRY INDUSTRY FOR PRICE-FIXING THROUGH A COW-H	-	
	RESULTING IN A \$52M AWARD TO CONSUMERS IN 2016, ANI		
	SETTLEMENT AND CONSENT DECREE IN A FEDERAL FALSE CI	LAIMS ACT LITIGAT	ION
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 203,326 · including grants of \$) (Revenue \$ Total program service expenses 1,249,902 ·)	
4e	Total program service expenses 1,249,902.	Form 9	
3200	2 12-21-23 SEE SCHEDULE O FOR CONTINUAT		30 (20)
40	729 140308 AO 2023.04000 ANIMAL OUTLOOK,	INC. AO	

Form	990	(2023)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		x	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	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,	0		
'	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	-		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	x	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	Form 990 (2	2023)	ANIMAL	OUTLOOK,	IN
ĺ	Part IV	Checklist o	f Required 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		2
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 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			\vdash
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			Γ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		2
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		
	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?/f "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		2
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		2
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ι.
	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		
25-2		34 35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u>⊢</u>
5	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?			\vdash
~	If "Yes," complete Schedule R, Part V, line 2	36		:
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	N
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2023) ANIMAL OUTLOOK, INC. 52-2034	417	Р	age 5
Pa	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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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 by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
.	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
22200	If "Yes," complete Form 6069.	Form	990	(2023)

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2023.04000 ANIMAL OUTLOOK, INC.

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	Form	990	(2023)
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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	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		
	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	1		
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		2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			I.
	of officers, directors, trustees, or key employees to a management company or other person?	3		Σ Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2 2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Z
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	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			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Σ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		2
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe on Schedule O how this was done</i>	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, MD, MA, NY, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) 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, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHERYL LEAHY - (301) 891-2458			
32006	7304 CARROLL AVE, #228, TAKOMA PARK, MD 20912	Form	1 990	(20
	6	. 5111		,_0
40	729 140308 AO 2023.04000 ANIMAL OUTLOOK, INC.	AO		

Part VII	Compensation of Officers, D	Directors, Trustees,	Key Employees,	Highest Comper	isated
	Employees, and Independen	nt Contractors			

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

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	(do	not c	Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CHERYL LEAHY	40.00									
EXECUTIVE DIRECTOR				Х				128,665.	0.	6,537.
(2) IRINA ANTA	3.50									
TREASURER / CONSULTANT				Х				13,129.	0.	0.
(3) AMY TRAKINSKI	1.00									
BOARD CHAIR/PRESIDENT		Х		Х				0.	0.	0.
(4) LISA WINEBARGER	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) SEBASTIANO COSSIA CASTIGLIONI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) AMANDA HITT	1.00									
BOARD MEMBER		Х						0.	0.	0.
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	990 (2023) ANIMAL OU	JTLOOK,	IN	٩C .						52-203	4417 Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employe	es (continued)	
	(A) Name and title	(B) Average hours per week	box,	not cl , unle:	ss per	i tion more rson i	than o is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Key employee Highest compensated Former			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	
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							141,794. 0. 141,794.	0 0 0	• 0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	0,000 of reportable	Yes No
3	Did the organization list any former 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 v unre	e <i>J f</i> elat	for such individual	dual for services	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ıch j	oers	son .				5 X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	nsation from
	(A) Name and business	address	NC	ONE	2				(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	thos (tec	l above) who received n	nore than	Form 990 (2023)

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		(2023) ANIMAL OUTLOC	OK, INC.			52-2034	417 Page 9
Pa	rt VI						
		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
ts	1 a	Federated campaigns 1a					
, Gifts, Grants ilar Amounts		Membership dues 1b					
Am G	c	Fundraising events					
Gift	c	Related organizations 1d					
Simi,	e	Government grants (contributions)					
itio er (f	All other contributions, gifts, grants, and	741 600				
0 trib			741,629. 10,686.				
Contributions, Gift and Other Similar	C F	Noncash contributions included in lines 1a-1f 1g \$		1,741,629.			
0.		Total. Add lines 1a-11	Business Code	1,711,023.			
e	2 a	EVENT	900099	3,104.	3,104.		
Program Service Revenue	b						
a Se	c						
ran ?eve	c						
rog	e						
Δ.	f	1 3		3,104.			
	с С	Total. Add lines 2a-2f Investment income (including dividends, inter		3,104.			
	3			5,799.			5,799.
	4	other similar amounts) Income from investment of tax-exempt bond		57755			577550
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c						
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory 7a 692, 229 .	(ii) Other				
		assets other than inventory 7a 692 , 229 . Less: cost or other basis	• 				
e		and sales expenses 7b 672,581.					
venue		Gain or (loss) 7c 19,648	,				
Re		Net gain or (loss)	1	19,648.			19,648.
Other		Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	· · · · · · · · · · · · · · · · · · ·					
	0 a	 Net income or (loss) from fundraising events Gross income from gaming activities. See 					
	30	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10					
	C	Net income or (loss) from sales of inventory					
sne	44 .	OTHER INCOME	Business Code 900099	22,632.			22,632.
Miscellaneous Revenue	11 a b		900099	1,122.			1,122.
ella evei				_,			_,
Alisc	c						
<	e	• Total. Add lines 11a-11d		23,754.			
	12	Total revenue. See instructions		1,793,934.	3,104.	0.	49,201.
33200	9 12-2	1-23					Form 990 (2023)

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^{2023.04000} ANIMAL OUTLOOK, INC.

ANIMAL OUTLOOK, INC.

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Interior (A)	(B)	(C)	(D)
	bt include amounts reported on lines 6b, Bb, 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	9,500.	9,500.		
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,	140 221	100 500	17 702	10 022
_	trustees, and key employees	148,331.	120,506.	17,793.	10,032
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,014,514.	767,189.	107,919.	139,406
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	74,214.	54,827.	10,307.	9,080
10	Payroll taxes	87,555.	64,807.	9,828.	12,920
11	Fees for services (nonemployees):				
а	Management	15 0 4 5	15 0 4 5		
	Legal	15,947.	15,947.	F 4 0 0 0	
	Accounting	54,039.		54,039.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	73,911.	57,290.	12,015.	1 606
	column (A), amount, list line 11g expenses on Sch 0.)	38,101.	21,879.	12,013.	<u>4,606</u> 16,222
12 13	Advertising and promotion	17,869.	5,774.	7,357.	4,738
13 14	Office expenses Information technology	42,717.	27,882.	12,162.	2,673
15	Royalties		2,,0021		2,0,0
16	Occupancy	38,610.	29,022.	4,750.	4,838
17	Travel	65,312.	46,221.	10,237.	8,854
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,076.	13,491.	6,643.	3,942
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	16,978.	11,835.	4,430.	713
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROF. DUES/MEMBERSHIPS	3,695.	2,126.		1,569
b	STATE REGISTRATION/TAX	3,354.	6.	3,348.	
с	PUBLIC RECORDS	900.	900.		
d	PRO HAC VICE	700.	700.		
е	All other expenses	46.		46.	
25	Total functional expenses. Add lines 1 through 24e	1,730,369.	1,249,902.	260,874.	219,593
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

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(4)		(D)	
	52-	2034417	Page 11

		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			512,782.	1	490,359.
	2	Savings and temporary cash investments	695,494.	2	695,773.		
	3	Pledges and grants receivable, net		91,443.	3	27,887.	
	4	Accounts receivable, net			4	6,166.	
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net			B B 44	7	<u>_</u>
Assets	8	Inventories for sale or use			7,741.	8	5,589.
4	9	Prepaid expenses and deferred charges			11,329.	9	13,829.
	10a	Land, buildings, and equipment: cost or other		0 1 0 4			
		basis. Complete Part VI of Schedule D		8,184.	0		
		Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities			255,652.	11	409,938.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		·····	23,463.	14	650.
	15	Other assets. See Part IV, line 11			1,597,904.	15 16	1,650,191.
	16	Total assets. Add lines 1 through 15 (must equa			158,648.	17	131,716.
	17 18	Accounts payable and accrued expenses			130,040.	18	151,710.
	19	Grants payable				19	54,228.
	20	Deferred revenue Tax-exempt bond liabilities				20	51/2201
	21	Escrow or custodial account liability. Complete F			28,965.	21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			19,036.	25	0.
	26	Total liabilities. Add lines 17 through 25			206,649.	26	185,944.
s		Organizations that follow FASB ASC 958, che	ck her	e X			
JCe		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions	1,204,843.	27	1,252,450.		
бВ	28	Net assets with donor restrictions			186,412.	28	211,797.
<u>n</u>		Organizations that do not follow FASB ASC 9	58, ch	eck here			
٩. ٣		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1,391,255.	31	1,464,247.
Ź	32	Total net assets or fund balances			1,597,904.	32 33	1,404,247.
	33	Total liabilities and net assets/fund balances			1,391,904.	აა	Form 990 (2023)

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AO____1

ANIMAL OUTLOOK, INC.

Form	ANIMAL OUTLOOK, INC.	52-20	34417	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,793		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,730		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,391		
5	Net unrealized gains (losses) on investments	5	0	9,4	27.
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	1,464	1,2	47.
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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2023)

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SCHEDULE A	١
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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
2023
Open to Public Inspection

Name of	the organization אדא ג	AL OUTLOOK	TNC					identification number $2-2034417$
Part I			-	omplata th	aia part) C	oo instruction		2-203441/
	Reason for Public						IS.	
	ization is not a private found							
	A church, convention of ch				n 170(b)(*	1)(A)(1).		
2	A school described in sect							
3	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	d or opera	ted by a g	overnmental u	unit descrit	bed in
6	A federal, state, or local go	. ,	nental unit described in	section 17	70(6)(1)(1)	(v)		
7 X	An organization that norma	-					ho gonoral	public described in
/ [11]			inial part of its support i	ion a you	errineritai		ne general	public described in
•	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org							
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	t the colleg	e or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ai	nd gross receipts from
	activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	its support	from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 📖	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section &	5 09(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	typically by	giving
	the supported organization							
	organization. You must o			, ,				
b 🗌	Type II. A supporting org			tion with it	s support	ed organizatio	on(s) by ha	vina
~ _	control or management of							
	organization(s). You mus						ige the sup	ported
c	Type III functionally inte			in connoc	tion with	and functions	lly intograt	od with
с							ny integrate	eu with,
	its supported organizatio							
d 🗆	Type III non-functionally							
	that is not functionally inf						d an attent	iveness
	requirement (see instruct	,	•					
e 🗆	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, o							
	er the number of supported of							
-	vide the following information		č ()					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
rutar								

Schedule A	(Form 990)	2023

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.)

Calendar year (or fiscal year beginning in)(a) 2019(b) 2020(c) 2021(d) 2022(e) 2023(f) Total1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")2181626.1556994.1843925.2000260.1741629.93244.2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf2181626.1556994.1843925.2000260.1741629.93244.3 The value of services or facilities4444444								
membership fees received. (Do not include any "unusual grants.") 2181626. 1556994. 1843925. 2000260. 1741629. 93244. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
include any "unusual grants.") 2181626. 1556994. 1843925. 2000260. 1741629. 93244. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
ization's benefit and either paid to or expended on its behalf	34.							
or expended on its behalf	34.							
	34.							
3 The value of services or facilities	34.							
	34.							
furnished by a governmental unit to	34.							
the organization without charge	34.							
4 Total. Add lines 1 through 3 2181626. 1556994. 1843925. 2000260. 1741629. 93244								
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) 22925								
6 Public support. Subtract line 5 from line 4. 70318	13.							
Section B. Total Support								
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Tota								
7 Amounts from line 4 2181626 1556994 1843925 2000260 1741629 93244	34.							
8 Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources 7,373. 2,848. 988. 6,137. 5,799. 23,1	<u>15.</u>							
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. 22,632. 29,8	33.							
11 Total support. Add lines 7 through 10 93774								
12 Gross receipts from related activities, etc. (see instructions)	34.							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here								
Section C. Computation of Public Support Percentage								
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 74.99	%							
15 Public support percentage from 2022 Schedule A, Part II, line 14	%							
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization	Х							
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2023

332022 12-21-23

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.)

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(8) 2020	(0) 2021	(4) 2022	(0) 2020	(I) rotai
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						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	() =	(- <i>i</i>	(-,	(-/	(-) = = = =	(1)
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	l ne organization's fi	rst second third	fourth or fifth tax	vear as a section !	1 501(c)(3) orga	nization
check this box and stop here	-			•		
Section C. Computation of Publ			<u></u>	<u></u>		······ ــــــــــ
15 Public support percentage for 2023 (column (f))		15	%
					16	% %
16 Public support percentage from 2022 Section D. Computation of Invest					10	90
-				<u>, </u>		
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2						<u>%</u>
19a 33 1/3% support tests - 2023. If the						line 1 / is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2022. If the	organization did r	ot check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see ins		
332023 12-21-23			4 -		Sched	ule A (Form 990) 2023
			15			
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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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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		
Sec	ction B. Type I Supporting Organizations			
			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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	•		·

 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

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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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17 2023.04000 ANIMAL OUTLOOK, INC. 3b | | Schedule A (Form 990) 2023

2a

2b

За

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Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ANIMAL OUTLOOK, INC.

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 ANIMAL OUTLOOK, INC.	5		
Ра	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ied)		
Sect	on D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive			
		-		

	Total annual distributions. Add intes 1 through 0.			<u>'</u>	
8	Distributions to attentive supported organizations to which the	e			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
-				0.	h

Schedule A (Form 990) 2023

AO____1

Current Year

SCHEI	(See ir DULE A			II,	LI	INE	10,	EXPL	ANATI	ON F	'OR	OTHER	INC	COME:				
OTHEI	R INCO	OME																
2019	AMOUN	IT :	\$	1,3	13.	,												
2020	AMOUN	1T :	\$	5,8	88.	•												
2023	AMOUN	1T :	\$	22,	632	2.												
332028 12-	21-23									20					Sched	ule A (Form 99	90) 2023
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Schedule A (Form 990) 2023

ANIMAL OUTLOOK, INC.

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

100

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

52-2034417

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

ANIMAL OUTLOOK, INC. Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
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Name of organization

Page 2

ANIMAL OUTLOOK, INC.

Employer identification number

52-2034417

(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contributi
1		\$520,200.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
2		\$125,000.	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		\$100,000.	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 contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
5		\$80,000.	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
6		\$51,000.	Person X Payroll Noncash (Complete Part II for

Name of organization

Page 2 Employer identification number

ANI

ANIMA	L 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 contributior	(d) Type of contribution
7		\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$46,0	Person X Payroll Payroll Noncash OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
9		\$35,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution

AO____1

Person Payroll Noncash

(Complete Part II for noncash contributions.)

23 2023.04000 ANIMAL OUTLOOK, INC.

\$

323452 12-26-23

(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncestriptoperty given	(See instructions.)	Date received
		 \$	
(a)		V	
No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	

10040729 140308 AO

3)

Employer identification number

52-2034417

ANIMAL OUTLOOK, INC.

Name of organization

Page 3

^{2023.04000} ANIMAL OUTLOOK, INC.

AO____1

	B (Form 990) (2023)				Page 4
Name of o	rganization				Employer identification number
ANIMA	L OUTLOOK, INC.				52-2034417
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following	line entry For or	nanizations	
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1	,000 or less for the	e year. (Enter this info. c	once.) \$
(a) No.		space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
ľ		(e) Transfe	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	nsferor to transferee
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
Ī		(e) Transfe	r of gift		
			-		
-	Transferee's name, address, a	na ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
ſ		(e) Transfe	r of gift		
	Transferee's name, address, a	nd 7IP ± 4	Be	lationshin of tra	nsferor to transferee
ľ			110		
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gi	π	(d) Desc	ription of how gift is held
ſ		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
ł					

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25 2023.04000 ANIMAL OUTLOOK, INC. Schedule B (Form 990) (2023)

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990)	For Organizations Exempt From Income Tax Under Section 501(c) and Section 5	2023
Department of the Treasury Internal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 990 Go to www.irs.gov/Form990 for instructions and the latest information.	0-EZ. Open to Public Inspection
If the organization ans	wered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activities), then:
 Section 501(c)(3) or 	ganizations: Complete Parts I-A and B. Do not complete Part I-C.	
 Section 501(c) (other 	er than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	art I-B.
 Section 527 organiz 	zations: Complete Part I-A only.	
If the organization ans	wered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	tivities), then:
 Section 501(c)(3) or 	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	o not complete Part II-B.
 Section 501(c)(3) or 	ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not complete Part II-A.
If the organization ans	wered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Forn	n 990-EZ, Part V, line 35c (Proxy
Tax) (see separate ins	tructions), then:	
 Section 501(c)(4), (5) 	i), or (6) organizations: Complete Part III.	
Name of organization		Employer identification numbe
	ANIMAL OUTLOOK, INC.	52-2034417
Part I-A Comp	lete if the organization is exempt under section 501(c) or is a section \$	527 organization.
1 Provide a descript	ion of the organization's direct and indirect political campaign activities in Part IV.	
2 Political campaign	activity expenditures	\$
3 Volunteer hours fo	r political campaign activities	·····

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955\$		
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$		
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes	No No
4a Was a correction made?	Yes	No No
b If "Yes," describe in Part IV.		
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).	
Enter the amount directly expanded by the filing argonization for section 507 exampt function estivities		

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$_	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	\$_	
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL.		

9 17b	\$				
the filing organization file Form 1120-POL for this year?			Yes		No
1	e 17b	∋ 17b\$\$ J the filing organization file Form 1120-POL for this year?	∋ 17b\$\$	€ 17b\$\$\$\$\$\$ the filing organization file Form 1120-POL for this year?	€ 17b\$

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

Sche		L OUTLOOK, INC.		2034417 Page 2
Pa		on is exempt under section 501(c)(3) and file	ed Form 5768 (e	election under
	section 501(h)).			
Α	Check 🔲 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's nar	ne, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B	Check if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and	d 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add line	s 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)		
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-		
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-		
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
	(Some organizations that made a	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all d the separate instructions for lines 2a through 2f.)	of the five columns	below.

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		x		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?	X			908.
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		
	Total. Add lines 1c through 1i				908.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	361(6)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>
	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par	t IV Supplemental Information				
D	ide the descriptions were included for Dest IA, line 4, Dest ID, line 4, Dest IA, line 5, Dest IIA (still stad	Bath David II	A 11 A	10(

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

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 infor						
Name of the organization	· · · · · · · · · · · · · · · · · · ·						
	ANIMAL OUTLOOK, IN	iC.					
Part I Organizat	ions Maintaining Donor Advise	ed Funds or Other Similar Fund	ls or .				
organization	answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds					
1 Total number at end	l of year						
2 Aggregate value of a	contributions to (during year)						



52-2034417

		(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 w	riting that the assets hele	d in donor advised fun	ıds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes 🛛 N
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	rring
	impermissible private benefit?	-		
Pai	rt II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b	Total acreage restricted by conservation easements			2b
õ	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui			
u	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
,			initiated by the organ	
	year	amont is located		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and	d enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	orcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)	(i)
	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		•	
	organization's accounting for conservation easements.	ere te the erganization of		
aı	rt III Organizations Maintaining Collections of	Art. Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
la	If the organization elected, as permitted under FASB ASC 958		nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 958			o shoot works of
D				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items.			^
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$
IA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 20
205	1 09-28-23			
		29		
	729 140308 AO 2023.0	4000 ANIMAL (

		OUTLOOK, I		. Tuo oo uu oo			203441		<u>ge</u> 2
	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following the	at make si	gnificant use o	f its		
	collection items (check all that apply).								
a	Public exhibition	C		exchange progra					
b	Scholarly research	е	• Differ						
c	Preservation for future generations						-		
4	Provide a description of the organization's c						Part XIII.		
5	During the year, did the organization solicit of								
Do	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organiz	ation answered "	Yes" on F	orm 990, Part	IV, line 9, or		
10			dian (for contrib	utions or other a		included			
Ia	Is the organization an agent, trustee, custod						Yes	X	No
h	on Form 990, Part X?							- 23	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing table.				Amour	t.	
•	Paginning balance					10	7411041		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance Did the organization include an amount on F						X Yes		No
	-					• • • • • • • • • • • • • • • • • • • •		X	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if					<u></u>)			1
		(a) Current year	(b) Prior yea			,. d) Three years ba	ack (e) Fou	r vears t	back
10	Beginning of year balance	(u) ourione your		(0)	() 2 4 6 1 ()	u,			
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
-	End of year balance Provide the estimated percentage of the cur								
2		rent year end baland	%	nn (a)) neiù as.					
a h	Board designated or quasi-endowment Permanent endowment	%	70						
b		%							
С	The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse	-	ation that are b	old and administr	orod for th	•			
Ja	organization by:	ession of the organiz				6		Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?								
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedul	 			3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		Switterite Turitude.						
	Complete if the organization answere		0, Part IV, line 1	1a. See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o	other (b)	Cost or other	(c) Ac	cumulated reciation	(d) Boo	k value)
	Land	basis (investr		asis (other)	uep	COALION			
	Land								
	Buildings								
	Leasehold improvements			8,184.		8,184.			0.
	Equipment			0,104.		0,104.			0.
	Other		V line 10						0.
ιστά	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	∧, III Ie TUC, COI	инн (<i>Б))</i>		I			<u> </u>

Schedule D (Form 990) 2023

332052 09-28-23

10040729 140308 AO

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
Financial derivatives	.,	
Ole solution that a multiplication sets		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(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)		
(9) tal. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes"		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" (a)		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" (a) (1) (2)		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) other Assets Complete if the organization answered "Yes" (a) (1) (2) (3)		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) vart IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		
 (a1. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX) Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) 		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		
 (a1. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (art IX) Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) 		
 (al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) 		
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 ANIMAL OUTLOOK, INC.			52-	2034417 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,898,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	9,427.		
b	Donated services and use of facilities	. 2b	94,960.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	104,387.
3	Subtract line 2e from line 1			3	1,793,888.
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	46.		
С	Add lines 4a and 4b			4c	46.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,793,934.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4 005 000
1	Total expenses and losses per audited financial statements			1	1,825,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	94,960.		
b	Prior year adjustments	2b			
С	Other losses				
-		2c			
d	Other losses	2c 2d		2e	94,960.
d	Other losses Other (Describe in Part XIII.)	2c 2d		2e 3	94,960. 1,730,323.
d e	Other losses	2c 2d			
d e 3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2c 2d			
d e 3 4 a	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:	2c 2d 			1,730,323.
d e 3 4 a b	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	2c 2d 4a 4b	46.	3 4c	1,730,323.
d e 3 4 a b c 5	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.)	2c 2d 4a 4b	46.	3	1,730,323.

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:

REPRESENTS ATTORNEYS' FEES PASSED THROUGH TO CERTAIN ATTORNEYS AWARDED AS

A RESULT OF A CLASS ACTION LITIGATION.

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

E	OSITIONS	TAKEN	OR	EXPECTED	то	ΒE	TAKEN	IN	Α	TAX	RETURN.	IΤ	IS	THE	
33	32054 09-28-23												Sch	edule D (Form 990) 20	23

32 2023.04000 ANIMAL OUTLOOK, INC.

ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO

UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2023, 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 4B - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS

Schedule D (Form 990) 2023

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46.

46.

SCHEDULE I (Form 990) Department of the Treasury										
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection			
Name of the organization ANIMAL OU	JTLOOK, IN	IC.					Employer identification number $52 - 2034417$			
Part I General Information on Grants a	and Assistance									
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No			
Part II Grants and Other Assistance to					anization answered "א	es" on Form 990, Par	t IV, line 21, for any			
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
PROVEG INTERNATIONAL 712 H STREET, NE, # 2123 WASHINGTON, DC 20002	46-3038496	501(C)(3)	9,500.	0.			SPONSORSHIP OF AVA CONFERENCE			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 						1	<u> </u>			

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information r					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

TRAVEL TO SPONSORED CONFERENCES CONFIRMS THE USE OF FUNDS

SCHEDULE O (Form 990)

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.

he latest information.

Employer identification number 52-2034417

OMB No 1545-0047

Open to Public

Inspection

ANIMAL OUTLOOK, INC.

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

ALLEGING MISTREATMENT OF ANIMALS AT A LAMB SLAUGHTERHOUSE.

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

CORPORATE ENGAGEMENT

EXPENSES \$ 202,418. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LOBBYING

EXPENSES \$ 908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE DIRECTOR OF OPERATIONS, AND BOARD CHAIR. THE FORM 990 IS THEN MADE AVAILABLE FOR REVIEW BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 36

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Schedule O (Form 990) 2023	Page 2
Name of the organization ANIMAL OUTLOOK, INC.	Employer identification number 52-2034417
RELATIONSHIPS IS A CURRENT MEMBER OF THE BOARD OF DIRECTO	RS, SAID MEMBER
SHALL LEAVE THE MEETING ROOM DURING THE DISCUSSION OF, AN	D THE VOTE ON,
WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD OF DI	RECTORS DETERMINES
A CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS SHA	LL TAKE
APPROPRIATE CORRECTIVE OR DISCIPLINARY ACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
BOARD OF DIRECTORS DISCUSSION AND VOTE OF APPROVAL IS REQ	UIRED 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 UPON

REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023

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