Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150, 2018

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 0 2019

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

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

Open to Public Inspection

A	For t	he 2018 calendar year, or tax year beginning , 2018,	and ending		,	
В	Check	if applicable C		D	Employer iden	tification number
	Addres	ss change	02 207/	1402		
	2	change Healthy Canines, Inc. 3050 Five Forks Trickum Rd D-619	83-2874 Telephone nun			
Ľ.] Initial i	I.ilburn GA 30047	-	404-884-5884		
<u> </u>	2	urn erminaee		-		
X		ded return ation pending	03	3 F	Group Exer Number	nption ►
G	Acco	ounting Method X Cash Accrual Other (specify) ►	H C	heck -	X if the or	ganization is not
ŧ		site: N/A	re	equired t	to attach Sc	hedule B
j	Tax-e	exempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c)() \rightarrow (insert no) $-$ 4947(a)	(1) or 527 (F	orm 99	0, 990-EZ, d	or 990-PF)
K	Form	n of organization X Corporation Trust Association Other				
L 	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $2 ts (Part II, column (B)) are $$500,000$ or more, file Form 990 instead of Form 990.	200,000 or more, or 0-EZ	ıf total	▶\$	· · · · · · · · · · · · · · · · · · ·
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba		e instri	uctions fo	r Part I)
		Check if the organization used Schedule O to respond to any question in this P	art I			
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income	1 1		4	
	1	Gross amount from sale of assets other than inventory	a			
		Less cost or other basis and sales expenses	5 b			
	1	: Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gaming and fundraising events			5 c	
ø	1	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a			
Revenue	1	Gross income from fundraising events (not including \$	of contributions		⊣	
Š	~	from fundraising events reported on line 1) (attach Schedule G if the sum				
æ		of such gross income and contributions exceeds \$15,000)	6 b			
	C	: Less direct expenses from gaming and fundraising events	6 c		4	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6 d	
	1	Gross sales of inventory, less returns and allowances	7a		_	
	1	Less cost of goods sold	7 b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	· · · · · · · · · · · · · · · · · · ·
	8	Other revenue (describe in Schedule O)			8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	CENTE	-	▶ 9	0.
	10	Grants and similar amounts paid (list in Schedule O)	CEIVED	!	10	
	11	Benefits paid to or for members		ပ္ကု	11	
	12		0 8 2019	őł –	12	
ès	13	Professional fees and other payments to independent contractors	_ 2013	ĭΙ	13	
ens	14	Occupancy, rent, utilities, and maintenance		žI –	14	
Expenses	15	Printing, publications, postage, and shipping	DEN. UT	=	15	
w	16	Other expenses (describe in Schedule O)	13/22	. L	16	
	17	Total expenses. Add lines 10 through 16			► 17	0.
s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	0.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (m figure reported on prior year's return)	ust agree with end-	of-year	19	^
Ä	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			► 21	0.
ВА		r Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2018)

TEEA0812L 01/21/19

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2018) Healthy Canines,	, Inc.		83	<u>-287</u>	74493 Page 2
Par	Balance Sheets (see the Inst Check if the organization used Sched	ructions for Part II)	tion in this Part II			П
	Check if the organization used Defice	ale o to respond to any ques		(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		_		24	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
25	Total assets.		_			\ X_0.
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of co	Numo (R) must agree with lin	e 21)	() . 27	0.
	till Statement of Program Service Accor	<u>*</u>) . 27	Expenses U.
-	Check if the organization used Scho	edule O to respond to any que		X	(Rea	uired for section 501
What	s the organization's primary exempt purpose? See	Schedule O			(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service acc sured by expenses. In a clear and concise fited, and other relevant information for eac	complishments for each of its manner, describe the service:	three largest programs provided, the number	services, as er of persons		nizations, optional thers)
						·
28	<u>In 2018, we incorporated</u>		applied_for_5	01c3 status	4	
	<u>in_order_to_start_operati</u>	<u>ng</u>			-	
	(Grants \$) If thi	s amount includes foreign gra	ants, check here		28 a	
29	,		- <u></u> ,		'	
				_]	
]	
	(Grants \$) If thi	s amount includes foreign gra	ants, check here	•	29 a	
30					-	
					-	
	(Grants \$) If thi	s amount includes foreign gra	ents, check here		30 a	
31	Other program services (describe in Sche	<u> </u>			1	
		s amount includes foreign gra	ants, check here	▶ [] 31 a	
	Total program service expenses (add line				32	
P air	tilV List of Officers, Directors, Tr			even if not compensated	- see th	e instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any qui	estion in this Part IV	(A) Usalih hasai		
	(a) Name and title	(b) Average hours per week devotea to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	on (d) Health beneficontributions to employed benefit plans, and discompensation	oloyee eferred	(e) Estimated amount of other compensation
	berly Simpson-Dailey	10).	0.	0.
	th Dailey					
	easurer, Dir.	10	. ().	0.	0.
	ora Simpson					
Sec	retary, Dir.	10	().	0.	0.
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RΔΔ		TEEA0812L 0	1/21/19			Form 990-EZ (2018)

Form 9	90-F7	(2018)	Healthy	Canines	Inc

3-287449

Page 3

33 Dut the organization engage in any significant activity not previously reported to the IRS7 1745, provide a detailed description of each activity in Schedule 0. 34 Were any significant changes made to the ingaining or governing decriminate If 1741, attach a confirmed copy of the amended documents if they reflect a charge to the significant changes made to the ingaining or governing decriminate If 1741, attach a confirmed copy of the arrange of schedule 0 per services 34	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	hedule	0	
1	33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
a charge to the organization is now microtected business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b if "Yes" to line \$25, he six the organization field a Form 99.1" for the year? If No, 'provide an explanation in Schedule Oc. Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and provy tax requirements during the year? If Yes, 'complete Schedule C. Part III 19. 35 Det the organization undergo a liquidation, dissolution, termination, or significant disposition of net assests during the year? If Yes, 'complete application be form the year? If Yes, 'complete speciation they are year. If Yes, 'complete speciation during the year under section \$95 \cdot \$95 \	If 'Yes,' provide a detailed description of each activity in Schedule O			X
(such as those reported on lines 2, Sa, and 7a, among others)? b) If Yes' is line 35a, has the organization field a form 990-T for the year? If No,' provide an explanation in Schedule O c) Was the organization a section 501(c)(4), 501(c)(5), 501(c)(6), organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If Yes', complete Schedule C, Part III 1 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of reit assets during the year? If Yes', complete Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions		I .		X
bit 11/95 to line 35s, has the organization filed a Form 990-T for the year? If No.; provide an explanation in Schedule O 2 Was the organization selection 501(x)(3), 501(x)(5), or 501(35 a		x
c. Was the organization all section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III				<u> </u>
36 bit the organization undergo a laquidation, dissolution, termination, or significant disposition of het assets during the year? If "Yes," complete splicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still doutstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still doutstanding at the end of the tax year covered by this return? 38 a X 38 a X 38 b N/A 39 Section 501(c)(7) organizations Enter 39 a N/A 39 Section 501(c)(3) organizations included on line 9 39 a N/A 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 * 0 section 4912 * 0 section 4915 excess the section 4911 * 0 section 4912 * 0 section 4911 * 0 section 4911 * 0 section 4911 * 0 section 501(c)(3) organizations Enter amount of tax imposed on organization and the section 4911 * 0 section 501(c)(3) organizations and the organization engage in any section 4958 excess benefit transaction of the green of the section 4912 * 0 section 4912 * 0 section 501(c)(3) organizations are section 4911 * 0 section 4912 * 0 section 49				x
37.5 Enter amount of political expenditures, direct or indirect, as described in the instructions 37.5 0.	36 Did the organization undergo a liquidation, dissolution, termination, or significant			_
38a bit he organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still butstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter 39 Inhibition fees and capital contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 • 0., section 4912 • 0., section 4915 • 0. 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 • 0., section 4915 • 0. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4911 • 0., section 4912 • 0., section 4955 • 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or under sections 4912, 4955, and 4958 • 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year or under sections 4912, 4955, and 4958 • 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the programization of the sections 4912, 4955, and 4958 • 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or 11 **, complete Form 6865-1. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations of tax organizations. Enter amount of tax organizations are increased organizations. The programization appropriate organization appropria				
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besetion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of many over that has not been reported on any of its prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax is missed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8865-T 40 List the states with which a copy of this return is filed * None 42 a The organization's beots are in care of * Keith Dailey Located at * 1957. Freeport Ct Lawrenceville. CA Section 4947 (a) the 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)? 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' enter the name of the foreign country * Yes No 44a by time during the calendar year, did the organization maintain an office outside the United States? 43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b) Did the organization persite one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c) Did the organization persite one or more hospital facilities during the year? If 'Yes,' Form 990 must be co	· · · · · · · · · · · · · · · · · · ·			
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shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed * None 42 a The organization's books are in care of * Keith Dailey Located at * 1957 Freeport Ct Lawrenceville GA	by the organization	0.		
42 a The organization's books are in care of Foreign Edition Dailey Located at F 1957 Freeport Ct Lawrenceville GA Located At F 2014 Free No Located At F	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 42 c	books are in care of Keith Dailey Located at 1957 Freeport Ct Lawrenceville GA Located at 40 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	044		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' in the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' in the foreign country in the foreign country in the part of the United States? 42 c		42.0		Λ.
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42.6		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'		-42 C		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'			►	N/A
of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A
instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		X
c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		X
If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	c Did the organization receive any payments for indoor tanning services during the year?	44 c		-
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If 'Yes,'	45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	/ /5 h		Ţ

	the organization engage, directly or indirect didates for public office? If 'Yes,' complete		activities on behalf of o	r in opposition to	46		X
PartiVII	Section 501(c)(3) Organization All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b ar	nd 52, and complet	e the table	es	
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part VI				
	the organization engage in lobbying activities	es or have a section 50	1(h) election in effect dur	ing the tax year? If 'Yes			No X
•	e organization a school as described in sec	ction 170(b)(1)(A)(ii)? If	'Yes,' complete Schedul	e E	48		X
49 a Did t	he organization make any transfers to an e	exempt non-charitable r	elated organization?		49 a		X
50 Com	es,' was the related organization a section plete this table for the organization's five h loyees) who each received more than \$100	ighest compensated em					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None_							
	I number of other employees paid over \$10						
51 Com	plete this table for the organization's five h pensation from the organization. If there is	iighest compensated inc none, enter 'None '	dependent contractors wh	no each received more the	han \$100,000	of	
			(b) Type (of service	(c) Compe	nsation	
	(a) Name and business address of each independent of	ontractor	(-) .,,,,				
None_	(a) Name and business address of each independent co		(2) (3)				
None_	(a) Name and business address of each independent co		(7,7)				
None _	(a) Name and business address of each independent of	ontractor					
None_	(a) Name and business address of each independent of	ontractor					
None	(a) Name and business address of each independent of	Official					
None _	(a) Name and business address of each independent of	Ontractor					
None _	(a) Name and business address of each independent of	Official					
None	(a) Name and business address of each independent of						
d Tota	I number of other independent contractors	each receiving over \$10	00,000	P			
d Tota 52 Did t com	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A	each receiving over \$10	00,000) organizations must atta		► X Yes		No
d Tota 52 Did t com	I number of other independent contractors the organization complete Schedule A?	each receiving over \$10	00,000) organizations must atta	my knowledge and belief, it is dge			
d Tota 52 Did t comp	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A sof perjury. I declare that I have examined this return, inclinand complete. Declaration of propage (other than office	each receiving over \$10	00,000) organizations must atta	my knowledge and belief, it is dge			No
d Tota 52 Did t com	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A sof perjury. I declare that I have examined this return, included complete Declaration of prepare of other than office. Signature of officer Kimberly Simpson-Dailer	each receiving over \$10 ote: All section 501 (c)(3 uding accompanying schedules a r) is based on all information o	00,000) organizations must atta	my knowledge and belief, it is dge	019		No
d Tota 52 Did t com Under penaltie true, correct,	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A soft perjury. I declare that I have examined this return, including complete Declaration of property (other than office).	each receiving over \$10 ote: All section 501 (c)(3 uding accompanying schedules a r) is based on all information o	00,000) organizations must atta	my knowledge and belief, it is dge \$\overline{S} - 2 - 2\$ Date President, Dir	019		No
d Tota 52 Did t comp Under penaltie true, correct, Sign Here	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A solvential of the organization of page of the other than office signature of officer Kimberly Simpson-Dailer Type or print name and title	each receiving over \$10 ote: All section 501(c)(3) uding accompanying schedules a r) is based on all information o	00,000) organizations must attained statements, and to the best of f which preparer has any knowle	my knowledge and belief, it is dge S-2-2 Date President, Dir	019		No
d Tota 52 Did t comp Under penaltie true, correct, Sign Here	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A solvent of property of the organization of property other than office Signature of officer Kimberly Simpson-Dailer Type or print name and title	each receiving over \$10 te: All section 501(c)(3 uding accompanying schedules a companying schedules a companyin	00,000) organizations must attained statements, and to the best of f which preparer has any knowle	my knowledge and belief, it is dge S-2-2 Date President, Dir	019		No .
d Tota 52 Did t comp Under penaltie true, correct, Sign Here	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A is of perjury. I declare that I have examined this return, incliand complete Declaration of preadly other than office Signature of officer Kimberly Simpson-Dailer Type or print name and title	each receiving over \$10 ote: All section 501(c)(3 uding accompanying schedules a f) is based on all information of Y Preparer's signature Floyd Green Ji A, PC	D0,000) organizations must attained statements, and to the best of f which preparer has any knowled to the preparer has any knowled by the preparer has a preparer h	my knowledge and belief, it is dge S-2-2 Date President, Dir	019		No .
d Tota 52 Did t com Under penaltie true, correct, Sign Here Paid Preparer Use Only	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A is of perjury. I declare that I have examined this return, including complete Declaration of preparate contraction. No pleted Schedule A is of perjury. I declare that I have examined this return, including complete Declaration of preparate contraction. I signature of officer No properties of the print	each receiving over \$10 ote: All section 501(c)(3 uding accompanying schedules a f) is based on all information of Y Preparer's signature Floyd Green Ji A, PC versity Drive 41-4144	D0,000) organizations must attained statements, and to the best of f which preparer has any knowled to the control of the con	my knowledge and belief, it is dge 5-2-2 Date President, Dir Check I if self employed F	019 . TIN 200365634 55-08424 -457-255	1144	
d Tota 52 Did t com Under penaltie true, correct, Sign Here Paid Preparer Use Only	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A so of perjury. I declare that I have examined this return, included complete Declaration of populary (other than office) Kimberly Simpson-Dailer Type or print name and title Print/Type preparer's name Floyd Green Jr. CPA Firm's name FLOYD GREEN, CP Firm's address 3114 Mercer Uni	each receiving over \$10 ote: All section 501(c)(3 uding accompanying schedules a f) is based on all information of Y Preparer's signature Floyd Green Ji A, PC versity Drive 41-4144	D0,000) organizations must attained statements, and to the best of f which preparer has any knowled to the control of the con	my knowledge and belief, it is dge 5-2-2 Date President, Dir Check I if self employed F	019 . TIN 200365634	1 144 50	

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. 2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Healt	ealthy Canines, Inc. 83-2874493							
Part I								
The orga	nization is not a private founda	ation because it is (Fo	or lines 1 through 12, ch	eck only	one box	()		
1 _	A church, convention of church	ches, or association of	churches described in	section	1 70(b) (1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's							
	name, city, and state							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
⁷ L	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)							
8	A community trust described	in section 170(b)(1)(A	(Complete Part II)				
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.							
10 X	An organization that normally from activities related to its expression investment income and unreladure 30, 1975. See section 5	xempt functions —subj ated business taxable	ect to certain exception income (less section 51	s. and (2	2) no ma	ore than 33-1/3% of its s	support from gross	
11	An organization organized an	d operated exclusively	to test for public safety	See s	section!	509(a)(4).		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g							
a _	Type I. A supporting organization(s) the power to recomplete Part IV. Sections A	tion operated, supervi	sed, or controlled by its	support	eq orabi	nization(s), typically by	giving the supported nization You must	
b	Type II. A supporting organization management of the supporting must complete Part IV, Section	ation supervised or co g organization vested	ntrolled in connection with the same persons that	ith its su at contro	pported I or mar	organization(s), by hav nage the supported orga	ing control or inization(s) You	
c [Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in conf lete Part IV. Sections A	nection v	vith, and	I functionally integrated	with, its supported	
d [Type III non-functionally interfunctionally integrated. The or instructions) You must comp	grated. A supporting o	organization operated in	connect	ion with	ıts supported organizat nd an attentiveness req	ion(s) that is not uirement (see	
e	Check this box if the organiza integrated, or Type III non-fur	ition received a writter	determination from the					
f Er	nter the number of supported o		apporting organization					
	ovide the following information	-	organization(s)					
(i) Na	ime of supported organization	(ii) EIN	(III) Type of organization (described on lines 1 10 above (see instructions))	(iv) la organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				V	NI-			
				Yes	No			
(A)								

В)								
C)								
D)			····			***************************************		
E)			***************************************					
[otal								

Par	t II Support Schedule for (Complete only if you checke organization fails to qualify u	d the box on line!	5, 7, or 8 of Part	I or if the organiza	ition failed to qualit	nd 170(b) fy under Part	(1)(A))(vi) the
Sec	tion A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(n) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants').				_	_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			,				
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	Ţ		_//_		,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	В	(f) Total
7	Amounts from line 4		/	/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							_
12	Gross receipts from related activi	ties, etc (see inst	tructions)			į	12	
13	First five years. If the Form 990 i organization, check this box and	s for the organization	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(d	(3)	▶ 🗌
	tion C. Computation, of, Pu							
	Public support percentage for 20 Public support percentage from 2			e 11, column (f))			14 15	% %
16a	33-1/3% support test – 2018. If the and stop here. The organization of	ne organization did qualifies as a pub	i not check the bo licly supported or	ox on line 13, and ganization	line 14 is 33-1/3%	or more, che	ck this	s box ►
b	33-1/3% support test-2017. If the and stop here. The organization				and line 15 is 33-1	/3% or more	, checl	this box
17a	10%-facts/and_circumstances te or more, and if the organization in the organization meets the facts	neets the 'facts ar	nd-circumstances	test check this b	ox and stop here	. Explain in	Part V	
	10% facts and circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances est The organiza	test, check this b tion qualifies as a	ox and stop here publicly supported	. Explain in Lorganization	Part V า	I how the ▶
18	Private foundation. If the organiz	ation did not ched	k a box on line 1	3, 16a, 16b, 17a, (or 17b, check this	box and see	ınstruc	tions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')			,	110		0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		·				0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0 <u>. </u>	0.	0.	0.	0.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6)	1	<u> </u>	0.		0.1	0.
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	0.	0.
					•		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	<u>0.</u> 0.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0. 0.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	0.	0.	·	0.	0.	<u>0.</u> 0.
b 11 12	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9,	0.	0.	0.	0.	0.	0. 0. 0.
b 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is	0. s for the organizat stop here	0. ion's first, second	0.	0.	0.	0. 0. 0. 0. □.
b 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and	0. s for the organizat stop here	0. on's first, second,	. 0 . third, fourth, or fi	0.	0.	0. 0. 0. 0. ▶ X
b c c 111 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Put Public support percentage from 20.	0. s for the organizat stop here siblic Support I 8 (line 8, column 2017 Schedule A, F	0. lon's first, second, Percentage (f), divided by line Part III, line 15	third, fourth, or fi	0.	0. section 501(c)(3)	0. 0. 0. 0. □.
b c c 111 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	0. s for the organizat stop here siblic Support I 8 (line 8, column 2017 Schedule A, F	0. lon's first, second, Percentage (f), divided by line Part III, line 15	third, fourth, or fi	0.	0. section 501(c)(3)	0. 0. 0. 0. ► X
b c c 111 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Put Public support percentage from 20.	0. s for the organizat stop here blic Support I 18 (line 8, column 2017 Schedule A, f	0. ion's first, second, Percentage (f), divided by line Part III, line 15 me Percentag	third, fourth, or fi	0. fth tax year as a s	0. section 501(c)(3)	0. 0. 0. 0. ► X
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Part IV Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section A.	Αll	Supporting	Organizations
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	r		Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
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	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10Ь		

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Part IV Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the 11a governing body of a supported organization? b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations No Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No, ' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, 1 applied to such powers during the tax year 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 2 supporting organization Section C. Type II Supporting Organizations No Yes 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) Section 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 in (2), 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 3 in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations
Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test Answer (a) and (b) below. Yes No 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 2a substantially all of its activities b Did the activities described in (a) 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 2b organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI. 3a **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 3b

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	<u> </u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on Nov ns must o	20, 1970 (explain in Pomplete Sections A th	art VI) See rough E
Sect	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		· · · · · · · · · · · · · · · · · · ·
-5	Depreciation and depletion	5		
ь	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	_	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
-	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte	egrated Ty	pe III supporting organ	nization

Schedule A (Form 990 or 990-EZ) 2018

	rt V Type III Non-Functionally Integrated 509(a)(3) Sup		s (continued)	, 1133 - Lugo ,
	tion D – Distributions	, , , , , , , , , , , , , , , , , , , 		Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	oses of supported organiza	tions,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ in Part VI) See instructions.	nization is responsive (prov	vide details	
_ 9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2018	# 1		1 1 4 4
- 6	a From 2013	1/1 1/1		
	b From 2014	1.111.11.2		a dimandiquistr
	From 2015	(1 Mart 1 1 1) 2 At 1 1	· :	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d From 2016			
	From 2017		1 1 (1) 1/1/1/1	
	f Total of lines 3a through e			
9	g Applied to underdistributions of prior years			
1	h Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)			
	j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4		ALTER 401 14 12 1	,	2 412 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line / \$	व अवस्थित कर्तक ।		24.0
	Applied to underdistributions of prior years	_		
	Applied to 2018 distributable amount	i guldattidalkatik anata ara ja	111	
	c Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7	21 1 24 1) 413	6. , 4.	2 11 11 11 12 1 1 1 1 1 1
- 6	Excess from 2014			
	Excess from 2015			
	Excess from 2016	**** 01.50 ** * * * * * * * * * * * * * * * * *		27 HF 4 - 4444 4 14
	Excess from 2017	1 1111 1		1 111 * 1 . 1
$\overline{}$	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

(See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

2018

OMB No 1545-0047

Open to Public Inspection Employer identification number

Healthy Canines, Inc

83-2874493

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Our mission is to provide financial assistance to Georgia residents who cannot afford veterinary care for their beloved furry family members.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No