990

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 2022 Open to Public

Inspection and ending For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change International Animal Rescue US, Inc 54-2044674 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 508-826-1083 P.O. Box 137 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ Shrewsbury MA 01545 2,337,753 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending David Rap H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: www.internationalanimalrescue.org H(c) Group exemption number X Corporation Trust Year of formation: 2001 VA Association M State of legal domicile: Form of organization: Part I Summary **1** Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ٥ŏ 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b Current Year 1,567,881 8 Contributions and grants (Part VIII, line 1h) 2,390,798 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -53,04511 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,567,881 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,337,753 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 921,171 1,646,237 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ______ 60,025 62,326 16a Professional fundraising fees (Part IX, column (A), line 11e) 34,800 34,800 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 360,687 382,281 1,376,683 2,125,644 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 191,198 212,109 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 59 650,557 903,069 ssets Balan 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 9,462 49,865 641,095 853,204 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 5 May 2023 Here David Rap Treasurer Type or print name and title Print/Type preparer's name Preparer's signature **X** if Paid P00003316 Michael J Smeriglio III CPA 05/04/23 Michael J Smeriglio III CPA Preparer Smeriglio Associates LLC 83-2971061 Firm's EIN Firm's name Use Only 108 River Rd 06807-2517 203-422-6453 Cos Cob, CT Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	990 (2022) International			54-204467	4	Page 2
Par	t III Statement of Program					
	Check if Schedule O co		note to any line	<u>in this Part III</u>		<u></u>
	Briefly describe the organization's mission	on:				
Se	ee Schedule O					
2	Did the organization undertake any signi	ficant program services duri	ng the year which w	ere not listed on the		
	prior Form 990 or 990-EZ?					Yes X No
	If "Yes," describe these new services on	Schedule O.				
3	Did the organization cease conducting, o	or make significant changes	in how it conducts,	any program		
	services?					Yes X No
	If "Yes," describe these changes on Sch					_
4	Describe the organization's program ser	vice accomplishments for ea	ach of its three large	est program services,	as measured by	
	expenses. Section 501(c)(3) and 501(c)(_	· -		
	the total expenses, and revenue, if any,			· ·		
	, , , , , , , , , , , , , , , , , , , ,	1 3	•			
To wo pr or or ar av	(Code:)(Expenses \$ c) assist in the pre- corld, the Organization comoting biodiversit f wildlife. Where we reganization supports oproach, the Organiz wareness, capacity be takeholders in the U	servation and ton focuses or and rescue, wildlife cannot life time catation promote building and to the states	conservation conservation conservation, rehabilities to be released and sales communitate dissemble dissemble dissemble conservation.	ion of ani tion; habi tation re ased back nctuary ty develop ination of eas.	mals through tat protecti lease and mo to the wild, As part of a ment, educat knowledge t	on; onitoring the holistic ion and
4b N	(Code:) (Expenses \$ /A	inclu	ding grants of \$) (Revenue \$	
	(Code:) (Expenses \$	inclu	ding grants of $$) (Revenue \$)
N,	/ A					
4d						
	Other program services (Describe on So	chedule O.)				
	Other program services (Describe on So (Expenses \$	chedule O.) including grants of \$) (Revenue \$	S)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes " complete Schedule D. Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 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 X 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11h 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 X 11c 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12h "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20a 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 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	00		x
24-	employees? If "Yes," complete Schedule J	23		_^
24a				
	\$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		x
b	Did the appropriation investors are presented of the account hands because a temporary point accounting?	246		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defence any tay exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			۱
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	valeted averagination () if "Ven " consolete Calculula D. Dout V. Fine 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is breated as a contractable for fadoral income to a contractable of the dual D. Dat VIII	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	C. Co Concade C Contains a respense of floto to any into it that t		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1		"	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	х	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a		Х
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 According	,	` ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		_		
	and services provided to the payor?					
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l		
	required to file Form 8282?	7d	[7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	t2		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			75		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
-	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 10	041?	p	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	405	I			
_	the organization is licensed to issue qualified health plans	13b				
C 140	Enter the amount of reserves on hand	13c		14a		Х
14a b	Did the organization receive any payments for indoor tanning services during the tax year?					
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
13				15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		х
. •	If "Yes," complete Form 4720, Schedule O.	01110:				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitie	s				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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	5			
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		<u>X</u>
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		37
_	stockholders, or persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the fo	ollowing:		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					v
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internation			9		<u> </u>
360	tion B. Folicies (This Section B requests information about policies not required by the linter	iai ix	evenue co	ue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
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	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 1024-A) is the first of the section of	n 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
46	W Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,				
20	and financial statements available to the public during the tax year.					
20 T,	State the name, address, and telephone number of the person who possesses the organization's books and records					
	nternational Animal Rescue Lime House Regency Close UK		182	2-57	6-7	688

DAA Form **990** (2022)

Form 990 (2022) International Animal Rescue US, Inc 54-2044674

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unle ficer a	ess pe	ition more rson i	than one s both a r/trustee Highest compensated	ın	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	stee	ustee		U	ensated				
(1) Gavin Bruce	0.00									
Executive Dir, CFO (2) Alan P. Knight	0.00	X		X				0	0	0
(2) Aran P. Killyiic	0.00									
President	0.00	X		X				0	0	0
(3) Matt Hough										
Director	0.00	x						0	0	0
(4) David Rap										
	0.00							_	_	_
Treasurer	0.00	X				\vdash		0	0	0
(5) Christine Southw	0.00									
Director	0.00	x						0	0	0
(6)										
(7)										
(8)										
•••••										
(9)										
(10)										
(11)										

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	у Е	mplo	yee	s, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week	Average box, unless person is both hours officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from th anization d organ	
1b c d	Subtotal Total from continuation shee Total (add lines 1b and 1c)												
2	Total number of individuals (increportable compensation from		nited	to th	ose	liste	d abo	ove)) who received more than \$10	00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	rmer officer, direcomplete Schedu	<i>le J</i> of rep	trust for s	<i>uch</i> ble c	<i>indiv</i> omp	<i>ridual</i> ensa	i tion	and other compensation from	n the		3	Yes No
5	organization and related organi individual Did any person listed on line 1a for services rendered to the org	a receive or accr	ue o	ompe	 ensat	ion 1	rom	any	unrelated organization or inc	dividual		5	x
	ion B. Independent Contracto	rs											<u> </u>
1	Complete this table for your five compensation from the organization	ation. Report con							ar year ending with or within t	he organization's tax year.			
	Name and	(A) business address							Descripti	(B) ion of services		Com	(C) pensation
2	Total number of independent or							nose	e listed above) who				
DAA	received more than \$100,000 c	o compensation i	(UII)	ше	orgal	ııızal	IUII			0		Form	990 (2022)

Form 990 (2022) International Animal Rescue US, Inc 54-2044674 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII **(B)**Related or exempt function revenue (C) Unrelated (D) Revenue excluded from tax under sections 512-514 (A) Total revenue business revenue **1a** Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c 2,672 **d** Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 2,388,126 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 2,390,798 h Total. Add lines 1a-1f. Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) -53,045 -53,045 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6h **b** Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b **c** Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue

2,337,753

-53,045

0

d All other revenue Total. Add lines 11a-11d.

Total revenue. See instructions

Form 990 (2022) International Animal Rescue US, Inc 54-2044674

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-			ete column (A).	П
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	·		СХРСПОСО	general expenses	СХРОПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	· ·				
	organizations, foreign governments, and	1,646,237	1,646,237		
	foreign individuals. See Part IV, lines 15 and 16	1,040,237	1,040,237		
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	60, 206	07.000	10.000	04.006
7	Other salaries and wages	62,326	27,232	10,888	24,206
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11,042		11,042	
С	Accounting	8,215		8,215	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	34,800			34,800
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4,288		3,338	950
14	Information technology				
15	Royalties				
16	Occupancy	10,288		10,288	
17	Travel	5,694	4,556	569	569
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,923		2,923	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		268,334	134,167		134,167
b	Bank & Credit Card Fees	26,901	,	26,901	•
c	Response Handling	19,850		5,954	13,896
d	List Rental	13,854	6,927	,	6,927
e	All other expenses	10,892	2,500	4,264	4,128
25	Total functional expenses. Add lines 1 through 24e	2,125,644	1,821,619	84,382	219,643
26	Joint costs. Complete this line only if the	, -,	, ,	- /	- , - 2 -
	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)				
	. , , , , , , , , , , , , , , , , , , ,				

Part)	X Balance Sheet Check if Schedule O contains a response or no	te to any line in th	nis Part X			П
		,		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			420,212	1	639,263
2	Savings and temporary cash investments			·	2	,
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			107,521	4	142,692
5	Loans and other receivables from any current or form			,		,
	trustee, key employee, creator or founder, substantial	,	·			
	controlled entity or family member of any of these per				5	
6	Loans and other receivables from other disqualified p					
	under section 4958(f)(1)), and persons described in s		6			
STANSET 7	Notes and loans receivable, net			7		
8 3	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
1	Land, buildings, and equipment: cost or other]				
'"	basis. Complete Part VI of Schedule D	10a	132,906			
h		1 401	11,792	122,824	10c	121,114
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14					14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			650,557	16	903,069
17				9,136	17	10,073
18	Accounts payable and accrued expenses Grants payable		3,130	18	10,075	
19				19		
20	Deferred revenue Tax-exempt bond liabilities				20	
21					21	
- 1	Escrow or custodial account liability. Complete Part IV				21	
22	Loans and other payables to any current or former of		=0/			
Liabilities	trustee, key employee, creator or founder, substantial				22	
<u></u>	controlled entity or family member of any of these per				22	
	Secured mortgages and notes payable to unrelated the					
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payables					
	parties, and other liabilities not included on lines 17-24	, .		326	.	20 700
	of Schedule D					39,792
26	Total liabilities. Add lines 17 through 25			9,462	26	49,865
١	Organizations that follow FASB ASC 958, check h	nere X				
<u> </u>	and complete lines 27, 28, 32, and 33.			472 205		E70 620
27 28 29 29 29				473,295	27	578,639
28				167,800	28	274,565
<u> </u>	Organizations that do not follow FASB ASC 958,	check here				
-	and complete lines 29 through 33.					
29					29	
30 31	Paid-in or capital surplus, or land, building, or equipme				30	
2 31	Retained earnings, endowment, accumulated income,		1	C41 00F	31	050 00
32				641,095	32	853,204
2 33	Total liabilities and net assets/fund balances			650,557	33	903,

Form **990** (2022)

-orm	1990 (2022) International Animal Rescue US, Inc. 54-2044674			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	 2,33	37,7	753
2	Total expenses (must equal Part IX, column (A), line 25)	2	 2,12	25,6	644
3	Revenue less expenses. Subtract line 2 from line 1	3	2:	L2,:	109
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64	11,0	095
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8!	53,2	204
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				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

International Animal Rescue US,

Employer identification number

54-2044674 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? (A)

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

(B)

(C)

(D)

(E)

International Animal Rescue US, Inc 54-2044674 Schedule A (Form 990) 2022

Page 2

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

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, oburn (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, 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 receipte from related activities, etc. (see instructions) 12 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 4 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 100.00 % 16 1,318,328 1,571,243 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126 8,344,317 1,503,162 1,563,458 2,388,126		tion A. Public Support						
membership fees received. (Do not include any "unusual grants") 1,318,328 1,571,243 1,503,162 1,563,488 2,388,126 8,344,31: The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge and the paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization of total contributions by each person (other than a governmental unit or public dated on line 1 that occode 2% of the amount shown on line 11, column (f) Public support. Subtract line 8 from line 4 Goss income from interest, dividends, prymer from the form line 4 Goss income from interest, dividends, prymer from the 4 (a) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total not be serviced on securities and services are serviced on securities bears, services of the services and services are serviced on securities and services are serviced on securities and services are services. Whether or not the business activities, and the promote of the	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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 to grain with the organization without charge to provide the programment 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 Subract line 5 from line 4 8 Ja44, 31: Section B. Total Support Calendar year of fiscal year beginning in) 7 Amounts from line 4 1 J318, 328 1,571, 243 1,503, 162 1,563, 458 2,388, 126 8,344, 31: Section B. Total Support Calendar year of fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1,563, 458 2,388, 126 8,344, 31: Section B. Total Support Amounts from line 4 1,318, 328 1,571, 243 1,503, 162 1,563, 458 2,388, 126 8,344, 31: Section B. Total Support Other 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). 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 2 Gross receipts from related activities, etc. (see instructions) 12 —53,04! 7 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)). 14 In Jan 100,00% 15 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)). 16 31,73% support test—2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 100,00% 17 10 W-facts-and-circumstances test—2021. 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. The organization qualifies as a publicly	1	membership fees received. (Do not	1,318,328	1,571,243	1,503,162	1,563,458	2,388,126	8,344,317
timished by a governmental unit to the organization without charge: 4 Total. Add lines 1 through 3. 1,318,328 1,571,243 1,503,162 1,563,458 2,388,126 8,344,31: 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (o) 2022 (f) Total Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (o) 2022 (f) Total 7 Amounts from line 4 6 Gross Income from interest, dividends, payments received on sociaties loans, revins, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization sfirst, 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 2021 Schedule A Part II, line 14 15 Journal of Public support percentage for 2022 (lift en 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 15 Public support tercentage for 2021 if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 100.00 for organization. 16 Yeards-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 100.00 for more, and if the organization meets the facts-and-circumstanc	2	organization's benefit and either paid						
4 Total. Add lines 1 through 3	3	furnished by a governmental unit to the						
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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1,318,328 1,571,243 1,503,162 1,563,458 2,388,126 8,344,317 8 Gross income from interest, dividends, payments received on securities loans, renis, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 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 4 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 1 100.00 % 15 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 16 3 31/3% support test—2022. 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 17 10%-facts-and-circumstances test—2021. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets	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						
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organization b 10%-facts-and-circumstances test—2021. 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		,		•		•		
 b 10%-facts-and-circumstances test—2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		iti		· ·	•			
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b							
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		15 is 10% or more, and if the organization is	meets the facts-and	-circumstances tes	t, check this box ar	nd stop here. Expl	ain	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		in Part VI how the organization meets the fa	acts-and-circumstan	ices test. The orga	nization qualifies as	s a publicly support	ted	_
instructions	18	organization Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	 17a, or 17b, check	this box and see		
		instructions						

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	quantity arrange at				· /		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,		, ,	,			.,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
9	Amounts from line 6	(2,7		(2, 2	(4,7)	(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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	and 12.) First 5 years. If the Form 990 is for the org	canization's firet	cond third fourth	I or fifth tax vear as	a section 501(c)(3)	I		
	organization, check this box and stop here	-		•				
Sec	tion C. Computation of Public Su							<u> </u>
15	Public support percentage for 2022 (line 8,			(f))			15	%
16	Public support percentage from 2021 Scheo						16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage					
17	Investment income percentage for 2022 (lin	ne 10c, column (f),	divided by line 13,	column (f))			17	%
18	Investment income percentage from 2021	Schedule A, Part III	I, line 17				18	%
19a	33 1/3% support tests—2022. If the organ	nization did not che	ck the box on line	I4, and line 15 is m	nore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this box	-	-					L
b	33 1/3% support tests—2021. If the organ							
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box	and see instructions	3		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

the supporting organization had an interest? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

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.**

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Yes No 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination 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) 4c nurnoses Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which

Schedule A (Form 990) 2022

9b

9c

10a

10b

10a

	lle A (Form 990) 2022 International Animal Rescue US, Inc 54-20446	4		Page 5
Paı	t IV Supporting Organizations (continued)			T
44			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		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations	1		
	7 Pro Complete Comple		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? 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 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		
Sect	ion C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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		
Sect	ion 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).			
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 instruction of the contraction	ons). [T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	0-		
L	that these activities constituted substantially all of its activities.	2a		
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	0.		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O		ns	rage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			
instructions. All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year 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		
Section 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		
b 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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	d Type III sup	porting organization	
(see instructions).	••		

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizati	ions (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	S		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	f supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		3	
4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Evenes from 2002				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form							54-2044674	Page 8
Part VI	III, line 12; Part B, lines 1 and 2	t IV, Section A, 2; Part IV, Secti	lines 1, 2, 3b on C, line 1;	o, 3c, 4b, 4c, Part IV, Sec	, 5a, 6, 9a, 9 ction D, lines	9b, 9c, 11a, 1 [,] s 2 and 3; Par	; Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines 5, and 8; and Part V,	Section 1c, 2a, 2b,
		6. Also complet						
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Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Schedule B (Form 990) (2022)

Employer identification number

International Animal Rescue US, Inc 54-2044674 Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

International Animal Rescue US, Inc

Employer identification number 54-2044674

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Orangutan Outreach 225 E. 76th Street #6F New York NY 10021	\$ 126,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 Margaretta Taylor 2 Sutton Square New York NY 10022	Total contributions \$ 450,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4 Head & Heart Foundation c/o M Carmel Ann Ferrara Bessemer Tr 1271 Ave of the Americas New York NY 10020	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Leslie Alexander 110 E Atlantic Ave, Suite 320 Delray Beach FL 33444	\$ 245,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Lucy Pegau (Legacy Gift) 1808 Winston Road Charlottesville VA 22903-1635	\$ 110,756	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Katharine Rayner 11 1/2 East 76th Street New York NY 10021	\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page 2 of 2

Name of organization

International Animal Rescue US, Inc

Employer identification number

54-2044674

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ACT Foundation Inc 6205-A Peachtree Dunwoody Road Atlana GA 30328	\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number International Animal Rescue US, Inc 54-2044674 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990. Part X

Sche	edule D (Form 990) 2022 Internat	<u>ional Anima</u>	<u>l Rescue U</u>	S, Inc	<u>54-20446</u>	74		Page 2
Pa	art III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or	Other Simil	ar Assets	(continue	d)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records,	check any of the follo	wing that make	significant use of	its		
а	Public exhibition	d \square	Loan or exchange pr	ogram				
b	Scholarly research	е	Other	-				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	ollections and explain I	now they further the o	rganization's exe	mpt purpose in	Part		
	XIII.							
5	During the year, did the organization solicit of	or receive donations of	art, historical treasure	es, or other simila	ar			_
	assets to be sold to raise funds rather than t	to be maintained as pa	art of the organization's	s collection?			Yes	No
Pa	art IV Escrow and Custodial A							
	Complete if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, line 9,	or reported a	ın amount d	n Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or	other assets not	t			
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f	$\overline{}$	$\overline{}$
	Did the organization include an amount on F							⊢ No
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	planation has been pro	ovided on Part XI	<u>II </u>			
Pa	art V Endowment Funds.	n anawarad "Vaa"	on Form 000 D	art IV/ line 10				
	Complete if the organizatio						(a) Faure	
4.		(a) Current year	(b) Prior year	(c) Two years	back (d) II	nree years back	(e) Four y	ears back
	Beginning of year balance							
	O Contributions							
C	Net investment earnings, gains, and							
٨	losses							
	Grants or scholarships Other expenditures for facilities and							
-	•							
f	programs Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	rent vear end halance	(line 1g. column (a)) h	neld as:				
	Board designated or quasi-endowment		(iiio ig, coluiiii (a)) i	iola ao.				
b								
С	: Term endowment %							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held and a	administered for	the			
	organization by:	· ·					Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Schedule R?				3b	
	Describe in Part XIII the intended uses of th							
Pa	art VI Land, Buildings, and Equ	uipment.						
	Complete if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, line 11	a. See Form	990, Part X	(, line 10.	
	Description of property	(a) Cost or other	basis (b) Cost o	r other basis	(c) Accumulate	ed	(d) Book va	lue
		(investment)	(0	ther)	depreciation			
1a	Land							
b	Buildings			129,909	10	,094	119	9,815
С	Leasehold improvements							
	I Equipment			2,997	1	, 698		1,299
	Other							
Tota	al. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part 2	X. column (B), line 10d	c.)			12:	1,114

Schedule D (Form 990) 2022 International Animal Rescue US, Inc 54-2044674

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on	·		X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	
(1) Financial	derivatives			
` ,	ld equity interests			
. ,				
(A)				
(D)				
(E)				
(F)				
(C)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	, , , , , , , , , , , , , , , , , , , ,			
Part VIII	Investments – Program Related.	Form 000 Port IV lin	o 11a Saa Farm 000 Dart	V line 12
-	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year mai	
(4)			oost of one of your man	NOT VAIGO
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Part IV lin	e 11d See Form 000 Part	V line 15
-	(a) Description	TOTTI 990, TAILTV, III	le 11d. See 1 omi 990, 1 art 2	(b) Book value
(4)	(a) Description			(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (5) (20) (2) (7) (7) (7)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lin	ne 11e or 11f. See Form 990	, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2) Inter	company Payable			39,792
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			39,792
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's I	iability for uncertain tax positions under FASB ASC 740. Check	nere it the text of the footn	ote nas been provided in Part XIII	

Sche	dule D (Form 990) 2022 International Animal Resc	ue US, Inc 54-2	20446/4	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St		e per Return.	
	Complete if the organization answered "Yes" on Form		1.1	0 227 752
1	Total revenue, gains, and other support per audited financial statements		1	2,337,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
	Net unrealized gains (losses) on investments			
D	Donated services and use of facilities	2c 2c		
4	Recoveries of prior year grants Other (Describe in Part XIII.)	2d		
	Other (Describe in Part XIII.)		20	
3	Add lines 2a through 2d		2e	2,337,753
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 I I		2,331,133
a		4a		
	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			2,337,753
_	art XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form		oo por rectariii	
1	Total expenses and losses per audited financial statements		1	2,125,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, -, -
	Donated services and use of facilities	2a		
	Prior year adjustments			
С	Other losses	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,125,644
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4				
		4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b		4b	4c	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		2,125,644
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	4b	5	2,125,644
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b; Part V, I	ine 4; Part X, line	2,125,644
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	art IV, lines 1b and 2b; Part V, I	ine 4; Part X, line	2,125,644
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b; Part V, I	ine 4; Part X, line	2,125,644
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a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b; Part V, I	ine 4; Part X, line	2,125,644
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a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b; Part V, I	ine 4; Part X, line	2,125,644
a b c 5 Pare Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b; Part V, I bvide any additional information.	ine 4; Part X, line	
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a b c 5 Pare Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part XII.	art IV, lines 1b and 2b; Part V, I bvide any additional information.	ine 4; Part X, line	
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a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental part XII.	art IV, lines 1b and 2b; Part V, I poide any additional information.	ine 4; Part X, line	
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a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental part XIII.	art IV, lines 1b and 2b; Part V, I poide any additional information.	ine 4; Part X, line	
a b c 5 Provide 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental part XIII.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Provide 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental part of the part XII.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Pac Provide 2; Pac Provide 2 Pac Pro	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental part of the part XII.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Pac Provide 2; Pac Provide 2 Pac Pro	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information in the supplemental information.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Pac Provide 2; Pac Provide 2 Pac Pro	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to present the supplemental information in the supplemental information.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Pac Provide 2; Pac Provide 2 Pac Pro	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	
a b c 5 Pa 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	art IV, lines 1b and 2b; Part V, I ovide any additional information.	ine 4; Part X, line	

Schedule D (Fo	orm 990) 2022	International	Animal	Rescue	US,	Inc	54-2044674	Page 5
Part XIII	Supplemental	Information (contin	ued)					
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

International Animal Rescue US, Inc 54-2044674 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to Yes X No award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (a) Region (b) Number of offices in region (by type) (such as, expenditures for employees, a program service, fundraising, program services, investments, grants to recipients the region agents, and describe specific type of and investments service(s) in the region in the region contractors located in the region) in the region Pacific - Indonesia East Asia 438,742 (1) Program Service Animal Rescue South Asia India Program Service Animal Rescue 50,000 (2) Cen. Amer. & Carribbean Costa Rica (3) Program Service Animal Rescue 389,984 Europe Animal Rescue 255,401 (4) Program Service Armenia Program Service Animal Rescue 512,110 (5) (6) (7) (8) (9) (10) (11) (12)(13) (14) (15) (16) (17)3a Subtotal 1,646,237 **b** Total from continuation sheets to Part I c Totals (add 1,646,237 lines 3a and 3b)

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International Animal Rescue US, Inc 54-2044674 Schedule F (Form 990) 2022

(i) Method of valuation (book, FMV, appraisal, other) БМV FMV EMV FMV ĒΜ Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form (h) Description of noncash assistance exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance Wire Transfer Transfer Transfer Transfer Transfer (f) Manner of disbursement cash Wire Wire Wire Wire Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 438,742 50,000 389,984 512,110 255,401 (e) Amount of cash grant Rescue-CAM Costa Ric Rescue-South Asia Rescue-East Asia Rescue-Armenia (d) Purpose of Rescue-Europe grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization (10) (11) (12) (13) <u>4</u> (15) (16) Ξ 3 (3) (4) 9 9 6 (8) <u>ම</u>

Schedule F (Form 990) 2022

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International Animal Rescue US, Inc 54-2044674

Schedule F (Form 990) 2022

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

(a) Type of grant or assistance (b) Region (c) Number of (d)	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2022

Sche	dule F (Form 990) 2022 International Animal Rescue US, Inc 54-2044674		Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

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

Region	Exp	penditures	Inves	tments
East Asia & Pacific - Indonesia	\$	438,742	\$	0
South Asia - India	\$	50,000	\$	0
Cen. Amer. & Carribbean - Costa Rica	\$	389,984	\$	0
Europe	\$	255,401	\$	0
Armenia	\$	512,110	\$	0

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization International Anim				inc	Employer identification	
Part I Fundraising Activities. Complete if	the organization	n ans	wer			
Form 990-EZ filers are not required to a lindicate whether the organization raised funds through at a lindicate whether the organization raised funds through at a lindicate whether the organization raised funds through at a lindicate whether the organization raised funds through at lindicate whether the organization raised funds through the lindicate whether the lindicate whether	ny of the following a	ctivitie of nor of gov	s. Ch n-gove rernm	ernment grants		
 d In-person solicitations 2a Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity i b If "Yes," list the 10 highest paid individuals or entities (fur compensated at least \$5,000 by the organization. 	n connection with pr	ofessi	onal f	undraising services?	raiser is to be	X Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di raiser custo contr contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
John Mini Consulting Inc 1 124 Gills Neck Road		Yes	No			
Lewes DE 19958	DirectMail		х	385,383	34,800	350,583
3						
4						
5						
6						
7						
8						
9						
10						
Total				385,383	34,800	350,583
3 List all states in which the organization is registered or lic registration or licensing. Alabama, Arkansas, California Hawaii, Illinois, Kentucky, Minnesota, Mississippi, North Mexico, New York, Ohio, Orego Tennessee, Utah, Virginia, Wa	, Colorado Massachuset Carolina, on, Pennsy	o, tts Ne lva	Cor , M ∍w	nnecticut, F. Maryland, Ma: Hampshire, M ., Rhode Isla	lorida, Geo ine, Michig New Jersey, and, South	an, New

_	than \$15,000 o	f fundraising event contributi greater than \$5,000.			•
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions 3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
sesu	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses				
	11 Net income summary. Su	Add lines 4 through 9 in column (d btract line 10 from line 3, column (d)		
P	Part III Gaming. Com	plete if the organization ansorm 990-EZ, line 6a.	wered "Yes" on Form 990, F	Part IV, line 19, or reporte	d more than
Revenue	¥ 10,000 0 1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses			 	
	6 Volunteer labor	Yes % No	Yes % No	Yes %	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)		
	8 Net gaming income sumn	nary. Subtract line 7 from line 1, col	umn (d)		
	Is the organization licensed to	e organization conducts gaming acti conduct gaming activities in each o	of these states?		Yes No
10a		s gaming licenses revoked, suspend			

Sche	dule G (Form 990) 2022	International	l Animal	Rescue	US,	Inc	54-2044674				Page	<u>∍ 3</u>
11	Does the organization cond	luct gaming activities with n	onmembers?							Yes		No
12	Is the organization a granto											
	formed to administer charita	able gaming?							П	Yes	П	No
13	Indicate the percentage of	gaming activity conducted ir	1:									
а	The organization's facility							13a				%
b	An outside facility							13b				%
14	Enter the name and address	ss of the person who prepar	es the organizat	tion's gaming/sp	ecial eve	nts books	and					
	records:											
	Name											
	Address											
15a	Does the organization have	a contract with a third part	from whom the	e organization re	eceives g	aming						
									Ш	Yes	Ш	No
b	If "Yes," enter the amount of	of gaming revenue received	-	•			and the					
	amount of gaming revenue	•	\$									
С	If "Yes," enter name and ac	ldress of the third party:										
	Name											
	Address											
16	Gaming manager information	on:										
	Name											
	Gaming manager compens	eation \$										
	Description of services pro-	vided										
	Director/officer	Employee	Indepen	ndent contractor	r							
17	Mandatory distributions:											
	Is the organization required	under state law to make cl	naritable distribut	tions from the d	aming pr	oceeds to						
	retain the state gaming lice	nco?		_						Yes	\Box	No
b	Enter the amount of distribu						or		ш		ш	
~	spent in the organization's	•			ompt org	arnzanono	01					
Pa	rt IV Supplementa	al Information. Provide	le the explan	nations requi	red by	Part I. li	ne 2b. columns (iii) and (v):	and	d		_
		9, 9b, 10b, 15b, 15c,								-		
	See instruction		. 0, ,	ос оррания		- р. с т. с	- a, a.a.a.a		-			
	000 1110114011	51101										_
												• • •
												• • •

Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

International Animal Rescue US, Inc

Employer identification number 54-2044674

Form 990 - Organization's Mission or Most Significant Activities The Organization's vision is a world where humans and animals coexist in sustainable ecosystems. The Organization focuses on conservation; habitat protection; promoting biodiversity and rescue, rehabilitation release and monitoring of wildlife. Where wildlife cannot be released back to the wild, the Organization supports life time care and sanctuary As part of a holistic approach, the Organization promotes community development, education and awareness, capacity building and the dissemination of knowledge to stakeholders in the United States and overseas. The Organization's main programs at the present time include: the protection and lifelong care of Indian Sloth Bears that have been rescued from the bear dancing trade and providing financial assistance to those entities involved in the rescue and maintenance of that endangered species; the rescue, rehabilitation and (if possible) release of captive brown bears in Armenia; the protection and conservation of critically endangered orangutans, macaques and slow lorises and releasing them back into the protected areas in the wild of Indonesia; wildlife protection strategies in Costa Rica; tackling the illegal trade in wildlife; developing holistic strategies to conserve forest habitats and promoting sustainable development. The public information program focuses on the Organization's communication activities such as the Organization's website, publication of the annual review and periodic mailings.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board of Directors is given a copy of the 990 for review and approval

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization

International Animal Rescue US, Inc

54-2044674

prior to it being filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Organization's Conflict of Interest Policy states that all Directors and
key employees are required to report any conflicts of interest as they
arise, such conflicts of interest are monitored by the Board of Directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation Policy: The policy for compensation of executive directors and other highly compensated employees and consultants is detailed on the organization's website. This details the process the board follows when approving compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Nature and Purpose of Operations

International Animal Rescue US, Inc (the "Organization") is a non-profit

Commonwealth of Virginia. The Organizationwas formed to assist in the protection and conservation of animals and habitats throughtout the world, with special emphasis to rescue animals in distress, to educate, support, train and equip those involved in the rescue efforts; to encourage the development and education of dedicated, knowlegdeable and responsible animal rescue groups in the United States and throughout the world; and to establish a national depository for information concerning animal rescue and care. The Organization's main programs at the present time are: the lifelong care and protection of Indian Sloth Bears that have been rescued from the bear dancing trade and providing financial assistance to those

Schedule O (Form 990) 2022

Name of the organization

Page 2

Employer identification number

Name of the organization	Employer identification number
International Animal Rescue US, Inc	54-2044674
entities involved in the rescue and maintenance of that e	
the rescue and maintenance of that endangered species; the	e liberation of
captive bears in Armenia; the conservation of wildlife in	Indonesia, which
includes working with communities and other stakeholders	on holistic
solutions to protect orangutans, macaques and slow lorise	s and enhance
biodiversity; and the mitigation of threats to wildlife i	n Costa Rica. The
public information program focuses on the Organization's	communication
activities such as the Organization's website, publication	n of
the annual review and periodic mailings.	
•	
	Page 2 of 2

Form **4562**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

1

2

3

4

6

8 9

10

11

12

13

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 2022

Identifying number

54-2044674

12

International Animal Rescue US, Inc Business or activity to which this form relates

Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11

Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 2,923 Other depreciation (including ACRS) 16

MACRS Depreciation (Don't include listed property. See instructions.)

Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11

Section	I

MACRS deductions for assets placed in service in tax years beginning before 2022 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in (business/investment use service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property S/I 25-year property 25 yrs. ΜМ 27.5 yrs. S/L Residential rental property 27.5 yrs. MM S/I MM S/L 39 yrs. Nonresidential real

property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/I С 30-year 30 yrs. MM S/L 40-year 40 yrs. MM S/L

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Form **4562** (2022)

2,923