Form 990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

A	or the	2022 calendar year, or tax year beginning , 2022, and ending	The State of the	, 20	
В	heck if ap	ck if applicable C Name of organization		entification number	
	Address		83-2035864		
	Name ch	Ange Number and street (or P.O. box if mail is not delivered to street address) Room/suite		Telephone number	
	nitial retu	IN PO BOX 969		(812) 629-4032	
	Inal retu Amended	rnvterminated		Group Exemption	
	Application	Number			
_	-			organization is not	
	Nebsite				
		MINI DI BRISCARE, ORG	required to attach	Schedule B	
			(Form 990).		
		organization: X Corporation Trust Association Other			
(Pa	rt II, col	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asseumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			
_	art I		\$	110,607	
100	413.1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in			
_	1	Check if the organization used Schedule O to respond to any question in this Part I		A LOCAL CONTRACTOR OF THE PARTY	
	100	Contributions, gifts, grants, and similar amounts received		110,607	
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory			
	р	Less: cost or other basis and sales expenses	Sec. of		
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events:			
	а	Gross income from gaming (attach Schedule G if greater than	and the second		
Ž	i a	\$15,000)			
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions			
ď		from fundraising events reported on line 1) (attach Schedule G if the			
	100	sum of such gross income and contributions exceeds \$15,000) 6b			
	C	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	100		
		line 6c)	6d	THE REST OF SECTION	
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold · · · · · · · · · · · · · · · · · · ·			
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)		21 1-1/25 (1)	
- 3	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	110,607	
	10	Grants and similar amounts paid (list in Schedule O)	10	100,084	
	11	Benefits paid to or for members	11		
S	12	Salaries, other compensation, and employee benefits	12		
Expenses	13	Professional fees and other payments to independent contractors	13	499	
ber	14	Occupancy, rent, utilities, and maintenance	14		
X	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe in Schedule O)	The state of the s	2,464	
	17	Total expenses. Add lines 10 through 16		103,047	
7	18	Excess or (deficit) for the year (subtract line 17 from line 9)		7,560	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		2 Aut - 2 - 1 - 2 4	
SS	100	end-of-year figure reported on prior year's return)	19	5,623	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		1-196 2 2-1	
N	21	Net assets or fund balances at end of year. Combine lines 18 through 20		13,183	

Check if the organization used Schedule C	) to respond to any que				_
	to respond to any que			• • • •	
22 Cash savines and it		(4	A) Beginning of year		(B) End of year
22 Cash, savings, and investments			5,623	22	13,183
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			5,623	25	13,183
26 Total liabilities (describe in Schedule O)			0	27	0
27 Net assets or fund balances (line 27 of column (B) mus Part III Statement of Program Service Accomp			5,623	21	13,183
					Expenses
Check if the organization used Schedule			II	(Requi	ired for section
What is the organization's primary exempt purpose? PROVI	DE FUNDING FOR VI	TERINARY CARE		501(c)	(3) and 501(c)(4)
Describe the organization's program service accomplishments	for each of its three larges	t program services,		organi	zations; optional for
as measured by expenses. In a clear and concise manner, des persons benefited, and other relevant information for each pro-	cribe the services provide gram title	d, the number of		others	.)
28TO PROVIDE NEED BASED FINANCIAL ASSIS	STANCE FOR ALL BR	EEDS OF	11 624 1	14.0	
DOGS REQUIRING URGENT VETERINARY CARE	The state of the factor	Control by an officer			
(Grants \$ 110,607) If this amo	ount includes foreign grant	s. check here		28a	3,484
29 la	water and the same and		12 to 1		
He would have been an extended the			1. 1. 1. 1. 1.	219-1	
A secretary from any transfer to the property of the contract of	- N		LIA CONTRACTOR		
(Grants \$ ) If this amo	ount includes foreign grant	s, check here		29a	
30 cm format Military Parket motions. Probe process of the	a in stream of the state of contra	grave Applicated the second	Judge .		
		gorden door		10.00	
the factors again to the contract and the feet against a	miles of the entered to	Attended of any smaller	4078		
(Grants \$ ) If this amo	ount includes foreign grant	s, check here		30a	
31 Other program services (describe in Schedule O)		ergendre de Li		WX X	TO BE A
(Grants \$ ) If this amo	ount includes foreign grant	s, check here		31a	
32 Total program service expenses (add lines 28a through				32	3,484
Part IV List of Officers, Directors, Trustees, and Key			ed - see the instructi	ions for	Part IV)
Check if the organization used Schedule O to re	espond to any question in t	his Part IV			
(a) Name and title	(b) Average				
Consection? If "Yes," complete Func. male?  If the states with which a make of this control is had	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		Estimated amount of other compensation
CAROL YOUNG		compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employed benefit plans, and		) Estimated amount of
	devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	E Section	Estimated amount of other compensation
PRESIDENT/TREASURER	devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employed benefit plans, and	E Section	) Estimated amount of
PRESIDENT/TREASURER TAUNI BECKMANN	devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT	devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE	devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE	30.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS	30.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY	30.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0	contributions to employed benefit plans, and deferred compensation	)	0 Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL	30.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0	contributions to employ benefit plans, and deferred compensation	)	0 Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL	30.00 10.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0	contributions to employ benefit plans, and deferred compensation		0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0	contributions to employ benefit plans, and deferred compensation		0 Estimated amount of other compensation
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0
VICE PRESIDENT  JAMIE ROSE  MEMBER AT LARGE  JOSIE RHOADS  SECRETARY  NICOLE ENGEL  MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0 0
PRESIDENT/TREASURER TAUNI BECKMANN VICE PRESIDENT JAMIE ROSE MEMBER AT LARGE JOSIE RHOADS SECRETARY NICOLE ENGEL MEMBER AT LARGE	30.00 10.00 5.00 5.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0  0	contributions to employ benefit plans, and deferred compensation		0 0 0 0

83-2035864 Page 3 BANDITS K9CARE INC Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business X 35b b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 35c X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . X 37b X 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X b If "Yes," complete Schedule L, Part II, and enter the total amount involved. . . . . . . . . . . . 38b Section 501(c)(7) organizations. Enter: 39a 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912 : ; section 4955: b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . . . . 40b x c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X List the states with which a copy of this return is filed: 42 a The organization's books are in care of: CAROL YOUNG Telephone no. 812-629-4032 Located at: 21 JULIANA DRIVE, Newburgh, IN ZIP+4 47630 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 42b X If "Yes." enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . . . . . . . . . . . . If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here . . . . . . . . . 

	35. 이 경영, 이번 본다 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	21	Yes	1
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	10-6	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			100
	completed instead of Form 990-EZ	44b	A.B.	7
C	Did the organization receive any payments for indoor tanning services during the year?	44c	W. 5	7
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			77
	explanation in Schedule O	AAA		

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 

(a) Name and title of each employee				The state of the s		Yes No
Section 501 (c)(3) Organizations must answer questions 47 - 49b and 52, and complete the tables for fin. 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI	46 Did	the organization engage, directly or indirect	ctly, in political campaign as	ctivities on behalf of or in	opposition	
All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lin 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI	Dort VI	Section 501(c)(3) Organization	lete Schedule C, Part I			46 X
Check if the organization used Schedule O to respond to any question in this Part VI  Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II  47  But the organization as a school as described in section 170(b)(1)(A)(ii)? If "res," complete Schedule E  48  But the organization as achool as described in section 170(b)(1)(A)(ii)? If "res," complete Schedule E  48  But the organization make any transfers to an exempt non-charitatine leated organization?  49  But the organization make any transfers to an exempt non-charitatine leated organization?  50  Complete this table for the organization from the organization. If there is none, enter "None."  (i) Average hours per write the organization and the organization. If there is none, enter "None."  (ii) Average hours per write the organization and the organization. If there is none, enter "None."  (iv) Average hours per write the organization and the organization. If there is none, enter "None."  (iv) Average hours per write the organization and the organization. If there is none, enter "None."  (iv) Average hours per write the organization and the organization. If there is none, enter "None."  (iv) Average hours per write the organization and other organization. If there is none, enter "None."  (iv) Type of service  (	Part VI			estions 47 - 40h and	52 and complete	the tables for lines
Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "les," complete Schedule C, Part II  48 Is the organization asked askecined in section 179(b)(1)(A)(ii)? If "les," complete Schedule E  48 Is the organization make any transfers to an exempt non-charitable related organization?  50 Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  61 Name and title of each employee  62 Name and title of each employee and over \$100,000  63 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  63 Name and business address of each independent contractors each receiving over \$100,000  64 Total number of other independent contractors each receiving over \$100,000  65 Other than officers and the second of the properties of the organization of the organization. If there is none, enter "None."  65 Other than officers and the second of the properties of the organization of the organization. If there is none, enter "None."  66 Total number of other independent contractors each receiving over \$100,000  67 Other than officers and the second of the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge and belief, it is accompleted S		50 and 51	nis must answer que	:5(10115 47 - 49D and	52, and complete	the tables for lines
Ves			Schedule O to respo	nd to any question i	n this Part VI	П
year? If "Yes," complete Schedule C, Part II  8 Is the organization as those and a described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  9 Did the organization make any transfers to an exempt non-charitable related organization?  9 Did the organization make any transfers to an exempt non-charitable related organization?  9 Complete this table for the organization five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  9 (a) Name and title of each employees paid over \$100,000  10 Area or week devoted to position  11 Total number of other employees paid over \$100,000  12 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  12 (a) Name and business address of each independent contractor.  13 Total number of other employees paid over \$100,000  14 Total number of other independent contractors and received more than \$100,000 of compensation from the organization. If there is none, enter "None."  14 Total number of other independent contractors each receiving over \$100,000  15 Obt the organization complete Schedule A Note: All section \$501(c)(3) organizations must attach a completed Schedule A completed Schedule A note: A complete Schedule A note: A completed Schedule A note: A complete Schedule A note: A				1 34 342 1 45 1, 18 34		
year? If "Yes," complete Schedule C, Part II  ## 18 Is the organization as About a described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ## 28 ID the organization make any transfers to an exempt non-charitable related organization?  ## 28 ID the organization make any transfers to an exempt non-charitable related organization?  ## 29 ID the organization make any transfers to an exempt non-charitable related organization?  ## 29 ID the organization make any transfers to an exempt non-charitable related organization?  ## 29 ID the organization in organization in the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  ## 20 ID the organization organization from the organization in organization in organization. If there is none, enter "None."  ## 20 ID the organization organization from the organization. If there is none, enter "None."  ## 20 ID the organization organization organization. If there is none, enter "None."  ## 20 ID the organization organization organization. If there is none, enter "None."  ## 20 ID the organization organization organization. If there is none, enter "None."  ## 20 ID the organization	47 Did	the organization engage in lobbying activity	ties or have a section 501(	h) election in effect during	the tax	Service Service
the complete of other employees paid over \$100,000  Total number of other employees paid over \$100,000  Complete this table for the organization as ection 527 organization?  (a) Name and title of each employees paid over \$100,000  Total number of other employees paid over \$100,000  Complete this table for the organization of the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization (if there is none, enter "None"  (a) Name and title of each employees paid over \$100,000  Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 or compensation from the organization or the organization from the organizati						47 x
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per vent devoted to position of the employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of the employee of the compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  ONE     Total number of other independent contractors each receiving over \$100,000	48 ls t	he organization a school as described in so	ection 170(b)(1)(A)(ii)? If "Y	'es," complete Schedule E		48 X
Complete this table for the organization in five highest compensated employees (other than officers, directors, fusited annual representations of the presentation of the organization. Here is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable (remain v2-1000-MSC)  (d) Health beeffile, other compensation of the organization in the organization of the organization organizatio						
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average house prevent devoted to position  (c) Reportable compensation (compensation to employee to devote the position of the property of the compensation of the property o						
(a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation compensation (Forms W-2/1009-MSC)  (c) Estimated amount of the compensation of the compensati						
(a) Name and title of each employee    Document   Docum	em	ployees) who each received more than \$10	00,000 of compensation fro	om the organization. If the		ð."
f Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  ONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section \$51(c)(3) organizations must attach a completed Schedule A.  Completed Schedule A.  Ly Yes   Independent contractors each receiving over \$100,000  And the organization complete schedule A? Note: All section \$51(c)(3) organizations must attach a complete Schedule A.  Ly Yes   Independent contractors each receiving over \$100,000  And the organization complete schedule A? Note: All section \$51(c)(3) organizations must attach a complete Schedule A.  Ly Yes   Carcut, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  CAROL YOUNG  Signature of officer  CAROL YOUNG, PRESIDENT/TREASURER  The or print name and title  Pelot/Type preparer's name  Preparer's signature  Date  CAROL YOUNG, PRESIDENT/TREASURER  The or print name and title  Policia M. Bowden  Policia M. Bowden  Policia M. Bowden  Firm's name Marchizza Tax LLC		(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and deferred	
f Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  ONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a completed Schedule A.  Completed Schedule A.  Yes   Independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section \$501(c)(3) organizations must attach a complete Schedule A.  Yes   Complete his table for the organization of the property of the complete in the property of						
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  ONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  completed Schedule A  nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is se, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  CAROL YOUNG  Signature of officer  CAROL YOUNG, PRESIDENT/TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print Self-cmployed  po0854778  Firm's address  F	ONE					
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d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	51 Co	mplete this table for the organization's five	highest compensated inde	pendent contractors who	each received more that	an an
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	(a)	Name and business address of each independent cor	ntractor	(b) Type of service	:e	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	ONE			State of the state of	78	
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						
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completed Schedule A						
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CAROL YOUNG Sign Signature of officer Date  CAROL YOUNG, PRESIDENT/TREASURER  Type or print name and title Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature Primt's name Preparer's signature Felicia M. Bowden Firm's name Marchizza Tax LLC Firm's address Firm'						
CAROL YOUNG Signature of officer CAROL YOUNG, PRESIDENT/TREASURER  Type or print name and title  Print/Type preparer's name Preparer Firm's name Marchizza Tax LLC Firm's address 607 E Haub St  Pale  CAROL YOUNG Date  Check if PTIN PTIN PTIN PTIN PTIN PTIN PTIN PTIN						heage and belief, it is
Signature of officer CAROL YOUNG, PRESIDENT/TREASURER  Type or print name and title  Print/Type preparer's name Preparer's signature  Preparer's signature  Date Check If PTIN  self-employed P00854778  Female Marchizza Tax LLC Firm's name Marchizza Tax LLC Firm's address 607 E Haub St	be, correct, arr		Officery is based of all informe	audit of Willott preparer has a	ny knowledge.	1 1972 - 1993
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Self-employed  PO0854778  Preparer  Firm's name  Marchizza Tax LLC  Firm's address  607 E Haub St  Firm's address		Signature of officer Date				
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reparer Firm's name Marchizza Tax LLC Firm's EIN Se Only Firm's address 607 E Haub St	The state of		Preparer's signature	Date	Check	if PTIN
Ise Only Firm's address 607 E Haub St		Felicia M. Bowden		05-11-2	023 self-employe	d P00854778
		Firm's name Marchizza Tax LLC Firm's EIN				
TITE TO AT	se Only	Firm's address 607 E Haub St	a land of the head			
	3 6 9					12-421-8777   Yes   X   No

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		128,838	249,432	131,415	110,607	620,292
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	1.11				- 4	
4	unrelated trade or business under section 513  Tax revenues levied for the		-				
	organization's benefit and either paid to						
	or expended on its behalf			2			
5	The value of services or facilities						
	furnished by a governmental unit to the		- 1 A	- 2			
	organization without charge				1 1 5		
6	Total. Add lines 1 through 5		128,838	249,432	131,415	110,607	620,292
7a	Amounts included on lines 1, 2, and 3		A STATE OF STATE OF	411			
	received from disqualified persons .	11.00		A 100 A 110			Yell the way
b	Amounts included on lines 2 and 3	Maria Contract			T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	received from other than disqualified						
	persons that exceed the greater of \$5,000			100			
	or 1% of the amount on line 13 for the year				San March and		711-11-1
C	Add lines 7a and 7b	War war	YES MEDICAL	R. L			to who million
8	Public support. (Subtract line 7c from		AND THE PARTY	The second services			
	line 6.)		Complete Confession Street				620,292
Sect	on B. Total Support			adeligate resp			
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	Central	128,838	249,432	131,415	110,607	620,292
10a	Gross income from interest, dividends,		71	Property Nation		100	
	payments received on securities loans, rents,						3 3 7 1
	royalties, and income from similar sources .						S. Carlot
b	Unrelated business taxable income (less	7 S. W.	1000	W 14 10 40		THE THE	
	section 511 taxes) from businesses		1000	100			
	acquired after June 30, 1975				1 14		to the state of the state of
C	Add lines 10a and 10b	POWER THE	PER CONTRACTOR			The Trans	Charles and
11	Net income from unrelated business		CV T R V		SULE IT IS I	Edical Control	15 X 6 F
	activities not included on line 10b, whether						- W
	or not the business is regularly carried on						100
12	Other income. Do not include gain or	BURNES TO	NOT SUBJECT	espirate la vi	The Particular of the	Marine Marine	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	11 04 5	The second	E-10	1.8	A 130 1 100	
13	and 12.)		128,838	249,432	121 415	110 607	600 000
14	First 5 years. If the Form 990 is for the or	oanization's			131,415	110,607	620,292
14	organization, check this box and stop her						
Sact	ion C. Computation of Public Suppor			A SECTION A			
15	Public support percentage for 2022 (line 8			13 column (f)	7	15	100.00 %
	Public support percentage for 2022 (interest Public support percentage from 2021 Sch					16	100.00 %
16	ion D. Computation of Investment Inc					10	100.00 70
	Investment income percentage for 2022 (I	ine 10c colu	mn (f) divided l	hy line 13 colu	ımn (fl)	17	0.00%
17	investment income percentage for 2022 (i	Sebadula A	Port III. line 17	by line 13, cold	(1))	18	0.00 %
18	Investment income percentage from 2021	Scriedule A,	raitill, lifte 17	v on line 44 =	nd line 15 is		0.00 %
19a	33 1/3% support tests - 2022. If the orga						
21	17 is not more than 33 1/3%, check this be						ganization x
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pu	iblicly supported	organization	·····
20	Private foundation. If the organization did	not check a	pox on line 14,	, 19a, or 19b, o	cneck this box	and see instruc	ctions L

## 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.

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Employer Identification number 83-2035864

BANDITS K9CARE INC	83-2035864
	nilar amounts paid (Part I, line 10)
Activity	VETERINARY SERVICES
Grantee	VCA SACRAMENTO VETERINARY REFERRAL
Street	9801 OLD WINERY PLACE
City, State, Zip	Sacramento, CA 95827
Relationship	GRANTEE
Amount	5,961
Activity	VETERINARY SERVICES
Grantee	LAS VEGAS VETERINARY SPECIALTY CENT
Street	8650 WEST TROPICANA AVE SUITE B-107
City, State, Zip	Las Vegas, NV 89147
Relationship	GRANTEE
Amount	8,967
Activity	VETERINARY SERVICES
Grantee	ALL OTHER GRANTS BELOW 5000
Amount	85,156
02. Description of other	expenses (Part I, line 16)
Description	Amount
BANK FEES	1,451
WEB EXPENSES	595
POSTAGE	396