

Ū		P	UBLIC DISCLOSURE	COPY - STATE REGI	STRATI	ION NO. 1639	1 OMB No. 1545-0047			
Fam	. 9	an	•	anization Exempt I			0000			
For		50	Under section 501(c), 527, or 49	947(a)(1) of the Internal Revenue security numbers on this form a						
Depa Interr	rtment of al Reven	the Treasury ue Service		v/Form990 for instructions and	-	•	Open to Public Inspection			
			ar year, or tax year beginning			UN 30, 2024	· · ·			
B	heck if pplicable	C Name o	f organization			D Employer identific	ation number			
а										
	Addres change	DOVE	LEWIS EMERGENCY	ANIMAL HOSPITAL I	INC					
	Name change Initial		usiness as			93-062153				
	return Final		and street (or P.O. box if mail is not NW PETTYGROVE ST	,	Room/suite	E Telephone number				
	return/ termin-		503-228-5	31,933,743.						
	ated Amend		own, state or province, country, ar LAND,OR 97209	nd ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re				
	return Applica tion		nd address of principal officer: RC	N MORGAN		for subordinates				
	pendin		AS C ABOVE			H(b) Are all subordinates in				
11	ax-exe	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 . /	list. See instructions			
	Vebsit			WIS. ORG		H(c) Group exemption				
			X Corporation Trust	Association Other	L Year	of formation: 1973	State of legal domicile: OR			
Pa		Summary								
ė			be the organization's mission or mo		ARE FO	R EVERY ANIM	IAL AND			
Governance			ERSON WHO CARES F							
/ern		Check this bo	ting members of the governing boo	continued its operations or dispo-			ets. 14			
g			dependent voting members of the	, , , , , , , , , , , , , , , , , , ,			14			
<u>م</u>			of individuals employed in calenda		290					
ities			6	519						
Activities &			d business revenue from Part VIII,				17,893.			
Ā			business taxable income from For				0.			
						Prior Year	Current Year			
e	8 (Contributions	and grants (Part VIII, line 1h)			3,694,854.	3,287,863.			
enu		•				24,714,121.	25,728,841.			
Revenue			come (Part VIII, column (A), lines 3			65,155.	138,021.			
			e (Part VIII, column (A), lines 5, 6d,			-82,283. 28,391,847.	<u>624,697.</u> 29,779,422.			
			<u>- add lines 8 through 11 (must equ</u> milar amounts paid (Part IX, colum			20,391,047.	29,779,422.			
			to or for members (Part IX, column			0.	0.			
	45 0	-	r compensation, employee benefits			22,095,610.	21,228,379.			
ses	16a I		undraising fees (Part IX, column (A			0.	0.			
Expenses	b -		ing expenses (Part IX, column (D),							
ш	17 (es (Part IX, column (A), lines 11a-1			9,106,646.	8,913,327.			
			es. Add lines 13-17 (must equal Par			31,202,256.	30,141,706.			
		Revenue less	expenses. Subtract line 18 from lir	ne 12		-2,810,409.	-362,284.			
S OF					Be	ginning of Current Year	End of Year			
ssets	20					14,405,987.	13,603,858.			
et As						<u>4,774,082</u> . 9,631,905.	<u>4,164,261.</u> 9,439,597.			
	art II	Signature	fund balances. Subtract line 21 fro	om line 20		9,031,903.	9,439,397.			
		-	I declare that I have examined this retu	Irn, including accompanying schedule	s and statem	ents and to the best of my	knowledge and belief it is			
			. Declaration of preparer (other than of				Knowledge and benef, it is			
<u></u>		Kon Mor	· · · · ·	,		11/18/202	4			
Sig	n 🕻	Signature of of	freer 314EC			Date				
Her		RON MOR	GAN, CEO							
		Type or print n	ame and title							
		Print/Type pre	•	Preparer's signature		Date Check	PTIN			
Paid		SANG AH	N	Sang alun	11	1/15/2024 "self-employe	P00540880			

Paid	SANG AHN	Sang alun	11/15/2	024 self-employed P	00540880						
Preparer	Firm's name MCDONALD JACOBS	, P. C703C29478554B9		Firm's EIN 93-0	900579						
Use Only	Firm's address 121 SW SALMON S	T., STE 1100									
	PORTLAND, OR 97	204		Phone no. (503)	227-0581						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
LHA For	Paperwork Reduction Act Notice, see the se	eparate instructions.	332001 12-21-23		Form 990 (2023)						

	DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 2 t III Statement of Program Service Accomplishments
Ia	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	FOUNDED IN 1973, DOVE LEWIS EMERGENCY ANIMAL HOSPITAL IS ONE OF THE
	PREMIER VETERINARY MEDICAL SERVICE ORGANIZATIONS IN THE UNITED STATES
	AND THE ONLY 24/7 NOT-FOR-PROFIT ANIMAL EMERGENCY, CRITICAL CARE, AND
	SPECIALTY HOSPITAL IN THE PACIFIC NORTHWEST. HIGHLY SKILLED
2	Did the organization undertake any significant program services during the year which were 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, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 24,659,354. including grants of \$) (Revenue \$ 24,374,944.)
44	(Code:) (Expenses \$24,659,354. including grants of \$) (Revenue \$24,374,944.) PROGRAM ACCOMPLISHMENT - CLINIC
	DOVE LEWIS SUPPORTS THE REGIONAL VETERINARY AND PET-LOVING COMMUNITY BY
	PROVIDING ADVANCED EMERGENCY, CRITICAL CARE AND SPECIALTY SERVICES TO
	ANIMALS IN NEED. DOVE LEWIS IS OPEN 24 HOURS A DAY, 365 DAYS A YEAR,
	AND SERVES APPROXIMATELY 26,000 PATIENTS ANNUALLY. DOVE LEWIS' STAFF OF
	208 EMPLOYEES INCLUDES MANY BOARD-CERTIFIED SPECIALISTS, INCLUDING FOUR
	BOARD-CERTIFIED CRITICAL CARE SPECIALISTS, THREE BOARD-CERTIFIED
	SURGEONS, ONE BOARD-CERTIFIED INTERNAL MEDICINE SPECIALIST, ONE
	BOARD-CERTIFIED CARDIOLOGY SPECIALIST, TWO BOARD-CERTIFIED NEUROLOGY
	SPECIALISTS AND FIVE SPECIALTY BOARD-CERTIFIED VETERINARY TECHNICIANS.
	DOVE LEWIS IS THE ONLY VETERINARY EMERGENCY AND CRITICAL CARE SOCIETY
46	(VECCS) LEVEL 1 FACILITY IN THE STATE OF OREGON AND IS ALSO ACCREDITED (Code:) (Expenses \$) (Expenses \$) (Revenue
4b	(Code:) (Expenses \$
	DOVE LEWIS' ONLINE EDUCATION PROGRAM, ATDOVE.ORG, PROVIDES PRACTICAL
	EDUCATIONAL RESOURCES TO VETERINARY COMMUNITIES WORLDWIDE, INCLUDING
	VIDEOS ON MEDICAL PROCEDURES, CONTINUING EDUCATION LECTURES, TRAINING
	PROTOCOLS, AND BUSINESS MANAGEMENT DISCUSSIONS. ATDOVE.ORG HAS OVER
	1,300 ACCOUNTS WITH OVER 34,000 MEMBERS.
4c	(Code:) (Expenses \$669,828. including grants of \$) (Revenue \$369,885.)
10	PROGRAM ACCOMPLISHMENT - STRAY ANIMAL
	THE DOVE LEWIS STRAY & LOST ANIMAL PROGRAM PROVIDES EMERGENCY MEDICAL
	CARE TO INJURED STRAYS AND LOST PETS FOUND BY COUNTY OFFICERS, GOOD
	SAMARITANS, AND FIRST RESPONDERS. LAST YEAR, THE PROGRAM TREATED 803
	ANIMALS AT A TOTAL COST OF \$514,380. THE PROGRAM RELIES HEAVILY ON
	SUPPORT FROM THE COMMUNITY.
	PROGRAM ACCOMPLISHMENT - WILDLIFE THE DOVE LEWIS WILDLIFE PROGRAM PROVIDES EMERGENCY, STABILIZING CARE
	AND PAIN MANAGEMENT FOR SICK AND INJURED WILDLIFE FOUND PRIMARILY BY
	GOOD SAMARITANS. IN THE PAST YEAR WE CARED FOR 660 ANIMALS AT A TOTAL
	COST OF \$155,448. THE PATIENTS ARE TRANSFERRED TO THE BIRD ALLIANCE OF
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 782, 373. including grants of \$) (Revenue \$)
4e	Total program service expenses 26,996,313.
	Form 990 (2023)
33200	SEE SCHEDULE O FOR CONTINUATION(S)
	2

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	990 (2023) DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621	534	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ũ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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	10	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	19	х	
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form	990 (2023) DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621	534	P	age 4
Pa	t 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			v
00	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 employees? <i>If</i> "Yes," <i>complete</i>			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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 organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	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		x
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		X
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		XX
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	25		
	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," complete			
	Schedule N, Part II	32		X
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
05	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>	Δ	<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a52Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
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	4			

Form	DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-06	21534	P	_{age} 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2	90		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a				X X
b		14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-	000	
332005	5 12-21-23	Form	390	(2023)

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	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a14			
	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 0.			
b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		X
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
- 5	Did the organization make any significant changes to its governing documents since the proof form soo was need?	5		X
6		6		X
0 7a				
1a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
U		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a		8a	х	
h	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 the			
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
с				
	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	Х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedOR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial	
19	statements available to the public during the tax year.			
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RON MORGAN, CEO - 503-228-7281			

Form 990 (2023) DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 7												
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 em	ployees, if any	. Se	e th	e ins	struc	tion	s for	definition of "key empl	oyee."			
who received reportable compensation (box 5 of \$100,000 from the organization and any related o	• 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 organization and any related organizations. See the instructions for the order in which to list the persons above. 												
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A)	(B)			(0				(D)	(E)	(F)		
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) RON MORGAN	60.00											
CHIEF EXECUTIVE OFFICER		1		x				346,470.	0.	40,642.		
(2) LISA JOHNSON	60.00											
CHIEF FINANCIAL OFFICER		1		X				25,559.	0.	1,333.		
(3) RONA AMADON	60.00											
CHIEF FINANCIAL OFFICER				X				110,544.	0.	11,842.		
(4) MARINA RICHTER	60.00											
CHIEF OF STAFF												
(5) MONICA MAXWELL 60.00												
CHIEF ADMINSITRATIVE OFFIC					х			177,491.	0.	29,925.		
(6) TRACY PROUTY	40.00											

VEIERINARIAN					1 '	303,710•	0.	43,334.
(7) CHRISTIN REMINGA	40.00							
VETERINARIAN				X		252,129.	0.	31,648.
(8) LEE HEROLD	40.00							
VETERINARIAN				X		264,126.	0.	16,048.
(9) ABE HILFMAN	40.00							
VETERINARIAN				X		248,225.	0.	15,843.
(10) ROBERT PETERSON	40.00							
VETERINARIAN				X		238,437.	0.	14,199.
(11) TERRY TAILLARD	2.00							
BOARD CHAIR		Х	X			0.	0.	0.
(12) ANGELIQUE WHITLOW	1.50							
BOARD VICE CHAIR		Х	X			0.	0.	0.
(13) KIM CARPENTER	1.50							
BOARD TREASURER		Х	X			0.	0.	0.
(14) MEAGHAN GILHOOLY	1.50							
BOARD SECRETARY (AFTER 1/2024)		Х	X			0.	0.	0.
(15) AMBER STOCKDALE	1.50							
COMMITTEE CHAIR		Х				0.	0.	0.
(16) SUSAN BRUECHNER	1.50							
BOARD MEMBER		Х				0.	0.	0.
(17) KRISTY EDWARDS	1.50							
COMMITTEE CHAIR		X				0.	0.	0.
332007 12-21-23								Form 990 (2023)

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VETERINARIAN

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23,992.

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	S EMERO	EN	CY	AN	LMA	Ц.	HOSPITAL INC	93-0621	534 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and H	lighe	st C	ompensated Employee	s (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			ositi			Reportable	Reportable	Estimated
	hours per				re than n is bot		compensation	compensation	amount of
	week				tor/trus		from	from related	other
	(list any	ctor					the	organizations	compensation
	hours for	r dire			eq		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee		ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	n stitutional trustee	Officer V avr. am al avra a	duo		1099-NEC)		and related
	below	vidua	tutio	Cer	lovee	ner			organizations
	line)	Indi	Inst	Officer Kov am	Highest compensated employee	Former			
(18) DEBBIE HUTCHINS	1.50								
BOARD MEMBER		Х					0.	Ο.	0.
(19) SCOTT SHULER	1.50								
COMMITTEE CHAIR		x					0.	0.	0.
(20) LESLIE NIES	1.00							•	
BOARD MEMBER		x					0.	0.	0.
(21) MARIDITH ROUNSAVELL	1.00	Δ		_			0.	0.	0.
	1.00						0	0	
BOARD SECRETARY (THROUGH 1/2024)	1 0 0	Х		x			0.	0.	0.
(22) ALEXANDRA MCLAUGHRY	1.00							•	
COMMITTEE CHAIR		Х					0.	0.	0.
(23) ROBYN WILLIAMS	1.00								
BOARD MEMBER		Х					0.	0.	0.
(24) ANIT JINDAL	1.00								
BOARD MEMBER		x					0.	0.	0.
(25) ELIZABETH HERMAN	1.00								
BOARD MEMBER		x					0.	0.	0.
(26) ANGELINE WHITAKER	1.00							0.	<u> </u>
BOARD MEMBER	1.00	x					0	0.	0
		Λ						0.	0.
1b Subtotal							2,242,555.		210,616.
c Total from continuation sheets to Part VI							0.	0.	0.
d Total (add lines 1b and 1c)									
		ose	listed	abo	ve) wł	o re	eceived more than \$100,	000 of reportable	
		ose	listed	abo	ve) wł	o re	eceived more than \$100,	000 of reportable	38
2 Total number of individuals (including but n		ose	listed	abov	ve) wh	o re	eceived more than \$100,	000 of reportable	38 Yes No
2 Total number of individuals (including but n	ot limited to th								
 Total number of individuals (including but no compensation from the organization Did the organization list any former officer, 	ot limited to th	ee, k	ey er	nploy	ee, o	hig	hest compensated empl	oyee on	
 2 Total number of individuals (including but no compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sufficient schedule J for	ot limited to th director, trust	ee, k	ey er	nploy	ee, o	hig	hest compensated empl	oyee on	Yes No
 2 Total number of individuals (including but no compensation from the organization) 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set For any individual listed on line 1a, is the set of the	ot limited to th director, truste uch individual m of reportabl	ee, k e co	ey er	nploy	ee, oi n and	hig oth	hest compensated empl	oyee on ne organization	Yes No 3 X
 Total number of individuals (including but n compensation from the organization Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for st</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 	ot limited to th director, truste uch individual m of reportabl 0,000? <i>If "Yes</i> ,	ee, k e co " co	ey er mper mplei	nploy nsatic	ee, or n and	hig oth J f	hest compensated empl ner compensation from the fourth of	oyee on ne organization	Yes No
 Total number of individuals (including but n compensation from the organization Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a 	director, truste uch individual m of reportabl 0,000? If "Yes, uccrue comper	ee, k e co " co nsati	ey er mper mplei	nploy nsatic re Sci om ar	ee, or n and nedule y unr	hig oth J f	hest compensated empl ner compensation from th ior such individual ed organization or indivic	oyee on ne organization dual for services	Yes No 3 X 4 X
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 2 Total number of individuals (including but n compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for for the organization. Report compensatin for for the organization. Report compensatin for for	director, truste uch individual m of reportabl 0,000? <i>If "Yes,</i> ccrue comper <u>plete Schedule</u> mpensated inc the calendar ye address ING LAND , O LAND , O T PC, 1 PORTLA	ee, k e co isatio lepel ear e R R 21 ND	ey er mper mpler on frc <u>or suc</u> ndent nding 972 972 1 S	nploy asatic re Sci m ar ch pe c con g with	ee, or n and nedule y unre rson	hig oth J f elate	hest compensated emplor ner compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax yr (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL	oyee on ne organization dual for services 100,000 of compensa ear. ervices (RVICES ES	Yes No 3 X 4 X 5 X stion from (C) Compensation 716,598. 297,976. 264,458.
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 2 Total number of individuals (including but n compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for for the organization. Report compensatin for for the organization. Report compensatin for for	director, truste uch individual m of reportabl 0,000? <i>If "Yes,</i> ccrue comper <u>plete Schedule</u> mpensated inc the calendar ye address ING LAND , O LAND , O T PC, 1 PORTLA	ee, k e co isatio lepel ear e R R 21 ND	ey er mper mpler on frc <u>or suc</u> ndent nding 972 972 1 S	nploy asatic re Sci m ar ch pe c con g with	ee, or n and nedule y unre rson	hig oth J f elate	hest compensated emplor ner compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax yr (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL	oyee on ne organization dual for services 100,000 of compensa ear. ervices (RVICES ES	Yes No 3 X 4 X 5 X stion from (C) Compensation 716,598. 297,976. 264,458.
 2 Total number of individuals (including but n compensation from the organization 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest conthe organization. Report compensation for 1 (A) Name and business STUMPTOWN VETERINARY IMAG 6750 SE WOODWARD ST, PORT AFFILIATED MEDIA, LLC 7080 SW BEVELAND ST, PORT SCHWABE WILLIAMSON & WYAT FIFTH AVENUE, SUITE 1900, JENNIFER YEITZ LONG 6429 NE 33RD AVE, PORTLAN 	ot limited to the director, truster uch individual m of reportable 0,000? If "Yes, accrue comper plete Schedule mpensated inco the calendar yes address TING TAND, O LAND, O LAND, O D, OR 9	ee, k e co " co satiu e J fo lepe par e R R 21 ND 72	evey er mper mpleid on fro or suc ndent nding 972 972 972 1 S , C 11	nploy insatic ie Sc. ie con i	ee, ol n anc y unr rson racto or w	oth oth s J f elate thin	hest compensated emplor ner compensation from the for such individual and the ed organization or individual and the mat received more than \$ the organization's tax you (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL VETERINARY SI	loyee on the organization dual for services 100,000 of compensation ear. ervices ERVICES ERVICES	Yes No 3 X 4 X 5 X stion from (C) Compensation 716,598. 297,976. 264,458.
 2 Total number of individuals (including but no compensation from the organization) 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for state of the organizations greater than \$150 5 Did any person listed on line 1a, is the sum and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors (A) Name and business STUMPTOWN VETERINARY IMAG 6750 SE WOODWARD ST, PORT AFFILIATED MEDIA, LLC 7080 SW BEVELAND ST, PORT SCHWABE WILLIAMSON & WYAT FIFTH AVENUE, SUITE 1900, JENNIFER YEITZ LONG 6429 NE 33RD AVE, PORTLAN 2 Total number of independent contractors (integret of the organize of t	director, trust director, trust uch individual m of reportabl 0,000? If "Yes, ccrue comper <u>plete Schedule</u> mpensated inc the calendar ye address TING LAND, O T PC, 1 PORTLA D, OR 9 ncluding but no	ee, k e co " co satiu e J fo lepe par e R R 21 ND 72	evey er mper mpleid on fro or suc ndent nding 972 972 972 1 S , C 11	nploy insatic ie Sc. ie con i	ee, ol n anc y unr rson racto or w	oth oth s J f elate thin	hest compensated emplor ner compensation from the for such individual and the ed organization or individual and the mat received more than \$ the organization's tax you (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL VETERINARY SI	loyee on the organization dual for services 100,000 of compensation ear. ervices ERVICES ERVICES	Yes No 3 X 4 X 5 X stion from (C) Compensation 716,598. 297,976. 264,458.
 2 Total number of individuals (including but no compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for survival and related organizations greater than \$150 5 Did any person listed on line 1a, is the survival and related organization? If "Yes," complete the organization? If "Yes," complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 1 Complete this table for your five highest contractors 2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organization, for the or	director, trust uch individual m of reportabl 0,000? If "Yes, ccrue comper <u>plete Schedule</u> mpensated inc the calendar ye address TING LAND, O LAND, O T PC, 1 PORTLA D, OR 9 mcluding but no cation	ee, k e co sati e J fd lepe ear e R R 21 ND 72	972 972 1 <u>5</u> 11	nploy insatic fe Sc. m ar ch pe con g with (06 (23) SW DR	ee, or n anc y unre rson racto o or w	ted	hest compensated emplorer compensation from the organization or individual and organization or individual and received more than \$ the organization's tax yn (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL VETERINARY SI above) who received more	loyee on the organization dual for services 100,000 of compensation ear. ervices ERVICES ERVICES	Yes No 3 X 4 X 5 X tion from (C) Compensation 716,598. 297,976. 264,458. 171,835.
 2 Total number of individuals (including but n compensation from the organization 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for st</i>. 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest conthe organization. Report compensation for the STUMPTOWN VETERINARY IMAG 6750 SE WOODWARD ST, PORT AFFILIATED MEDIA, LLC 7080 SW BEVELAND ST, PORT SCHWABE WILLIAMSON & WYAT FIFTH AVENUE, SUITE 1900, JENNIFER YEITZ LONG 6429 NE 33RD AVE, PORTLAN 	director, trust uch individual m of reportabl 0,000? If "Yes, ccrue comper <u>plete Schedule</u> mpensated inc the calendar ye address TING LAND, O LAND, O T PC, 1 PORTLA D, OR 9 mcluding but no cation	ee, k e co sati e J fd lepe ear e R R 21 ND 72	972 972 1 <u>5</u> 11	nploy insatic fe Sc. m ar ch pe con g with (06 (23) SW DR	ee, or n anc y unre rson racto o or w	ted	hest compensated emplorer compensation from the organization or individual and organization or individual and received more than \$ the organization's tax yn (B) Description of s RADIOLOGY SEI MEDIA SERVICI LEGAL VETERINARY SI above) who received more	loyee on the organization dual for services 100,000 of compensation ear. ervices ERVICES ERVICES	Yes No 3 X 4 X 5 X stion from (C) Compensation 716,598. 297,976. 264,458.

								HOSPITAL INC		1534		
		nplo	yee			lighe	est (Compensated Employees (continued)				
(A) Name and title	(B) Average hours per	(cł	neck	Pos	C) ition that		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(27) LINDA JEO ZERBA BOARD MEMBER	1.00	x						0.	0.	0.		
(28) SPENCER GREVE	1.00	Λ						0.	0.	0.		
BOARD MEMBER	1.00	х						0.	0.	0.		
(29) STEVE HALEY	1.00											
BOARD MEMBER		х						0.	0.	0.		
Total to Part VII, Section A, line 1c	1	I	1	1	<u>I</u>	1	I					

332201 04-01-23

Form	1 990 (S EM	ERGENCY	ANIMAL HOS	PITAL INC	93-0621	534 Page 9
Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains a re	sponse	or note to any lir		(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1 a	Federated campaigns	1	a					
Contributions, Gifts, Grants and Other Similar Amounts	b			b		1			
n G	c	Fundraising events		c	392,441.				
ifts Ir A	d	Related organizations		d	•				
s, G nila	e	Government grants (contr		e					
Sir	f	All other contributions, gifts,		-					
her	-	similar amounts not included		f 2,	895,422.				
Iot	a	Noncash contributions included in		g \$	110,528.				
Cor	h	Total. Add lines 1a-1f	_		-	3,287,863			
					Business Code				
Ð	2 a	VETERINARY SE	RVICE I	FEE	541900	24374944	24374944.		
vic	b	EDUCATION PRO			541900	984,012			
Ser	с	COUNTY STRAY			900099	369,885			
am	d								
Program Service Revenue	е								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				25728841			
	3	Investment income (includ							
		other similar amounts)	-			129,358	,		129,358.
	4	Income from investment of							
	5	Royalties	<u></u>						
		·		Real	(ii) Personal				
	6 a	Gross rents	6a 18,	492.					
	b	Less: rental expenses	6b 2,	851.					
	с	Rental income or (loss)	_{6c} 15,	641.					
	d	Net rental income or (loss))			15,641	15,641.		
	7 a	Gross amount from sales of		urities	(ii) Other				
		assets other than inventory	7a 1888	330.					
	b	Less: cost or other basis							
an		and sales expenses	7ь1879						
evenue	с	Gain or (loss)	7c 8,	663.					
	d	Net gain or (loss)		<u></u>		8,663.	,		8,663.
Other R	8 a	Gross income from fundraisin including \$392	ng events (not 2 ,441 . c	: of					
		contributions reported on	line 1c). See						
		Part IV, line 18		8a	127,724.				
	b	Less: direct expenses		8b	261,410.				
	с	Net income or (loss) from	fundraising e	vents		-133,686	•		-133,686.
	9 a	Gross income from gamin	g activities.	See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b	82.				
	с	Net income or (loss) from	gaming activ	ities		24,083	,		24,083.
	10 a	Gross sales of inventory, I	less returns						
		and allowances			<u> 55,153.</u>				
	b	Less: cost of goods sold		10k	10,311.				
	с	Net income or (loss) from	sales of inve	ntory		44,842.	44,842.		
s					Business Code				
e e	11 a	HOSPITAL OPER		FΕ	561000	650,459			
Miscellaneous Revenue	b	INTERNET REVE			516210	17,893		17,893.	ļ
cell teve	С	MISCELLANEOUS			900099	5,465	5,465.		
Mise	d	All other revenue							
~	е	Total. Add lines 11a-11d				673,817			
	12	Total revenue. See instruction	ons			29779422	26445248.	17,893.	
33200	9 12-21-	-23							Form 990 (2023)

15311112 781409 2985

	990 (2023) DOVE LEWIS 1 t IX Statement of Functional Expense		IMAL HOSPITAL	INC 93-06	21534 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must con	nplete column (A).	
0000	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	-				
~	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 000		222 242	
	trustees, and key employees	998,200.	690,280.	229,343.	78,577.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,524,426.	14,717,404.	1,295,685.	511,337.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	-5,381.		-430.	-108. 36,885.
9	Other employee benefits	2,253,041.	2,045,993.	170,163.	36,885.
10	Payroll taxes	1,458,093.	1,275,533.	134,722.	47,838.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	295,459.	223,167.	72,292.	
с	Accounting	160,677.		160,677.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch O.)	760,503.	716,503.	44,000.	
12	Advertising and promotion	732,048.	639,584.	5,018.	87,446.
13	Office expenses	1,631,841.	1,523,979.	62,521.	45,341.
14	Information technology	526,603.	439,195.	48,521.	38,887.
15	Royalties	020,0001	100 / 100 (
16		967,323.	930,987.	26,993.	9,343.
	Occupancy	70,284.	67,704.	1,942.	638.
17 18	Travel Payments of travel or entertainment expenses	, , , 201.	0,,,01		0.501
10	•				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	15,137.	6,643.	8,073.	421.
19 20		±J,±J/•	0,043•	0,075.	441.
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	724,923.	724,923.		
22		114,012.	102,611.	9,121.	2,280.
23		114,012.	102,011.	9,121.	2,200.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	MEDICAL SUPPLIES	2,460,520.	2,460,520.		
b	BAD DEBT/COLLECTIONS	390,852.	390,852.		0 750
С	OTHER OTHER	32,467.	22,992.	725.	8,750.
d	DUES/SUBSCRIPTIONS	30,678.	22,286.	2,300.	6,092.
	All other expenses				000 000
25	Total functional expenses. Add lines 1 through 24e	30,141,706.	26,996,313.	2,271,666.	873,727.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010	12-21-23				Form 990 (2023)

11

	990 (2 t X	2023) DOVE LEWIS EMERGENCY ANIMAL HOS Balance Sheet			0621534 Page
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,642.	1	32,876
	2	Savings and temporary cash investments	4,327,358.	2	3,963,498
	3	Pledges and grants receivable, net	109,686.	3	229,646
	4	Accounts receivable, net	467,982.	4	318,753
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	477,119.	8	462,86
	9	Prepaid expenses and deferred charges	419,528.	9	450,54
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,268,184.			
	b	Less: accumulated depreciation 10b 4,570,427.	7,876,875.	10c	7,697,75
	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	Intangible assets	353,149.	14	289,06
	15	Other assets. See Part IV, line 11	359,648.	15	158,86
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,405,987.	16	13,603,85
	17	Accounts payable and accrued expenses	1,320,218.	17	1,070,24
	18	Grants payable		18	
	19	Deferred revenue	562,059.	19	479,31
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
1	23	Secured mortgages and notes payable to unrelated third parties	2,598,505.	23	2,518,90
	24	Unsecured notes and loans payable to unrelated third parties	115,243.	24	95,80
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	178,057.	25	
	26	Total liabilities. Add lines 17 through 25	4,774,082.	26	4,164,26
	20	Organizations that follow FASB ASC 958, check here		20	_,
3		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	8,321,816.	27	7.717.38
		Net assets with donor restrictions	1,310,089.	28	7,717,38
	20	Organizations that do not follow FASB ASC 958, check here	_,0_0,000.	20	-,,,,,,,,,
5		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		29 30	
	30 21			30 31	
	31	Retained earnings, endowment, accumulated income, or other funds	9,631,905.	31 32	9,439,59
Ž	32	Total net assets or fund balances	14,405,987.	32	13,603,85
	33	Total liabilities and net assets/fund balances	, _UJ, JU/•	აპ	Form 990 (2

Form	DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC	93-0	621534	Pag	_{ge} 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,77		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,14		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,63		
5	Net unrealized gains (losses) on investments	5	17	5,2	86.
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	-	5,3	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,43	9,5	97.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	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	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCHEDULE A				Dublic Cha	rity Status an	d Duk	lia Qu	innort		OMB No. 1545-0047
(Fo	orm 9	990)			ization is a section 501					2022
					47(a)(1) nonexempt cha					ZUZJ
		t of the Treasury venue Service			ttach to Form 990 or Fo					Open to Public
				Go to www.irs.gov/	Form990 for instructior	is and the	latest inf	ormation.		Inspection
Nar	ne o	f the organizati						THE		identification number
D	v+ 1	Baaaan			RGENCY ANIMAI					3-0621534
	nrt I				(All organizations must c			ee instruction	S.	
	orga	7			For lines 1 through 12, cl					
1		7		-	n of churches described		n 170(b)(1	I)(A)(I).		
2 3		7			Attach Schedule E (Form		(L)(1)(A)(;;	::)		
3 4			-		anization described in se njunction with a hospital			-	Viii) Entor	the hospital's name
4	L	city, and state	-	ation operated in col	ijuneton with a nospital	acsenbea	iii Sectio			the hospital s hame,
5		-		or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
Ŭ	L	- •	•	Complete Part II.)	loge of annerony entred	or operat	5 a 2 y a 3 s			
6		7			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	7	-	-	ntial part of its support fr				ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		_ university:								
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		7		mplete Part III.)						
11			-	-	vely to test for public saf	•				
12		-	-	and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or						
				brganizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on						
a	Г		-	12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						aivina
				organization operated, supervised, or controlled by its supported organization(s), typically by giving zation(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting						
		• •	0	complete Part IV, Se		majonty c				pporting
k	, Г	~		•		ion with it	s supporte	ed organizatio	n(s), by hav	vina
	_			rganization supervised or controlled in connection with its supported organization(s), by having to f the supporting organization vested in the same persons that control or manage the supported						-
			•	t complete Part IV,						
c	: [Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supporte	ed organizatior	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
c		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
	_	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	, L				written determination from			Туре I, Туре	II, Type III	
	_	-	-	• •	nally integrated supportir	ng organiz	ation.			
		nter the number		•						
	I Pr	(i) Name of supp	-	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetarv	(vi) Amount of other
		organization		()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
					above (see instructions))	163				
_										
Total										

Schedule A (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ection A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2355641.	3700669.	2849694.	3694854.	3287863.	<u>15888721.</u>			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	0055644					1 - 0 0 0 - 0 1			
	Total. Add lines 1 through 3	2355641.	3700669.	2849694.	3694854.	3287863.	15888721.			
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)						291,347.			
	Public support. Subtract line 5 from line 4.						15597374.			
	ction B. Total Support	1		[[
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	2355641.	3700669.	2849694.	3694854.	328/863.	15888721.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	04.001	00 454	<i>c1 1 c 1</i>	116 055	100 050				
	and income from similar sources \dots	24,831.	28,474.	61,464.	116,955.	129,358.	361,082.			
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.)	28,798.	-42,078.				-13,280.			
11	Total support. Add lines 7 through 10						16236523.			
	Gross receipts from related activities,	,	,				,064,219.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	_			
0	organization, check this box and stop					<u></u>				
	ction C. Computation of Publi						06.06			
	Public support percentage for 2023 (I					14	<u>96.06</u> % 96.13%			
	Public support percentage from 2022					15				
168	33 1/3% support test - 2023. If the o						V			
h	stop here. The organization qualifies		-		line 15 is 22 1/20/					
D.	33 1/3% support test - 2022. If the or and stop here. The organization qual									
170					12 160 or 16b o					
178	10% -facts-and-circumstances test	-								
	and if the organization meets the fact			-	-	-				
Ь	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-			-	7a and line 15 is				
D D	more, and if the organization meets the	-								
	organization meets the facts-and-circl									
18	Private foundation. If the organization				• •					
					, <u></u>		(Form 990) 2023			

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Schedule A (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 3 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	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	in one under continu 510						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•			•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b 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	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	ó, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organizatio	n
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
33202	3 12-21-23					Schedul	e A (Form 990) 2023

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Docusign Envelope ID: 64906A49-8E94-485E-826E-6974767D4952 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 4 Schedule A (Form 990) 2023 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? // 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes. **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 5a was accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes." complete Part I of Schedule L (Form 990).

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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17

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 5 Part IV Supporting Organizations (continued) Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c	

<u>detail in</u> Part VI. Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- 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 in	struction <u>s).</u>
------------	--	---	--	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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	dule A (Form 990) 2023 DOVE LEWIS EMERGENCY AN			3-0621534 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	[
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting organ	nization (see

instructions).

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 DOVE LEWIS EMI t V Type III Non-Functionally Integrated 509(ERGENCY ANIMAL (a)(3) Supporting Orga			3-0621534 Page 7
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Ourrent rou
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	IS	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8					
	Excess from 2019				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
	Excess from 2022 Excess from 2023				
e	EVICES IIOIII 2023				

Schedule A (Form 990) 2023

	(Form 990) 2023	DOVE	LEWIS	EMERGEN	CY ANIN	IAL HO	OSPITAL	INC 9	3-062	1534	Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6 (See instructions.)	ines 1, 2, 3b, 3c, on D, lines 2 and	4b, 4c, 5a, 3; Part IV, 3	6, 9a, 9b, 9c, 1 [.] Section E, lines	1a, 11b, and 1c, 2a, 2b, 3a	11c; Part a, and 3b;	IV, Section B ; Part V, line 1	, lines 1 ano ∣; Part V, Se	2; Part IV ection B, lin	Section C e 1e; Part	Х, V,
332028 12-21-2	3							s	chedule A	(Form 99	0) 2023
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Schedule B		Schedule of Contributors					OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service			Attach to Go to www.irs.g		2023			
Name of the organizati	on						Emp	loyer identification number
	DOVE	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC	9	3-0621534
Organization type (che	eck one):							
Filers of:	Se	ction:						
Form 990 or 990-EZ	X] 501(c)(3) (enter number) (organization				
] 4947(a)(1)	nonexempt charita	ble trust not	treated as a private	foundation		
		527 politio	cal organization					
Form 990-PF		501(c)(3)	exempt private foun	dation				
] 4947(a)(1)	nonexempt charita	ble trust trea	ted as a private foun	dation		
] 501(c)(3) t	axable private foun	dation				
Check if your organizat Note: Only a section 5				•		and a Special Rule	e. See	instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Employer identification number

93-0621534

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$\$\$	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
2		\$ <u>370,692.</u>	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
3		\$ <u>166,912.</u>	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		\$\$115,637.	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.)

Schedule B (Form 990) (2023)

323452 12-26-23

15311112 781409 2985

Schedule	e B (Form 99	0) (2023)				Page 3
Name of	organizatior	1				Employer identification number
DOVE	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC	93-0621534

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
— <u>—</u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

24

15311112 781409 2985

Schedule I	B (Form 990) (2023)			Page 4			
Name of o	organization		Emp	bloyer identification number			
DOVE 1	LEWIS EMERGENCY ANIMAL	HOSPITAL INC	g	3-0621534			
Part III		ions to organizations described in sec	on 501(c)(7), (8), or (10) that tota				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	s for the year. (Enter this info. once.)	6			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
			_				
			<u> </u>				
-		(e) Transfer of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfere	or to transferee			
(a) No.			<u> </u>				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
			_				
			— ———				
		(e) Transfer of gift					
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transfer	or to transferee			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is held				
Part I							
			— ———				
			_				
-		e) Transfer of gift					
		(e) manaler of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transfere	or to transferee			
(a) No			<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
			_				
			-				
		(e) Transfer of gift	i				
		and ZID + 4	Polationship of transfer	or to transforce			
-	Transferee's name, address, a		Relationship of transfere				
323454 12-26	ð-23	I		Schedule B (Form 990) (2023)			

15311112 781409 2985

25 2023.05000 dove lewis emergency anim 2985___1 Docusign Envelope ID: 64906A49-8E94-485E-826E-6974767D4952

SCHEDULE [(Form 990)			tal Financia ganization answered			5	OMB No. 1545-0047
Department of the Treasury	Part IV,	line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, 11 Attach to Form 990	d, 11e	e, 11f, 12a, or 12	b.	LULU Open to Public
nternal Revenue Service	Go to www	irs.gov/Form9	90 for instructions a	and th	e latest informa		Inspection
Name of the organi				1100			nployer identification number
Part I Organ	iizations Maintaining [NCY ANIMAL				93-0621534
	ation answered "Yes" on Forr						
			(a) Donor a	advised	d funds	(b) Fu	inds and other accounts
1 Total number a	t end of year						
	e of contributions to (during						
	e of grants from (during year)						
	le at end of year						
	ation inform all donors and d			ets hel	d in donor advise	ed funds	
are the organiz	ation's property, subject to th	ne organization'	s exclusive legal cont	trol?			Yes 🗌 No
6 Did the organiz	ation inform all grantees, dor	nors, and donor	advisors in writing th	nat gra	nt funds can be ι	used only	
for charitable p	ourposes and not for the bene	əfit of the donor	or donor advisor, or	for any	/ other purpose c	conferring	
Part II Cons	ervation Easements. C	complete if the c	organization answered	d "Yes	" on Form 990, F	Part IV, line	7.
	conservation easements held	, ,	· ·	oply).	1		
	tion of land for public use (for	r example, recre	eation or education)		1		y important land area
=	on of natural habitat				Preservation of	a certified h	nistoric structure
	tion of open space	- the state of the second	liff and a second second line as		1		- the second second second
2 Complete lines day of the tax	2a through 2d if the organiza	ation neid a qua	lified conservation co	ontribu	ition in the form o	of a conserv	Held at the End of the Tax Year
-						2a	
	of conservation easements estricted by conservation eas					0	
•	servation easements on a ce		tructure included on l			20	
	servation easements include						
	ructure listed in the National					2d	
	servation easements modifie						
year		a, nanoron oa, r	ereaced, example of	.,		e ga	
-	es where property subject to	conservation e	asement is located				
	nization have a written policy			specti	on, handling of		
	enforcement of the conserva						Yes 🗌 No
6 Staff and volu	teer hours devoted to monito	oring, inspectinç	g, handling of violation	ns, and	d enforcing cons	ervation eas	sements during the year
7 Amount of exp	enses incurred in monitoring,	, inspecting, har	ndling of violations, a	nd enf	orcing conservat	ion easeme	nts during the year
	servation easement reported						
	0(h)(4)(B)(ii)?						
	scribe how the organization re	-			-		
	and include, if applicable, the		tnote to the organiza	tion's	tinancial stateme	ents that de	scribes the
	accounting for conservation entry of the second s		of Art Historical	Tree	SUIPE OF OH	her Simil	ar Assets
	te if the organization answere		-				
	-				nuo statamant -	ad balance	shoot works
•	ion elected, as permitted unc I treasures, or other similar as		· ·				
,	e in Part XIII the text of the fo		,	,			
	ion elected, as permitted unc						et works of
•	easures, or other similar asse		· ·				
	owing amounts relating to the			, 01		p	
-							\$
.,	ion received or held works of						
•	mounts required to be report						
the following a	ded on Form 990, Part VIII, lin		-				\$
-							\$
a Revenue inclu	d in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
a Revenue inclueb Assets include	k Reduction Act Notice, see						Schedule D (Form 990) 202

		WIS EMERGEN					93-06			age 2
Pa	rt III Organizations Maintaining C							(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that m	ake sign	ificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other s	similar as	sets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran		e if the organizatior	n answered "Yes	s" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							٦.,		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					Amoun	+	
-	Designing belongs					10		Amoun		
	0 0					1c				
	Additions during the year					1d 1e				
	Distributions during the year Ending balance					1f				
	Did the organization include an amount on Fe					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-	•]
	rt V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years b) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	700,529.	154,591.	154,5					-	
b	Contributions	80,481.	466,799.							
c	Net investment earnings, gains, and losses	111,019.	82,295.							
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	5,243.	3,156.							
g	End of year balance	886,786.	700,529.	154,5	591.					
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 79.1500	%								
с	Term endowment 20.8500	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	for the			,		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
	(ii) Related organizations?							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Fa	rt VI Land, Buildings, and Equipm		Dart IV line 11a C		out V lin	a 10				
	Complete if the organization answere							() =		
	Description of property	(a) Cost or ot basis (investm	. ,	or other (other)		umulate eciation	d	(d) Boo	k valu	е
1a	Land			8,982.		_				82.
	Buildings			2,253.)6,97		2,96		
				7,708.		L7,59		2,71	0,1	14.
	Equipment			7,629.		57,54		1,11		
	Other		11	1,612.	8	38,31			3,2	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990. Part >	(, line 10c, column	<u>(B)</u>)				7,69	7,7	57.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D	(Form 990) 2023	DOVE LEWIS	EMERGENCY	ANIMA	L HOSPITAL	INC	93-0621534	Page 3
Part VII		Other Securities						
	Complete if the org	anization answered "Yes"	on Form 990, Part	IV, line 11k	o. See Form 990, Parl	t X, line 12.		
(a) Descrip		GOTY (including name of security)	(b) Book valu				end-of-year market v	alue
							•	
• •		\$ 						
(2) Olosely (3) Other		·						
• •								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990	0, Part X, line 12, col. (B))						
Part VIII		Program Related.						
	Complete if the org	ganization answered "Yes"	on Form 990, Part	IV, line 11c	c. See Form 990, Part	t X, line 13.		
	(a) Description of	f investment	(b) Book valu	le	(c) Method of valua	ation: Cost or	end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Part IX	0) must equal Form 990 Other Assets	0, Part X, line 13, col. (B))						
Failin				N/ line dde				
	Complete if the org	ganization answered "Yes"		IV, line I IC	d. See Form 990, Pan	t X, line 15.	(1) Declara	
		(a)	Description				(b) Book va	aiue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	mn (h) must equal Fo	orm 990, Part X, line 15, co	o/ (B))					
Part X	Other Liabilitie	esi (1996), 1 (1997), 1997 (1997) S						
		anization answered "Yes"	on Form 990. Part	IV. line 11e	e or 11f. See Form 99	0. Part X. line	25.	
4		escription of liability				<u></u>	(b) Book va	alue
<u>1.</u> (1) Food	.,							
	leral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	mn (b) must equal Fo	orm 990. Part X. line 25. cc	ol. (B))					
	., .	sitions. In Part XIII, provide					ts that reports the	
-	-	certain tax positions unde			-		-	X

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAI	J HOS	PITAL	INC	93-	0621534	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Rever	nue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	30,240	<u>,843.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	1'	<u>75,286.</u>			
b	Donated services and use of facilities	2b		<u>16,791.</u>			
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d	2	59,344.			
е	Add lines 2a through 2d				2e		<u>,421.</u>
3	Subtract line 2e from line 1				3	29,779	<u>,422.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	29,779	<u>,422.</u>
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Exne	nses per l	Zotur	'n	
					iciui		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			•			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			•	1	30,433	<u>,151.</u>
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				1		<u>,151.</u>
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			•	1		<u>,151.</u>
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			1		,151.
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		16,791.	1		,151.
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2'	16,791.	1	30,433	
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2'	16,791.	_1 2e	30,433	,445.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2'	16,791.	1	30,433	,445.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2'	16,791.	_1 2e	30,433	,445.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2'	16,791.	_1 2e	30,433	,445.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2'	16,791.	_1 2e	30,433	<u>,445.</u> ,706.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2'	16,791.	1 2e 3	30,433 291 30,141	<u>,445.</u> ,706.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2'	16,791.	1 2e 3	30,433	<u>,445.</u> ,706.

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING
TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE
PURCHASING POWER OF THE ENDOWMENT ASSETS. THE ENDOWMENT ASSETS ARE
INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS WHILE ASSUMING A
MODERATE LEVEL OF INVESTMENT RISK. THE ORGANIZATION HAS ESTABLISHED A
SPENDING POLICY THAT ALLOWS FOR APPROPRIATION OF UP TO 4.5% OF THE
ENDOWMENT BALANCES BASED ON THE 12-QUARTER ROLLING AVERAGE. THE
ORGANIZATION PLANS TO ALLOW THE ENDOWMENT TO GROW BEFORE SPENDING
COMMENCES.

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332054 09-28-23

Schedule D (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 5 Part XIII Supplemental Information (continued)
PART X, LINE 2:
INCOME TAX POSITIONS THAT MEET A MORE-LIKELY-THAN-NOT RECOGNITION
THRESHOLD ARE MEASURED AT THE LARGEST AMOUNT OF INCOME TAX BENEFIT THAT IS
MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE
APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH
INCOME TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED
ABOVE, IF ANY, WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED INCOME
TAX BENEFITS IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION, ALONG
WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE
TAXING AUTHORITIES UPON EXAMINATION. INTEREST AND PENALTIES ASSOCIATED
WITH UNRECOGNIZED INCOME TAX BENEFITS WOULD BE CLASSIFIED AS ADDITIONAL
INCOME TAXES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. THERE WERE NO
UNRECOGNIZED INCOME TAX BENEFITS, NOR ANY INTEREST AND PENALTIES
ASSOCIATED WITH UNRECOGNIZED INCOME TAX BENEFITS, ACCRUED OR EXPENSED AS
OF AND FOR THE YEAR ENDED JUNE 30, 2024.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH REVENUES	2,851.
EVENT EXPENSES NETTED WITH REVENUES	264,990.
COST OF GOODS SOLD NETTED WITH REVENUES	10,311.
IN-KIND EVENT EXPENSES	-3,580.
CHANGE IN SPLIT INTEREST AGREEMENT	-5,310.
RAFFLE EXPENSE NETTED WITH REVENUES	82.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	269,344.

PART XII, LINE 2D - OTHER ADJUSTMENTS:RENTAL EXPENSES NETTED WITH REVENUES2,851.EVENT EXPENSES NETTED WITH REVENUES261,410.

30

332055 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 DOVE Part XIII Supplemental Information	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC 93-06	21534 Page 5
COST OF GOODS SOLD NETTED		REVENUES				10,311.
RAFFLE EXPENSE NETTED WIT	H REVE	NUES				82.
TOTAL TO SCHEDULE D, PART	Y XII,	LINE 2D				274,654.
					Schedule	D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							2022
	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							2023
Department of the Treasury Internal Revenue Service	Cot	Attach to Form 990 o www.irs.gov/Form990 for insti				n		Open to Public Inspection
Name of the organizatior			uctions		le latest information		Employer ide	entification number
_	DOVE LE	WIS EMERGENCY ANI	MAL I	IOSI	PITAL INC		93-0621	
	complete this part	Complete if the organization ans	wered "Y	es" or	n Form 990, Part IV, I	ine 17.	Form 990-EZ	I filers are not
· · ·		ed funds through any of the follow	vina activ	ities (Check all that apply			
a Mail solicitat					overnment grants			
b Internet and	email solicitations				nment grants			
c 🔄 Phone solici	tations	g 🗌 Spec	ial fundra	ising	events			
d 🔄 In-person so	licitations							
•		or oral agreement with any individu	•	Ū		tees, c		
		art VII) or entity in connection with	•		U U			
compensated at le	•	viduals or entities (fundraisers) pur organization.	suant to	agreei	nents under which tr	ne tuno	araiser is to de	9
			(iiii)	Did		(v) A	mount paid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c	ustody	(iv) Gross receipts from activity	tò (or	retained by) Indraiser	(vi) Amount paid to (or retained by)
or entity (lunc	iraiser)		or cor contrib	trol of utions?	ITOITI activity		ed in col. (i)	organization
			Yes	No				
Total								
 List all states in whi or licensing. 	ich the organizatio	n is registered or licensed to solic	it contrib	utions	or has been notified	it is ex	kempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 Schedule G (Form 990) 2023
 DOVE
 LEWIS
 EMERGENCY
 ANIMAL
 HOSPITAL
 INC
 93-0621534
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col. (a) through	
			WET NOSE	TOURNAMENT	1		
			(event type)	(event type)	(total number)	col. (c))	
Revenue							
eve	1	Gross receipts	396,939.	71,132.	51,534.	519,605.	
н							
	2	Less: Contributions	296,370.	45,924.	49,588.	391,882.	
	3	Gross income (line 1 minus line 2)	100,569.	25,208.	1,946.	127,723.	
	4	Cash prizes					
	5	Noncash prizes	38,890.	748.	4,179.	43,817.	
es						· · · ·	
Direct Expenses	6	Rent/facility costs	26,469.	12,000.	24,142.	62,611.	
		Food and beverages	47,513.	7,827.	469.		
	8	Entertainment	17,678.		375.	18,053.	
		Other direct expenses		8,220.	3,787.	60,896.	
		Direct expense summary. Add lines 4 through		•	-	241,186.	
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			-113,463.	
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than		
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue			24,165.	24,165.	
					,		
	2	Cash prizes					
JSec							
Direct Expenses	3	Noncash prizes			82.	82.	
ΥË							
lirec	4	Rent/facility costs					

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	24	,083
9	Enter the state(s) in which the organization conducts gaming activities: OR		
а	a Is the organization licensed to conduct gaming activities in each of these states?	X Yes	No.
b	o If "No," explain:		

%

Yes

No

Yes

No

%

Yes

X No

%

332082 09-13-23

Schedule G (Form 990) 2023

82.

5 Other direct expenses

7 Direct expense summary. Add lines 2 through 5 in column (d)

6 Volunteer labor

Docusign Envelope ID: 64906A49-8E94-485E-826E-6974767D4952

Schedule G (Form 990) 2023	DOVE LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC 93-0	621534	Page 3
11 Does the organization conduct ga	aming activities with no	onmembers?				Yes	X No
12 Is the organization a grantor, ben	•		-	-			
to administer charitable gaming?						Yes	X No
13 Indicate the percentage of gamin	• •					1 1	
a The organization's facility						13a	%
b An outside facility						13b	%
14 Enter the name and address of the	e person who prepare	s the organization's	gaming/specia	I events books and	d records:		
Name LAUREN COX							
Name LAUREN COX							
Address 1945 NW PE	TTYGROVE - 1		אר 9720 פר	2			
			511 57205	, 			
15a Does the organization have a cor	ntract with a third party	from whom the ora:	anization receiv	ves gaming revenu	ie?	Yes	XNo
	indet mar a tima party	nom mon no org		tee gaming revene		• • • •	
b If "Yes," enter the amount of gam	ning revenue received b	ov the organization	\$	and	the amount		
of gaming revenue retained by th			·				
c If "Yes," enter name and address							
	. ,						
Name							
Address							
16 Gaming manager information:							
Name LAUREN COX							
		•					
Gaming manager compensation	\$ 50	<u>0.</u>					
Description of services provided	OVERALL S	UPERVISION	AND MAI	NAGEMENT C	JF EVENT		
Director/officer	X Employee	Indeper	ident contracto	or			
				51			
17 Mandatory distributions:							
a Is the organization required unde	r state law to make cha	aritable distributions	from the gami	na proceeds to			
retain the state gaming license?			-			Yes	X No
b Enter the amount of distributions							
organization's own exempt activi	ties during the tax year	\$		C C	•		
Part IV Supplemental Infor	mation. Provide the	explanations requir	ed by Part I, lir	ne 2b, columns (iii)	and (v); and Pa	rt III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as	s applicable. Also provi	de any additional int	formation. See	instructions.			
332083 09-13-23		24			Sched	ule G (Form	990) 2023
		34					

15311112 781409 2985

Schedule G	i (Form 990) Supplemental Infor	DOVE	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC 93	-0621534	Page 4
Part IV	Supplemental Infor	mation	(continued)						
								Schedule G (F	orm 990)

332084 04-01-23

Docusign Envelope ID: 64906A49-8E94-485E-826E-6974767D4952

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Ζυ)
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization			identificatio		mber
Da	rt I Question	DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC s Regarding Compensation	93-0	062153	4	
Га		s negariting compensation			Mar	
4-	Charly the energy	ate hav(ca) if the averagization availed any of the following to av few a nerson listed on Farm	000		Yes	No
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c		naluco			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	X Discretionary					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D.	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant				
		ther organizations \overline{X} Approval by the board or compensation c	ommittee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	Х	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
					Х	<u>.</u> .
b		ation?		<u>5</u> b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v	
-		nes 5 and 6? If "Yes," describe in Part III		7	X	
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2023 (

LHA 332111 11-06-23

Schedule J (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RON MORGAN	(i)	321,892.	24,578.	0.	16,650.	23,992.	387,112.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARINA RICHTER	(i)	266,458.	7,400.	0.	9,150.	15,994.	299,002.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONICA MAXWELL	(i)	170,791.	6,700.	0.	5,934.	23,991.	207,416.	0.
CHIEF ADMINSITRATIVE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY PROUTY	(i)	305,716.	0.	0.	0.	23,992.	329,708.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTIN REMINGA	(i)	211,954.	40,175.	0.	7,656.	23,992.	283,777.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEE HEROLD	(i)	199,656.	64,470.	0.	8,051.	7,997.	280,174.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ABE HILFMAN	(i)	65,000.	183,225.	0.	7,846.	7,997.	264,068.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT PETERSON	(i)	65,000.	173,437.	0.	6,202.	7,997.	252,636.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

TRACY PROUTY RECEIVED SEVERANCE OF 23,516.64.

RON MORGAN RECEIVED A \$7,500 PAYMENT FOR A NON-QUALIFIED RETIREMENT PLAN.

PART I, LINE 5:

ALL STAFF VETERINARIANS AND THE INTERNAL MEDCINE SPECIALISTS ARE PAID A

SALARY PLUS A PERCENTAGE OF REVENUE FOR THE MEDICAL PROCEDURES THEY PERFORM

AND SERVICES THEY PROVIDE. THE CRITICAL CARE SPECIALISTS AND CERTAIN

SPECIALITY HOSPITAL POISITIONS ARE PAID A FIXED SALARY, AND SOME POSITIONS

HAVE THE OPPORTUNITY TO BE PAID ADDITIONAL FIXED AMOUNTS FOR EXTRA SHIFTS

AND SPECIAL MEDICAL PROCEDURES.

PART I, LINE 7:

BONUS PAYMENTS FOR THE CHIEF EXECUTIVE OFFICER ARE GRANTED AT THE

DISCRETION OF THE BOARD OF DIRECTORS AND BASED ON A WEIGHTED SCALE

MEASURING THE CEO'S AND ORGANIZATION'S ACHIEVEMENT OF THE SUBJECTIVE AND

OBJECTIVE GOALS. CONSIDERATION FOR CHANGING PRIORITIES, MARKET CONDITIONS,

AND OVERALL LEADERSHIP AND PERFORMANCE ARE INCLUDED WHEN DETERMINING

Schedule J (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PERFORMANCE.

Schedule J (Form 990) 2023

	HEDULE M			Nonc	as	h Contr	ibutions			ļ	OMB No.	1545-004	7
(Fo	rm 990)										20	23	
		Com	plete if the o	organizations			on Form 990, Part	t IV, lines 2	29 or 3	0.			
	ment of the Treasury I Revenue Service		Go to waway	Attach to Form 990. irs.gov/Form990 for instructions and the latest information.								o Publi ection	с
Name	e of the organization	1	GO LO WWW	.iis.gov/Form	990		is and the latest	mormand	лі. 	Employer	identificati		nher
Num	on the organization		TEWIS	EMERGEN	cv	ΔΝΤΜΔΤ.	HOSPITAL	TNC			3-0621		
Par	tl Types of				<u> </u>	1111111111	11001 1 1111	INC			5 0021	551	
				(a)	Γ	(b)	(c)				(d)		
				Check if applicable	co	Number of ntributions or	Noncash cont amounts repo Form 990, Part V	rted on	r		of determir ntribution a	•	5
1	Art - Works of art												
2	Art - Historical treas	sures											
3	Art - Fractional inte	rests											
4	Books and publicat												
5	Clothing and house								~				
6	Cars and other veh					6		,325.	SEL	LING 1	PRICE		
7	Boats and planes				-								
8	Intellectual propert				-			070			/=		
9	Securities - Publicly				<u> </u>	7	38	8,072.	AVG	HIGH,	/ LOW		
10	Securities - Closely				-								
11	Securities - Partner												
10					-								
12	Securities - Miscella Qualified conservat												
13													
	Historic structures Qualified conservat	tion contribu	tion Other		-								
14 15			-		-								
15 16	Real estate - Reside Real estate - Comm				+								
17	Real estate - Other												
18	Collectibles												
19	Food inventory												
20	Drugs and medical												
21	Taxidermy												
22	Historical artifacts												
23	Scientific specimer												
24	Archeological artifa												
25	Other (EVE	NT SUPE	PLIES) X		137	53	3,208.	FAI	R MARI	KET VA	LUE	
26	Other (PROC	GRAM SU	JPPLIE) X		64					KET VA		
27	Other ()									
28	Other (
29	Number of Forms 8	3283 receive	d by the orga	anization during	g the	tax year for c	ontributions						
	for which the organ	nization com	pleted Form	8283, Part V, D	Done	e Acknowledg	ement	29					
												Yes	No
30a	During the year, die									that it			
	must hold for at lea	-											
	exempt purposes f										<u>30a</u>		X
	If "Yes," describe t	•										v	
31	Does the organizat								tions?		31	X	
32a	Does the organizat		-		-			II noncash					
	contributions?										<u>32a</u>	X	
	If "Yes," describe in		on omount :.	a column (a) f-		ing of property	for which column	n (n) in ah-					
33	If the organization describe in Part II.	uiuri i report	an amount li		raty	pe or property	rior which column	i (a) is che	скеа,				
For D	aperwork Reduction	on Act Notic	e see the li	nstructions for	r For	·m 990				Sched	ule M (Fori	m 990)	2023
	aper work neudoli		, 300 me m		1.01					Scheu		1 330)	2020

Schedule M (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC 93-0621534 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DOVE LEWIS OPERATES AN AUTOMOBILE DONATION PROGRAM IN CONNECTION WITH

ITS CHARITABLE ACTIVITIES. THE ORGANIZATION HAS APPOINTED SPEED'S

TOWING AS ITS AGENT FOR THE PURPOSE OF ACCEPTING, TRANSPORTING,

PROCESSING, AND SELLING AUTOMOBILES DONATED BY THE GENERAL PUBLIC TO

DOVE LEWIS. SPEED'S TOWING IS AN AUTOMOBILE DEALER, REGISTERED TO SELL

AUTOMOBILES IN THE STATE OF OREGON.

Schedule M (Form 990) 2023

332142 09-11-23

41 2023.05000 DOVE LEWIS EMERGENCY ANIM 2985___1

SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ									
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2023						
Department of the Treasury Internal Revenue Service	Open to Public Inspection								
Name of the organization	identification number 621534								
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:							
PROFESSIONAL	PROFESSIONALS ARE DEDICATED TO IMPROVING THE CONDITION OF ANIMALS								
NEEDING MEDI	NEEDING MEDICAL TREATMENT, STRENGTHENING THE TIES WITH AND EXTENDING								
THE REACH OF	THE VETERINARY COMMUNITY, AND SUPPORTING THE	HUMAN-2	ANIMAL						
BOND. THE OR	GANIZATION PROVIDES ADVANCED EMERGENCY, CRITICA	AL AND							
SPECIALTY CA	RE, AS WELL AS SEVERAL DONOR-SUPPORTED COMMUNI	TY PRO	GRAMS.						
DOVE LEWIS T	REATED APPROXIMATELY 26,000 PATIENTS IN FISCAL	YEAR	2024,						
AND ITS COMM	UNITY PROGRAMS REACHED THOUSANDS OF PEOPLE AND	ANIMA	LS						
THROUGHOUT T	HE PORTLAND METROPOLITAN AREA AND BEYOND.								

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

BY THE AMERICAN ANIMAL HOSPITAL ASSOCIATION (AAHA).

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

OREGON FOR REHABILITATION AND RELEASE. THE PROGRAM RELIES HEAVILY ON

SUPPORT FROM THE COMMUNITY.

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

PROGRAM ACCOMPLISHMENT - PET LOSS SUPPORT & VETERINARY WELL-BEING

THE DOVE LEWIS PET LOSS SUPPORT PROGRAM HELPS PEOPLE NAVIGATE THE LOSS

OF A PET THROUGH FREE WEEKLY SUPPORT GROUP MEETINGS, REGULAR MEMORIAL

WORKSHOPS, REMEMBRANCE SERVICES, AND MORE. THE PROGRAM ALSO PROVIDES

WELL-BEING SUPPORT FOR VETERINARY PROFESSIONALS GIVEN THEIR INCREASED

42

RISK OF COMPASSION FATIGUE AND BURNOUT.

EXPENSES \$ 121,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC	93-0621534
PROGRAM ACCOMPLISHMENT - VELVET FINANCIAL ASSISTANCE	
OVER 2,100 HOSPITAL CLIENTS RECEIVED FINANCIAL AID THROUGH	THE DOVE
LEWIS VELVET ASSISTANCE FUND. THIS DONOR-SUPPORTED FUND OF	FERS AID TO
QUALIFYING LOW-INCOME CLIENTS TO HELP COVER THE COST OF BA	SIC EMERGENCY
MEDICAL TREATMENT OR HUMANE EUTHANASIA. A DIVISION OF THE	VELVET
ASSISTANCE FUND, THE CHARLIE FUND OFFERS AID IN QUALIFYING	CASES OF
ANIMAL ABUSE. THIS YEAR, THE PROGRAM AWARDED A TOTAL OF \$3	56,660.
EXPENSES \$ 356,660. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
PROGRAM ACCOMPLISHMENT - BLOOD BANK	
THE DOVE LEWIS BLOOD BANK IS ONE OF THE LARGEST NON-PROFIT	
VOLUNTEER-BASED ANIMAL BLOOD BANKS IN THE PACIFIC NORTHWES	T. THERE ARE
APPROXIMATELY 113 ACTIVE VOLUNTEER CANINE DONORS AND 37 AC	TIVE FELINE
DONORS IN THE PROGRAM. THIS YEAR, DOVE LEWIS USED 365 UNIT	S OF BLOOD TO
TREAT PATIENTS AND SUPPLIED 222 UNITS OF BLOOD TO DIFFERENT	T ANIMAL
HOSPITALS.	
EXPENSES \$ 199,854. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
PROGRAM ACCOMPLISHMENT - PORTLAND AREA CANINE THERAPY TEAM	S
THE PORTLAND AREA CANINE THERAPY TEAMS (PACTT) BRINGS CANIN	NE-ASSISTED
THERAPY TO LOCAL COMMUNITIES. 100 CERTIFIED TEAMS PROVIDED	MORE THAN
14,000 COMMUNITY SERVICE HOURS IN A VARIETY OF SETTINGS, ST	UCH AS
HOSPITALS, LONG-TERM AND SKILLED CARE FACILITIES, PHYSICAL	
REHABILITATION CLINICS, RESIDENTIAL TREATMENT CENTERS, BEH.	AVIORAL
HEALTHCARE FACILITIES, HOSPICE, SCHOOLS, LIBRARIES, COURTRO	OOMS,
ON-LOCATION CRISIS RESPONSE, THE PORTLAND AIRPORT, AND MOR	Ε.
EXPENSES \$ 104,353. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.

43

Name of the organization	Employer identification number
DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC	93-0621534
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CEO, CFO AND FINANCE COMMITTEE CAREFULLY REVIEW THE F	ORM 990 BEFORE IT
IS FILED. FORM 990 IS ALSO PRESENTED TO THE FULL BOARD OF	DIRECTORS FOR
REVIEW AND DISCUSSION PRIOR TO FILING.	

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

ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY. ONCE PER YEAR DOVE LEWIS REQUIRES EACH OF THEM TO SUBMIT IN WRITING A DESCRIPTION OF ANY AND ALL CONFLICTS. EACH EXISTING CONFLICT IS REVIEWED ON A CASE-BY-CASE BASIS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

THE CEO IS ON A CONTRACT ESTABLISHED BY THE BOARD OF DIRECTORS. INDUSTRY DATA AND AN OUTSIDE CONSULTANT WERE USED TO DETERMINE COMPENSATION. THE HUMAN RESOURCES COMMITTEE, WITH THE ASSISTANCE OF AN OUTSIDE ATTORNEY, DRAFTS THE CONTRACT AND RECOMMENDS APPROVAL TO THE FULL BOARD. FOR OFFICERS AND KEY EMPLOYEES THAT ARE NOT ON CONTRACT, INDUSTRY DATA IS USED TO DETERMINE INITIAL COMPENSATION, WHICH IS REVIEWED REGULARLY.

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

GOVERNING DOCUMENTS ARE AVAILABLE VIA THE OREGON SECRETARY OF STATE. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ON THE DOVE LEWIS WEBSITE. OPERATING POLICIES ARE FOR INTERNAL USE ONLY.

44

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT

-5,310.

332212 11-14-23

Schedule O (Forr		Page :
Name of the orga	INIZATION DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC	Employer identification number 93-0621534
PART XII,	LINE 2C	
THE PROCE	ESS FOR FINANCIAL OVERVIEW HAS NOT CHANGED FROM PE	RIOR YEAR.
332212 11-14-23		Schedule O (Form 990) 202
	45	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

2023 Open to Public

Employer identification number 93 - 0621534

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DOVE AMERICAN LLC - 20-3796494	OWNS THE BUILDING AND LAND				
1945 NW PETTYGROVE	DOVE LEWIS EMERGENCY ANIMAL				DOVE LEWIS EMERGENCY
PORTLAND, OR 97209	HOSPITAL OPERATES	OREGON		6,564,375.	ANIMAL HOSPITAL
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

93-0621534 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k)													
(a)) (b) (c)		(b) (c) (d)		(e)	(g)	(h)		(i)	(j		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	al Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	il or Perce jing owne	r Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	orm 1065) Yes No	۱o		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction b)(13) rolled tity?		
		country)						Yes	No		
]										
			1								

Schedule R (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2023 DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	<i>a</i>)	(f)	(g)	(r)	(i)	(j)	Т	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partner 501(c org:	all rs sec	Share of			por-	Code V-UBI	Genera	al or P	Percentade
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(c	c)(3) s.?	total	end-of-year	Disprotion tion allocat	ate ons?	amount in box 20	manag partne	ing er?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	

Schedule R (Form 990) 2023

Part VIII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	Schedule R	(Form 990) 2023	DOVE	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC 93-0621534	Page 5
Provide additional information for responses to questions on Schedule R. See Instructions.	Part VII	Supplemental Info	rmation						
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Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that III I an an officer of the above entity or				
of entity	Part II Declarat	on and Signature Authorization of Officer or Person Subject to Tax		
Image Enter five numbers, but do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 93139413131 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Busines Returns. ERO Must Retain This Form - See Instructions Date 11/12/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructi	payment of taxes to receiv personal identification nun PIN: check one box only	e confidential information necessary to answer inquiries and resolve issues related to the p ber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and if applicable is the consent to electronic return and it applicable is the consent to electronic return and it applicable is the consent to electronic return and it applicable is the consent to electronic return and it applicable is the consent to electronic return and it applicable is the consent to electronic return and it applicable is the consent to electronic return and it applies the consent to electronic return and it applicable is the consent to electronic return and it applies to the consent to electronic return and the consent to	pavment. I	have selected a withdrawal.
do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Date Part III Certification and Authentication 93139413131 Do not enter all zeros Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO Must Retain This Form - See Instructions Date 11/12/24 ERO Must Retain This Form - See Instructions Do not 8879-TE (2023 For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2023	X I authorize MC	DONALD JACOBS, P.C. to	enter my F	
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature or fileer or person subject to tax *** THIS IS NOT A FILEABLE COPY **** Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature MCDONALD JACOBS, P.C. ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.		ERO firm name		
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 93139413131 number (EFIN) followed by your five-digit self-selected PIN. 93139413131 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature MCDONALD JACOBS, P.C. Date 11/12/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.	with a state age on the return's o As an officer or return. If I have i IRS Fed/State p	ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(ies) re ogram, I will enter my PIN on the return's disclosure consent screen.	ementioned tax year 20 egulating c	d ERO to enter my PIN 023 electronically filed charities as part of the
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 93139413131 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature MCDONALD JACOBS, P.C. Date 11/12/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.			Dale	;
number (EFIN) followed by your five-digit self-selected PIN. 93139413131 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns. ERO's signature MCDONALD JACOBS, P.C. Date 11/12/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.				
submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature MCDONALD JACOBS, P.C. Date 11/12/24 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions.	-	your five-digit self-selected PIN. 93139413131		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2023	submitting this return in ac			
Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2023	ERO's signature <u>MCD</u>	DNALD JACOBS, P.C. Date 11/2	12/24	
For Privacy Act and Paperwork Reduction Act Notice, see instructions.				
	For Drivgov Act and Desa		0	Form 8879-TF (2022)
IHA 302521 01-05-24	For Privacy Act and Pape	work neudelion Act Notice, see Instructions.		
	LHA 302521 01-05-24			

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51 2023.05000 DOVE LEWIS EMERGENCY ANIM 2985___1

Form	990-T	E	Exempt Organization Business Inco	'n	OMB No. 1545-0047		
			(and proxy tax under section 603		24	2	ມວວ
		For cal	endar year 2023 or other tax year beginning <u>JUL 1, 2023</u> , and et		<u>24</u> .	Z	023
	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the loo not enter SSN numbers on this form as it may be made public if you	r organization is a 501(c)(3)		501(c)(3) C	ublic Inspection for Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instru	uctions.)	D Emt	oloyer iden	tification number
B Exe	mpt under section	Print	DOVE LEWIS EMERGENCY ANIMAL HOSE	ITAL INC			21534
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.			up exempt instruction	ion number ns)
	408(e) 220(e)	Туре	1945 NW PETTYGROVE ST.				
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code			_	
	529(a) 529A		PORTLAND, OR 97209		F	Checl	k box if
		C Bo		<u>,603,858.</u>			nended return.
G CI	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust 6417(d)(1)(A) Applicable entity	Other trust	_ State	college/	university
H C	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2	2439 📃 Elective paym	nent amo	unt from	1 Form 3800
	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corp	oration			
J Er	nter the number of	attache	ed Schedules A (Form 990-T)			1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiated group or a parent-subsidiated group of	diary controlled group?		Yes	XNo
			d identifying number of the parent corporation				
	ne books are in car		RON MORGAN, CEO	Telephone number	503-	228-	7281
Par			d Business Taxable Income				
1		busine	ess taxable income computed from all unrelated trades or busine	sses (see instructions)	. 1		0.
2					2		
3	Add lines 1 and 2				3		
4			(see instructions for limitation rules)				0.
5			taxable income before net operating losses. Subtract line 4 from				0.
6		•	ing loss. See instructions		6		0.
7			ess taxable income before specific deduction and section 199A c				
•	Subtract line 6 fro						1,000.
8 9			erally \$1,000, but see instructions for exceptions)			1,000.	
9 10			eduction. See instructions				1,000.
11			ines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater the		11		0.
Parl					. ••		
1		-	as corporations. Multiply Part I, line 11 by 21% (0.21)		1		0.
2			rates. See instructions for tax computation. Income tax on the a				
			Tax rate schedule or Schedule D (Form 1041)		2		
3							
4			instructions				
5							
6	Tax on noncomp	oliant fa	acility income. See instructions		6		
7	Total. Add lines 3	3 throug	gh 6 to line 1 or 2, whichever applies		7		0.
Par	t III Tax and	Paym	ients				
1a			rations attach Form 1118; trusts attach Form 1116)	1a	_		
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	1b	_		
С			Attach Form 3800 (see instructions)	1c	_		
d			mum tax (attach Form 8801 or 8827)	1d	_		
е	Total credits. Ac		•				
2			rt II, line 7		2		0.
3a	Amount due from			3a	_		
b	Amount due from			<u>3b</u>	_		
c	Amount due from			<u>3c</u>			
d	Amount due from		· · · · ·	3d	_		
e	Other amounts d	•	, , , , , , , , , , , , , , , , , , , ,	3e			Λ
f			lines 3a through 3e		3f		0.
4			ad 3f (see instructions). Check if includes tax previously de				0.
5			x amount here lity paid from Form 965-A, Part II, column (k)		4		0.
			on Act Notice, see instructions. 323701 11-20-23		. 0	Form	990-T (2023)
		caucil	52			1 0111	(2023)

2023.05000 DOVE LEWIS EMERGENCY ANIM 2985___1

Form 9	90-T (2023)			F	2 Page 2		
Part					<u> </u>		
6 a	Payments: Preceding year's overpayment credited to the current year	6a					
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b					
с	Tax deposited with Form 8868	6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d					
е	Backup withholding (see instructions)	6e					
f	Credit for small employer health insurance premiums (attach Form 8941)	6f					
g	Elective payment election amount from Form 3800	6g					
h	Payment from Form 2439	6h					
i	Credit from Form 4136	6i					
i	Other (see instructions)	6j					
7	Total payments. Add lines 6a through 6j		7				
8			8				
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9				
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10						
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11				
Part	IV Statements Regarding Certain Activities and Other Informatio	n (see instructions)					
1	At any time during the 2023 calendar year, did the organization have an interest in or a	signature or other authority		Yes	No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the or	ganization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the r	name of the foreign country					
	here				Х		
2	During the tax year, did the organization receive a distribution from, or was it the granted	or of, or transferor to, a					
	foreign trust?				х		
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$					
4	Enter available pre-2018 NOL carryovers here \$ 4,075. Do not inc		yover				
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by an	y deduction reported on Part	I, line 6.				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 N	OL carryovers. Don't reduce					
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the	he tax year. See instructions.					
	Business Activity Code	Available post-2017 NOL o	carryover				
	516210 \$		1,831.				
	\$						
	\$						
	\$						
6 a	Reserved for future use						
b	Reserved for future use	······	······				
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I decl correct, and complete. Declaration Signed by:	are that I have examined to on of preparer (other than	this return, including accompa taxpayer) is based on all infor	nying schedules a mation of which pr	nd statements, and to the parer has any knowled	he best of my kno lge.	wledge	and belie	f, it is true,	
Here	Kon Moran		^{11/18/2024} CEO					May the IRS discuss this return with the preparer shown below (see		
	Signature of officer D1E5EA870B314EC		Date	Title			instru	ctions)?	X Yes	No
	Print/Type preparer's na	ame	Preparer's signature		Date	Check] if	PTIN		
Paid						self-employ	ed			
Preparer	SANG AHN		Sang Alun		11/15/2024			P00	540880	
Use Only	Firm's name MCD	ONALD JAC	BS 7p3C 29 4 7 8 6 54B9			Firm's EIN		93-	-090057	9
	1	21 SW SAL	MON ST., ST	E 1100						
	Firm's address P	ORTLAND,	OR 97204			Phone no.	(5	03)	227-05	81
								F	orm 990-T	(2023)

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DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	4,997.	922.	4,075.	4,075.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	4,075.	4,075.

OMB No. 1545-0047

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

93-0621534

D Sequence:

Name of the or Α

SCHEDULE A

(Form 990-T)

Department of the Treasury

Internal Revenue Service

ne of the oi	ganization				
DOVE	LEWIS	EMERGENCY	ANIMAL	HOSPITAL	INC

Unrelated business activity code (see instructions) С

516210

E [Describe the unrelated trade or business ONLINE ADVER	TISI	NG			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11	17,893.	17,87	76.	17.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	17,893.	17,87	76.	17.
Pa	t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		or limitations on de	eductions. Dedu	ctior	ns must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages		2			
3	Repairs and maintenance		3			
4	Bad debts		4			
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	150.
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	

Depletion Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Part VIII)

Excess readership costs (Part IX)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

column (C) Deduction for net operating loss. See instructions

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

150.

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-133.

0.

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	ule A (Form 990-T) 2023				Page 2
Part	Eliteri	nethod of inventory valua			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Cost of goods sold. Subtract line 7 from line 6. Ent	,			
9 Part	Do the rules of section 263A (with respect to proper Rent Income (From Real Property a				Yes No
		· · · · · ·			
1	Description of property (property street address, cit	y, state, ZIP code). Check	a dual-use. See instru	ictions.	
	А [В [
	в с				
	D	Α	В	С	D
2	Rent received or accrued	A	D	<u> </u>	U
2 a	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
D	percentage of rent for personal property (in the				
•	Total rents received or accrued by property.				
С	Add lines Os and Ob as house Addressed D				
	Add lines 2a and 2b, columns A through D	L	1		
3	Total rents received or accrued. Add line 2c, column	ns A through D. Entor hor	o and on Part L line 6 or	olumn (A)	0.
5	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
-		L			
5	Total deductions. Add line 4, columns A through D) Enter here and on Part	line 6. column (B)		0.
Part					
1	Description of debt-financed property (street addres		Check if a dual-use. See	instructions	
-		,,,,			
	в 🗌				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
2	· · · · · · · · · · · · · · · · · · ·				
3	property Deductions directly connected with or allocable				
5	to debt-financed property				
2	Straight line depreciation (attach statement)				
a h	Other deductions (attach statement)				
b					
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				^
8	Total gross income (add line 7, columns A through	n D). Enter here and on Pa	art I, line 7, column (A)	·····	0.
			<u>г</u>		
9	Allocable deductions. Multiply line 3c by line 6				^
10	Total allocable deductions. Add line 9, columns A		d on Part I, line 7, colum	ın (B)	0.
11	Total dividends-received deductions included in	line 10			0.
323721 (01-19-24	56		Schedule A	(Form 990-T) 2023
		חר			

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									1
Sched	ule A (Form 990-T) 2023	uities, Royalties, and R	onto Ero	m Contro		raonization	C (a.e. i.e. a)		Page 3
Part	VI Interest, Annu							tructions)	
	1. Name of controlle organization	d 2. Employer identification number	incor	unrelated 4. Tota		al of specified nents made	Iled Organizations 5. Part of column 4 that is included in the controlling organiza- tion's gross income		6. Deductions directly connected with income in column 5
(1)							tion s gros	s income	
(2)									
(3)									
(4)									
		No	onexempt (Controlled O	rganizati	ions			
	7. Taxable Income	8. Net unrelated income (loss) (see instructions)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's gross income		's	Deductions directly connected with come in column 10
(1)									
(2)									
(3)									
(4)									
T						Enter here	nns 5 and 10 and on Part olumn (A).	l, Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B). 0 •
Totals Part		Income of a Section 50)1(c)(7) ((9) or (17)	Organ	l nization (a	ee instructio		0.
		cription of income	<u>, ((),(), (</u>	2. Amou incor	nt of	3. Deduction directly connection (attach state)	ons 4. ected (attac	Set-asides ch stateme	5. Total deductions and set-asides (add cols 3 and 4)
(1)									
(2)									
(3)									
(4)									
Totals				Add amou column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0 •
Part	VIII Exploited E	xempt Activity Income	, Other 1	han Adve	ertising	g Income	see instructi	ons)	
1	Description of exploite	ed activity:				-			
2	Gross unrelated busin	ess income from trade or busi	iness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,								
		line 10, column (B)							
4	· · ·	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete							
5		tivity that is not unrelated bus							
6		to income entered on line 5						6	
7		ses. Subtract line 5 from line 6	,						
	4. Enter here and on F	Part II, line 12						7	

Schedule A (Form 990-T) 2023

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1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A ONLINE ADVERTISING B	Part	ule A (Form 990-T) 2023 IX Advertising Income				Page 4
C C D Enter amounts for each periodical listed above in the corresponding column. A B C D 2 Gross advertising income 17,893. 17,893. 17,893. 3 Direct advertising costs by periodical 17,876. 17,876. 4 Add columns A through D. Enter here and on Part I, line 11, column (A) 17,876. 4 Add columns A through D. Enter here and on Part I, line 11, column (B) 17,876. 4 Add columns A through D. Enter here and on Part I, line 11, column (B) 17,876. 4 Advertising gain (loss). Subtract line 3 from line 17,876. 5 Readership costs 17,1 6 Circulation income 17. 7 Excess readership costs. 17. 8 Excess readership costs and line 5. If line 6 is less than line 6, enter -0. 17. 8 Excess readership costs. 111. 9 Circulation income 17. 6 Circulation s Athrough D. Enter the greater of the line 8a columns total or -0 here and on part II, line 13. 0. 9 Add line 8, columns A through 0. Enter the greater of the line 8a columns total or -0 here and on part II, line 13.		Name(s) of periodical(s). Check box if reporting t	two or more periodicals on a c	onsolidated basis	i.	
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Part XI Supplemental Information (see instructions)	(2) (3) (4)				% % %	
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DOVE LEWIS EMERGENCY ANIMAL HOSPITAL INC

990-T SCH	A POST-201	L7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22 06/30/23	788. 1,043.	0. 0.	788. 1,043.	788. 1,043.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,831.	1,831.