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Department of the Treasury Internal Revenue Service

COPY FOR PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2013 Open to Public Inspection

A	For the 2013 c	alendar year, or tax year beginning , and ending											
в	Check if applicable:	C Name of organization		D Employ	yer identification number								
$\overline{\square}$	Address change 2 MILLION DOGS 2 MILES, INC.												
	-	Doing Business As 26 - 3780773											
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number								
	Initial return	1902 EVELYN AVENUE											
	Terminated	City or town, state or province, country, and ZIP or foreign postal code											
	Amended return	MEMPHIS TN 38114		G Gross rece	eipts \$ 230,464								
	'	F Name and address of principal officer:	T	G GIUSS IEC	apiss 230,404								
	Application pending	GINGER MORGAN	H(a) is this a gro	oup return for su	ubordinates? Yes X No								
		GINGHK MOKGAN	H(b) Are all sub	ordinates inclu	uded? Yes No								
					(see instructions)								
		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	-		()								
<u>+</u>	Tax-exempt status:	X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 DOGS2000MILES.ORG											
J			H(c) Group exe	mption numbe									
	Form of organization:		ear of formation:		M State of legal domicile: TN								
<u></u>		Immary			·								
		scribe the organization's mission or most significant activities:											
Ce	THE	ORGANIZATION IS FORMED FOR CHARITABLE PURPOSES; MO	· · · · · · · · · · · · · · · · · · ·	•••••	* * * * * * * * * * * * * * * * * * * *								
nar	PROM	OTE CANINE CANCER AWARENESS AND EDUCATION, AND SUP	PORT CANL	NE CAN	JER								
Governance	RESE	ARCH.		•••••••••••									
ŝ	2 Check th	is box \blacktriangleright if the organization discontinued its operations or disposed of more than 25			<i>c</i>								
ంర	3 Number	of voting members of the governing body (Part VI, line 1a)		. 3	6								
ties		of independent voting members of the governing body (Part VI, line 1b)		5									
Activities		nber of individuals employed in calendar year 2013 (Part V, line 2a)			1								
Å.		nber of volunteers (estimate if necessary)		125									
		elated business revenue from Part VIII, column (C), line 12			0								
	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	0								
	0 Contribut	in a sub supply (Dept) (III - III)	Prior Ye	ar 8,600	Current Year								
ne		ions and grants (Part VIII, line 1h)		0,000	5,098								
Revenue		service revenue (Part VIII, line 2g)		24	17								
Re	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	25										
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,012	195,934								
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,636	201,049								
	1	nd similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	5,750	90,000								
	1	paid to or for members (Part IX, column (A), line 4)	A 1	7 510									
es		other compensation, employee benefits (Part IX, column (A), lines 5–10)	4	7,518	55,806								
penses	4	nal fundraising fees (Part IX, column (A), line 11e)			<u> </u>								
Exp		draising expenses (Part IX, column (D), line 25) ► 60,446		1 1 4 0									
ω.	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		$\frac{1,140}{1,140}$	77,836								
	1	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	$\frac{4,408}{5,000}$	223,642									
	19 Revenue	less expenses. Subtract line 18 from line 12		6,228	-22,593								
Net Assets or	20 Tatal and	ete (Dert V. line 46)	Beginning of Cu	2,884	End of Year 160,295								
(sse	20 Total ass	ets (Part X, line 16)	381	385									
let A	21 Total liab	ilities (Part X, line 26)	10	the second s									
		ts or fund balances. Subtract line 21 from line 20	T0	2,503	159,910								
_		gnature Block											
		perjury, I declare that I have examined this return, including accompanying schedules and statem omplete. Declaration of preparer (other than officer) is based on all information of which preparer			iowledge and belief, it is								
					······································								

Sign	Signat	ture of office	r						Date			
Here	G	INGEF	R MORGAN				PRESIDEN	T/EXEC	UTIV	E D	IRECT	OR
	Туре с	or print name	e and title			Δ		_				
	Print/Type pre	parer's name	e		reparer's signati			Date	Check	if	PTIN	
Paid	LEE E. HO	DOD		LE	CE E. HOO	oth lice	es	08/06/1	4 self-emp	loyed	P005053	342
Preparer	Firm's name	•	WHITEHORN			& DAVIS,		Firm	's EIN 🕨	62	-1039	882
Use Only			670 OAKLE	AF OFF?	ICE LA	NE						
	Firm's address	s 🕨	MEMPHIS, 7	FN 38 1	117-48	11		Pho	ne no.	901	-767-	-5080
May the IR	RS discuss th	nis return	with the preparer sh	own above?	(see instruc	ctions)				• • • <i>•</i> • • •	X Yes	No
For Paperv	vork Reductio	on Act No	tice see the senarate	instructions	2						Form C	190 (2012)

rm 990 (2013) 2 MILLION DOC	GS 2 MILES, INC.	26-3780773	Page 2
Part III Statement of Program	n Service Accomplishment	s	
Check if Schedule O c	ontains a response or note to	any line in this Part III	
PROMOTE CANINE CANCE RESEARCH.	FORMED FOR CHARIT R AWARENESS AND E	ABLE PURPOSES; MORE SF DUCATION, AND SUPPORT	
 2 Did the organization undertake any sig prior Form 990 or 990-EZ? If "Yes," describe these new services of 3 Did the organization cease conducting 	on Schedule O.		Yes X No
			Yes X No
4 Describe the organization's program s	ervice accomplishments for each of c)(4) organizations are required to re	its three largest program services, as measu eport the amount of grants and allocations to t.	
TRANSITIONAL CELL CA CANINE URINARY TRACT TOXICITIES, (2) HIGH IMPROVED REMISSION R HIGHER DOSES OF CHEM REDUCED SYSTEMIC EXP	ARCINOMA (TCC) WHI . WE ARE HOPING IER LOCAL TUMOR CH ATES, AND (3) ULT IOTHERAPY THAN PRE OSURES. WE WOULD BY THIS ROUTE (HIG	IAL ADMINISTRATION OF CH IS THE MOST COMMON	CHEMOTHERAPY FOR TUMOR OF THE YSTEMIC HEREFORE ADMINISTER USE OF THE HEMOTHERAPEUTICS INE TUMORS).
4b (Code:) (Expenses \$ TO HELP FUND A STUDY	31,108 including gra	nts of \$ 31,108) (Rever S OF CANINE OSTEOSARCO	
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• • • • • • • • • • • • • • • • • • • •			
4c (Code:)(Expenses \$ BROAD INSTITUTE OF M	20,000 including gra	nts of \$ 20,000) (Rever	
MASS CELL TUMORS	·····		
			•••••••
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4d Other program services. (Describe in	Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)

Jrm	990	(2013) 2	MILI	LION	DOGS	2	MILES	, INC.
Pa	rt I\	t 🛛	Che	cklist	of Rec	uired S	iche	dules	

4	Is the experimentation dependence in electron $F(1/2)$ or $40.47(2)/4$ (other then a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	Λ	x
2				<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tay year? If "Vea" emplote Schedule C. Dert II	4		x
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 Revenue Procedure 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		77	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u>A</u>
u	reported in Part V, line 162 If "Vee" complete Schedule D, Part IV	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<u> </u>	
		19		x
20a	Did the energian time energy is a second beautiful to a Wine O is when a second s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ĺ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			l
	If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If so, complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
		0.0-		X
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31	ļ	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? 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	·····	1	<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
		37		x
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		+	
50			x	
	19? Note. All Form 990 filers are required to complete Schedule O			<u> </u>

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<u>)rm</u>	990 (2013) 2 MILLION DOGS 2 MILES, INC. 26-3780	773			P	age 5				
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V	•		<u></u>						
		1	•	rassiste	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	-						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			. 1899,683	3339933					
0-	reportable gaming (gambling) winnings to prize winners?			1c						
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	1							
h	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			<u>2b</u>	X					
3a	2. Did the examination have unrelated hybridge grade income of \$1,000 or more during the year?									
b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin									
	account)?			4a		X				
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.							
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 transact	ction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		 				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne								
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or								
-	gifts were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c) . Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	apode								
а	and convices provided to the payor?	Joous		7a	335333	x				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
c	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	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h	0.00000000	X				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting									
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring									
	organization, have excess business holdings at any time during the year?	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	8		10000000				
9	Sponsoring organizations maintaining donor advised funds.				000855					
a ⊾	D'il the construction method is distribution to a disconsidered and income solution of the second 2			9a 9b						
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		••••••	30						
a	1. We then for a more constrained the discrete standard and Devel VIII. Res. 40	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1						
11	Section 501(c)(12) organizations. Enter:			1						
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources			1						
	against amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 [°]	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1	<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?		• • • • • • • • • • • • • • • • • • • •	<u>13a</u>	- SECONDO					
_	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		I							
	the organization is licensed to issue qualified health plans	13b	· · · · · · · · · · · · · · · · · · ·	-						
C	Enter the amount of reserves on hand	13c		14a						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	 • •	• • • • • • • • • • • • • • • • • • • •	14a 14b	<u> </u>	X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<u>eu.</u>		140	1	1				

6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, other than the governing body? 7a X 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a the governing body? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a the organization mainting address? If Yes's, involve the names and addresses in Schedule O x 9 Is here any officer, furstice, or key employee listed in Part VII. Section A, who cannot be reached at the organization mainting address? If Yes's, involve the names and addresses in Schedule O x 9 Is there any officer, furstice, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local dhapters, branches, or affiliates? 19a X 10a Did the organization have local chapters, branches, or affiliates? 19a X 11a X 19b 11a X 12b 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 X 12b Did the organization have a written conflict of interest policy? If 'No', 'go to line 13 12a X <t< th=""><th>5</th><th>Did the organization become aware during the year of a significant diversion of the organization's assets?</th><th>5</th><th></th><th>X</th></t<>	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
or or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X c 7b X 7b X 7b 7b X 7b X 7c 7b 7b X 7b X 7c 7b 7b 7b 7b 7b X 7c </td <td>6</td> <td>Did the organization have members or stockholders?</td> <td>6</td> <td></td> <td></td>	6	Did the organization have members or stockholders?	6		
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b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a X 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 X Section C. Disclosure 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 16b 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 0 Own website □ Another's website X Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 1902 EVELYN AVENUE 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ GINGER MORGAN <t< td=""><td>а</td><td></td><td>15a</td><td>2220330200</td><td>X</td></t<>	а		15a	2220330200	X
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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? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 16b 16b 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 0////>Own website X Upon request 0///>Other (explain in Schedule O) 16b					
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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 Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 1902 EVELYN AVENUE 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ GINGER MORGAN 1902 EVELYN AVENUE MEMPHIS TN 38114 901-619-2286			16a	2955555555	X
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website Another's website X 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 1902 EVELYN AVENUE 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ 1902 EVELYN AVENUE MEMPHIS TN 38114 901-619-2286	b				
organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ GINGER MORGAN 1902 EVELYN AVENUE MEMPHIS TN 38114 901-619-2286					
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ AR, CA, CT, GA, MA, MD, TN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ GINGER MORGAN MEMPHIS TN 38114			16b	0000000000	· 2000000000
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 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GINGER MORGAN MEMPHIS TN 38114 901-619-2286 					
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financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GINGER MORGAN 1902 EVELYN AVENUE MEMPHIS TN 38114 901-619-2286	19				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GINGER MORGAN 1902 EVELYN AVENUE MEMPHIS TN 38114 901-619-2286					
organization: ►GINGER MORGAN1902 EVELYN AVENUEMEMPHISTN 38114901-619-2286	20				
MEMPHIS TN 38114 901-619-2286					
DAA Form 990 (2013) 6	M	•	L-61	9-2	286
			E E) (2013)
	5.55		rQ		E (2013) E

990 (2013)	2	MILLION	DOGS	2	MILES,	INC.

1a

b

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3

4

committee, explain in Schedule O.

)rm 990 (201	3) 2 MILLION	DOGS 2	2 MILES,	INC.	26-3780773	Page 6
Part VI	Governance, Ma	anagemen	t, and Disclo	sure For ea	ach "Yes" response to lines 2 through 7b b	elow, and for a "No"
	response to line 8	a, 8b, or 10t	below, descrit	be the circur	mstances, processes, or changes in Sched	ule O. See instructions.
	Check if Schedule	O contains	a response or	note to any	line in this Part VI	X
Section A.	Governing Body	and Mana	gement			

Enter the number of voting members of the governing body at the end of the tax year

Enter the number of voting members included in line 1a, above, who are independent

any other officer, director, trustee, or key employee?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

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

Yes No

2

3

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x

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5

1a

1b

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

Check in Schedule O contains a response of hote to any line in this Part Vi

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		-								
(A) Name and Title	(B) Average hours per week (list any hours for	bo off	(C) Position (do not check more box, unless person officer and a directo				an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 277000 11100)	organization and related organizations
(1) GINGER MORGAN		1		†						
	40.00							40 001		2 001
PRESIDENT/DIRECTOR (2) LORI LACY	0.00	X		X				48,881	0	2,901
(2) LORI LACI	10.00									
DIRECTOR	0.00	x						0	0	0
(3) KARYN VASQUEZ				1	1				······································	
DIRECTOR	10.00 0.00	x						o	0	0
(4) BUDDY BROCK		+	1	†	<u> </u>			Ľ		
()	10.00									
DIRECTOR	0.00	X		<u> </u>				0	0	0
(5) ERICH TRAPP										
	15.00									
SECRETARY/DIRECTOR	0.00	X		X	 			0	0	0
(6) JUDITHANN KOSKY	10.00									
DIRECTOR	0.00	x						0	0	0
(7)		1	1	1	<u> </u>					······································
(8)				†		1				· · · · · · · · · · · · · · · · · · ·
(9)										
(10)		1	†							
(11)				1	1					
						-deserved			1	- 000

For	n 990 (2013) 2 MILLION	N DOGS 2	M	LE	s,	I	NC	•	26-378	0773	Page 8
2	art VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	I Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe nd a d	rson i irecto	is both r/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)											
	· · · · · · · · · · · · · · · · · · ·			<u> </u>							
(13)											
(14)											
(15)											
	· · · · · · · · · · · · · · · · · · ·		ļ			ļ					
(16)											
(17)											
			ļ	<u> </u>	ļ		ļ				
(18)											
(19)											
1b	Sub-total		.			I		•	48,881		2,901
c d	Total from continuation she Total (add lines 1b and 1c)								48,881		2,901
2	Total number of individuals (ir	ncluding but not l	imite	ed to				abov			
	reportable compensation from										Yes No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sche	dule	J for	r suc	h ind	divid	ual			3 X
4	For any individual listed on lin organization and related organization	nizations greater	thar	י \$15	50,00)0? I	lf "Ye	es,"	complete Schedule J for su	ich	4 X
5	individual Did any person listed on line ' for services rendered to the o	la receive or acc	rue	com	pens	atio	n froi	m ai	ny unrelated organization of	r individual	5 X
Sec	tion B. Independent Contracto	ors									<u> </u>
1	Complete this table for your fi compensation from the organ	ization. Report c							ndar year ending with or with	nin the organization's tax ye	
	Name and	(A) business address							Descrip	(B) obtion of services	(C) Compensation
								1			
2	Total number of independent received more than \$100,000								ose listed above) who	0	

madaa		Check	If Schedule (O contai	ns a response	or note to any line			·····
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated car	npaions	1a			Tevende		012011
n an		Membership d		1b		1			
ĴĔ.		Fundraising ev		1c	5,098	3			
ii le		Related organ		1d		1			
s, E		Government grants		1e		1			
<u>es</u>		All other contribution				1			
<u>t</u> fat		and similar amounts not included above 1f							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributio	ns included in lines 1a-	-1f: \$		1			
a Co	h	Total. Add line	es 1a-1f			5,098			
Ine					Busn. Code				
ver	2a								
a l	b	•							
ŝ	С								
Sel	d								
Program Service Revenue	е								
5 2			am service reve						
			es 2a-2f					r	
	3		come (including	dividends,	interest,	17	17		
		and other simi				17	17		
	-	4 Income from investment of tax-exem			1				
	5	Royalties	(i) Real	<u></u>	(ii) Personal				
	6.	Cross rosts			(II) Personal	-			
						-			
	b c	Less: rental exps. Rental inc. or (loss)				-			
	-	Net rental inco	·····		•	1			
		Gross amount from	(i) Securities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ii) Other				
	sales of assets				·····	1			
	b	Less: cost or other			······	1			
		basis & sales exps.							
	с	Gain or (loss)				1			
	d	Net gain or (lo	ss)	<u></u>					
æ	8a		om fundraising eve	ents					
2		(not including \$	5,	098					
eve		of contributions	reported on line 1c).					
Other Reven		See Part IV, line	18	a	215,64				
th		Less: direct ex		b	27,07				
<u> </u>			(loss) from fund		ents 🕨	188,568			
	9a		om gaming activitie						
		See Part IV, line				4			
			(penses		·	-			
			(loss) from gam	nng activit	ies 🕨				
	10a		f inventory, less		7 01	1			
	Ŀ	returns and al		a b	7,01				
		Less: cost of g	loss) from sale	···		4,672	4,672		
	U		cellaneous Revenue	S OF HIVEI	Busn. Code	000700700000000000000000000000000000000			
	11a					2,694	•		2,694
	b	• • • • • • • • • • • • • • • •		• • • • • • • • • • • • •		1			_,
	c		•••••••						
	d		nue						
	е		es 11a-11d			2,694			
	12		. See instruction			201,049	4,689	0	2,694

Im 990 (2013) 2 MILLION DOGS 2 MILES, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX Х (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 90,000 90,000 organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 48,881 12,220 12,220 24,441 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 2,901 Other employee benefits 2,901 9 4,024 1,006 1,006 2,012 Payroll taxes 10 11 Fees for services (non-employees): a Management b Legal 4,225 4,225 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 23,175 2,041 3,386 17,748 12 Advertising and promotion 3,175 2,625 550 8,979 116 6,644 2,219 13 Office expenses 6,994 699 Information technology 6,295 14 15 Royalties 2,692 2,692 Occupancy 16 1,875 14,879 8,808 4,196 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,445 500 2,945 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 3,089 3,089 22 2,439 2,439 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,828 3,828 COGS а 876 TAXES 916 40 b С d e All other expenses 121,108 223,642 42,088 60,446 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and _| if fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

rm 990 (2013) 2 MILLION DOGS 2 MILES, INC. Part X Balance Sheet

<u></u>		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			103,132	1	81,161
	2	Savings and temporary cash investments			40,049	2	40,066
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •			4	
	5	Loans and other receivables from current and former of	fficers. dire	ectors.			
	-	trustees, key employees, and highest compensated er		,			
						5	
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		sponsoring organizations of section 501(c)(9) voluntary					
s		organizations (see instructions). Complete Part II of So		6			
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use			25,724	8	26,177
	9	Prepaid expenses and deferred charges			1,250	9	1,750
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	16,042			
	b	Less: accumulated depreciation	10b	5,401	12,229	10c	10,641
	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			14		
	15	Other assets. See Part IV, line 11		500		500	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		182,884	16	160,295
	17	Accounts payable and accrued expenses	381	17	385		
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
es	22	Loans and other payables to current and former office		5,			
Liabilities		trustees, key employees, highest compensated emplo					
iab.		disqualified persons. Complete Part II of Schedule L $_{\rm .}$				22	
-	23	Secured mortgages and notes payable to unrelated th		23			
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24				0.0	
		of Schedule D Total liabilities. Add lines 17 through 25			381	25	385
	26				201	26	
s		Organizations that follow SFAS 117 (ASC 958), che complete lines 27 through 29, and lines 33 and 34.	UK HELE 🏲	anu			
nce	27				182,503	27	159,910
ala	27				102/505	28	100,010
d B	20	Temporarily restricted net assets Permanently restricted net assets		29			
un'	23	Organizations that do not follow SFAS 117 (ASC 9)	(8) check	here ▶ 🗌 and			
٥		complete lines 30 through 34.					
Net Assets or Fund Balances	30	O substate de su transforminale en averant formela			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30	**************************************
SS	31	Paid-in or capital surplus, or land, building, or equipme				31	· · · · · · · · · · · · · · · · · · ·
et∧	32	Retained earnings, endowment, accumulated income,				32	· · · · · · · · · · · · · · · · · · ·
Ž	33				182,503		159,910
	34	Total liabilities and net assets/fund balances			182,884		160,295
						• • • • • •	Form 990 (2013

Form 990 (2013)

irm	990 (2013) 2 MILLION DOGS 2 MILES, INC. 26-3780773			Pag	je 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1)1,0	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		23,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		22,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		18	32,5	503
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	15	59,9	<u>}10</u>
Pa	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>	
			Constant Sector	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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				I
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	m 990	(2013)

Williams

CHI	EDUL	E A
(Form	990 oi	· 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2013
Open to Public
Inspection

OMB No. 1545-0047

	of the Treasury enue Service	► Informa	ation abo	ut Schedule A (Form 990 or 990	-EZ) and its	s instructi	 ons is at	www.irs	.gov/fo	rm990.	In	spect	tion
	e organization			GS 2 MILES, INC					Employ		ication number)r	
Part I	Reas	on for Public C	harity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	ruction	IS.		
	nization is not A church, con A school des A hospital or A medical res city, and state An organizati section 170(A federal, sta An organizati described in A community An organizati receipts from acquired by th An organizati purposes of c 509(a)(3). Ch a Type By checking to other than for or section 50 If the organizati	a private foundation nvention of churches cribed in section 17 a cooperative hospi search organization e: on operated for the b)(1)(A)(iv) . (Compl te, or local governm on that normally red section 170(b)(1)(A trust described in s on that normally red activities related to gross investment in the organization after on organized and op on organize	n becaus s, or ass 70(b)(1)(, ital servic operated benefit c lete Part nent or g ceives a s (vi). (Co section 1 ceives: (1 its exern necome ar yerated of perated of scribes th yer II at the org and othe	e it is: (For lines 1 through 11, ociation of churches described A)(ii). (Attach Schedule E.) ce organization described in se d in conjunction with a hospital of a college or university owned II.) overnmental unit described in support fr	check only in section action 170 described l or operat section 17 rom a gove t II.) poort from n exceptio ncome (lee). (Comple fety. See s perform t section 509 tion and co nally integr ctly or indii oported or	y one box n 170(b)(1) (b)(1)(A)(in section ed by a g r0(b)(1)(A ernmenta contributi ns, and (2 ss section section 5 the function 9(a)(1) or complete li rated ganization	.) i)(A)(i). iii). on 170(b overnme)(v). I unit or f ons, mei 2) no mo 511 tax .) 09(a)(4). nns of, or section nes 11e d [one or m ns descr)(1)(A)(i ental unit from the mbershi re than c) from b to carry 509(a)(2 through ore disq ibed in s	i). Ente descril genera o fees, 33 1/39 usiness out the). See 11h. = III–Nc ualified ection	er the ho bed in I public and gros 6 of its ses section persons	ospital's nar ss ss ionally integ s		
g	Since August	t 17, 2006, has the o	organiza	tion accepted any gift or contril	oution fron	n any of t	ne				• • • • • • • • • • • • • •		
9	following per		3										
			irectly or	ntrolo, oither clone or together	with nora	ana daga	ibod in (ii) and					
				ontrols, either alone or together	with perso		ibeu in (n) and			44	Ye	s No
	• •		•	supported organization?	• • • • • • • • • • •			· · · · · · · · · ·	•••••		11g		
		member of a perso				. <i>.</i>	<i>.</i>				<u>11g</u>	<u>,ii)</u>	
				described in (i) or (ii) above?							11g	(iii)	
	Provide the t e of supported ganization	following information (ii) EIN	<u>n about t</u> i	he supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li governing	organization isted in your document?	col. (i) sup	nization in of your port?		ion in col. zed in the S.?	(vii) Amou si	nt of mo upport	inetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B) 													
(C) 													
(D)													
(E)													

chedule A (Form 990 or 990-EZ) 2013 2 MILLION DOGS 2 MILES, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(

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.)

26-3780773

Page 2

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>	I	
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2013 (line 6	i, column (f) divide	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2012 Sch	edule A, Part II, lir	14			15	%
16a	33 1/3% support test—2013. If the organ						
	box and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶∟
b	33 1/3% support test-2012. If the organ				15 is 33 1/3% or m	ore,	
	check this box and stop here. The organi						▶∟
17a	10%-facts-and-circumstances test-207	 If the organizat 	ion did not check a	a box on line 13, 1	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test	, check this box a	nd stop here. Expl	ain in	
	Part IV how the organization meets the "fa	acts-and-circumsta	ances" test. The or	ganization qualifie	s as a publicly sup	ported	
	organization						▶∟
b	10%-facts-and-circumstances test-207	-					
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	eets the "facts-and	I-circumstances" te	est. The organizat	ion qualifies as a p	ublicly	. –
							▶∟
18	Private foundation. If the organization di						L [
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2013

chedule A (Form 990 or 990-EZ) 2013 2 MILLION DOGS 2 MILES, INC. Part III Support Schedule for Organizations Described in Section 509(a)

26-3780773

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		8,727	7,072	8,600	5,098	29,497
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		147,845	178,816	288,377	222,655	837,693
3	Gross receipts from activities that are not an unrelated trade or business under section 513				4,629	2,694	7,323
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		156,572	185,888	301,606	230,447	874,513
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						084 570
Sec	tion B. Total Support		1				874,513
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		156,572	185,888	301,606	230,447	874,513
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					17	17
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b					17	17
11	Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		156,572	185,888	301,606	230,464	874,530
14	First five years. If the Form 990 is for the	organization's firs					
	organization, check this box and stop her			<u></u>			> X
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8						%
<u>16</u>	Public support percentage from 2012 Sch					16	%
	tion D. Computation of Investme					47	0/
17	Investment income percentage for 2013 (I		111 Back 47				<u>%</u> %
18 19a	Investment income percentage from 2012 33 1/3% support tests—2013. If the orga			14 and line 15 is			70
190	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2012. If the orga						······ •
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization di	-	-				

Schedule A (Form 990 or 990-EZ) 2013

chedule A (Part IV	Form 990 or 990-EZ)	2013 2 MIL	LION DOG	SS 2 MIL	ES, INC.	26 rt II, line 10: Pa	5-3780773 irt II, line 17a or ⁻	Page 4
	Part III, line 12	. Also complete	this part for	any additiona	al information.	(See instructio	ns).	
• • • • • • • • • • • • • • • • • • • •								
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							••••••	

No.

	IEDULE D m 990)	Complete if the organiz	Financial Statements ation answered "Yes," to Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	ment of the Treasury		ch to Form 990.	15	Open to Public
	Revenue Service	Information about Schedule D (Form 9	90) and its instructions is at www.irs.g		
Name	of the organization			Employer in	dentification number
2	MILLION DOG	S 2 MILES, INC.		26-37	780773
·		tions Maintaining Donor Advised Fu	nds or Other Similar Funds or A		
8939933	Complete	if the organization answered "Yes" to F	orm 990, Part IV, line 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of	f year			
2	Aggregate contribution	ns to (during year)			
3		(during year)			
4		d of year			
5		form all donors and donor advisors in writing tha			
	funds are the organiza	tion's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization in	form all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purp	poses and not for the benefit of the donor or done	or advisor, or for any other purpose		1-4-96-644 (mmm)
	conferring impermissib	ble private benefit?		<u></u>	Yes No
Pa		ation Easements.			
	Complete	if the organization answered "Yes" to F	orm 990, Part IV, line 7.		*****
1	Purpose(s) of conservation	ation easements held by the organization (check	all that apply).		
	Preservation of lar	nd for public use (e.g., recreation or education)	Preservation of an historically im	portant lan	d area
	Protection of natur	ral habitat	Preservation of a certified historic	c structure	
	Preservation of op	en space			
2		ough 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
	easement on the last of				Held at the End of the Tax Year
а		ervation easements			
b	Total acreage restricte	ed by conservation easements		2b	
c	Number of conservation	on easements on a certified historic structure inc	luded in (a)	2c	
d		on easements included in (c) acquired after 8/17/			
	historic structure listed	I in the National Register		2d	······································
3	Number of conservation	on easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year 🕨				
4	Number of states when	re property subject to conservation easement is	located ►		
5	•	have a written policy regarding the periodic mon	• •		
		ement of the conservation easements it holds?			Yes No
6	Staff and volunteer ho	urs devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	ear	
	▶				
7		ncurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	▶\$				
8		on easement reported on line 2(d) above satisfy			
		4)(B)(ii)?			Yes No
9		now the organization reports conservation easem			
		clude, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes ti	16
De	rt III Organiza	ting for conservation easements. tions Maintaining Collections of Art,	Historical Trassuras or Other	Similar	Accote
		if the organization answered "Yes" to F		Similar	435615.
		cted, as permitted under SFAS 116 (ASC 958), r	*******	balance sh	eet
	-	treasures, or other similar assets held for public			
		e, in Part XIII, the text of the footnote to its financ			
b	•	cted, as permitted under SFAS 116 (ASC 958), t			
	-	treasures, or other similar assets held for public			
		the following amounts relating to these items:			
		d in Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in			•••••	\$
2		eived or held works of art, historical treasures, or	other similar assets for financial gain pro	ovide the	*
~		uired to be reported under SFAS 116 (ASC 958)			
а		Form 990, Part VIII, line 1		►	\$
		rm 990, Part X			\$ \$

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

DAA

	dule D (Form 990) 2013 2 MILLIO				26-37807		Page 2
	rt III Organizations Maintainin						s (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fo	llowing that a	re a significant us	e of its	
а	Public exhibition	d	Loan or exchange pr	ograms			
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's of	collections and explain	n how they further the	organization'	s exempt purpose	in Part	
	XIII.		·	-			
5	During the year, did the organization solicit	or receive donations	of art, historical treas	ures, or other	similar		
	assets to be sold to raise funds rather than	to be maintained as p	part of the organizatio	n's collection?	,		Yes No
Pa	rt IV Escrow and Custodial Ar		······································				Concert Andrew P
.699969900	Complete if the organizatio	•	" to Form 990, Pa	art IV, line 9	, or reported a	n amount	on Form
	990, Part X, line 21.				-		
1a	Is the organization an agent, trustee, custor		•				Yes No
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part XI	ll and complete the fo		• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • •	
D		n and complete the lo	nowing table.				Amount
_	De sincia a halanaa					10	Anount
	Beginning balance						
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance			• • • • • • • • • • • • • • • • • • • •		1f	
	Did the organization include an amount on						
*********	If "Yes," explain the arrangement in Part XII rt V Endowment Funds.	II. Uneck here if the e	xplanation has been	provided in Pa			·····
га	and a manage state.	n answered "Ves	" to Form 000 Pr	art IV line 1	0		
	Complete if the organizatio			T		nree years back	(e) Four years back
		(a) Current year	(b) Prior year	(c) Two yea		iree years back	(e) Four years back
	Beginning of year balance					· · · ·	
	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
	End of year balance						
	Provide the estimated percentage of the cu	irrent year end balanc	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment %						
с	Tomporarily restricted and sympost	%					
	The percentages in lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the poss	ession of the organization	ation that are held an	d administere	d for the		
	organization by:						Yes No
							3a(i)
	(1) I to I and the floor						0-(1)
b	If "Yes" to 3a(ii), are the related organizatio	ons listed as required of	on Schedule R?				3b
4	Describe in Part XIII the intended uses of the	he organization's end	owment funds.				
Pa	rt VI Land, Buildings, and Equ	uipment.					
	Complete if the organization	on answered "Yes	<u>" to Form 990, Pa</u>	art IV, line 1	1a. See Form	990, Par	t X, line 10.
	Description of property	(a) Cost or other	basis (b) Cost o	r other basis	(c) Accumulat		(d) Book value
		(investment)) (0	ther)	depreciatior		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment			16,042	5	,401	10,641
	Other						·····
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Pa	rt X, column (B), line	10(c).)		🕨	10,641

Schedule	D (Form	990) 2013

hedule D (F	orm 990) 2013 2 MILLION DOGS 2 MILES	, INC.	26-3780773	Page 3
Part VII	InvestmentsOther Securities.			
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line	11b. See Form 990, Part X, line	e 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	e
(1) Financial of	lerivatives			
	ld equity interests			
(3) Other				
(B)				
(D)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to Fo	orm 990 Part IV, line	11c See Form 990 Part X line	e 13
<u></u>	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				·····
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets. Complete if the organization answered "Yes" to Fe	orm 000 Part IV line	11d See Form 000 Part X lin	0 15
	(a) Description	Jiii 330, Fait IV, iii		Book value
(1)			(3)	
(2)				
(3)		······································		
(4)		****		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to Feline 25.	orm 990, Part IV, line	e 11e or 11f. See Form 990, Par	t X,
<u>1.</u>	(a) Description of liability	(b) Book value	4	
<u></u>	income taxes		4	
(2)			4	
(3)			4	
(4)			4	
(5)			4	
(6)				
(7)			1	
<u>(8)</u> (9)			1	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 2 MILLION DOGS 2 MILES, INC.	20	6-3780773	Page 4
100000	nt XI Reconciliation of Revenue per Audited Financial Staten		enue per Return.	
00090000	Complete if the organization answered "Yes" to Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u></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		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
1.464	rt XII Reconciliation of Expenses per Audited Financial State			
. 1963 (1963)	Complete if the organization answered "Yes" to Form 990, I			
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	
		2a		
a h	Donated services and use of facilities			
b	Prior year adjustments			
-	Other losses			
d				
-	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1	····		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>		
Pa	rt XIII Supplemental Information			
Pa Provi	state state <th< td=""><td>IV, lines 1b and 2b;</td><td>Part V, line 4; Part X, line</td><td></td></th<>	IV, lines 1b and 2b;	Part V, line 4; Part X, line	
Pa Provi	rt XIII Supplemental Information	IV, lines 1b and 2b;	Part V, line 4; Part X, line	
Pa Provi	state state <th< td=""><td>IV, lines 1b and 2b; e any additional info</td><td>Part V, line 4; Part X, line rmation.</td><td></td></th<>	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	
Pa Provi	Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	IV, lines 1b and 2b; e any additional info	Part V, line 4; Part X, line rmation.	

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hedule D (Fo	orm 990) 2013	2 MILLIO	N DOGS 2	MILES,	INC.	26-37	80773	Page 5
Part XIII	Supplement	al Information	n (continued))				
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CHEDULE G (Form 990 or 990-EZ)	Supplemental Inform Complete if the organ				raising or Gaming , Part IV, lines 17, 18, or 19, or			OMB No. 1545-0047
		zation entered more th Attach to For	an \$15,0	00 on	Form 990-EZ, line 6a.			2013
Department of the Treasury nternal Revenue Service	Information about Sch				instructions is at www.irs.go	v/form	1990.	Open to Public Inspection
Name of the organization 2	MILLION DOGS 2 M	ILES, INC	1 - •				Employer identificat	
Fundraisi	ng Activities. Complete if	the organization	on an		red "Yes" to Form 9	990,	Part IV, line	17.
Form 990-	EZ filers are not required t							
[]	ganization raised funds through a		Ŷ					
a Mail solicitations		j		-	ernment grants			
b Internet and email	solicitations		-		nent grants			
c Phone solicitations	i	g Special fur	ndraisi	ng ev	ents			
d In-person solicitatio	ons							
or key employees lister b If "Yes," list the ten hig	ave a written or oral agreement w d in Form 990, Part VII) or entity hest paid individuals or entities (f \$5,000 by the organization.	in connection with	profes ant to a	siona agree	al fundraising services?		raiser is to be	Yes No
			(iii) Di raiser) Amount paid to	(vi) Amount paid to
.,	address of individual y (fundraiser)	(ii) Activity	custo conti	dy or	(iv) Gross receipts from activity		or retained by) ndraiser listed in	(or retained by) organization
	· · · · · · · · · · · · · · · · · · ·			utions?			col. (i)	- 5
			Yes	No				
1								
			-					
2								
3								
4								
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5								
			-					
6								
7								
7								
		1						
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10								
fotal	the organization is registered or l	iconsod to colicit		ution	e or has been potified it	ie or	empt from	
registration or licensing		icensed to solicit t	JOHIND	ution	s of has been notified it	IS EX	lempt nom	
				••••				
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2 MILLION DOGS 2 MILES, INC.

26-3780773 Page 2

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

Revenue	1	Gross receipts	(a) Event #1 PUPPY UP! WALKS (event type) 197,222	(b) Event #2 <u>CALENDAR</u> (event type) 23,520	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c)) 220,742
-		Less: Contributions	5,098	23,520		5,098
		line 2) Cash prizes	172,121	23,520		213,014
ses		Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	25,212	1,864		27,076
	10	Direct expense summary.	Add lines 4 through 9 in column (btract line 10 from line 3, column (d)		27,076 188,568
P	art	III Gaming. Com	plete if the organization answer Form 990-EZ, line 6a.			ed more
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs				
		Other direct expenses Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	. Add lines 2 through 5 in column ((لا	►	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, cc	lumn (d)	▶	
а	ls t		e organization operates gaming act o operate gaming activities in each			Yes No
4.0					·····	
		ere any of the organization' Yes," explain:	s gaming licenses revoked, suspe	nded or terminated during the tax y	year?	Yes No
	•••				•••••••••••••••••••••••••••••••••••••••	
DAA					Schedule G (F	Form 990 or 990-EZ) 2013 23

he	edule G (Form 990 or 990-EZ) 2013 2 MILLION DOGS 2 MILES, INC. 26-378	30773	3	Pa	ge 3
11	Does the organization operate gaming activities with nonmembers?		· · · · ·	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			L	
	formed to administer charitable gaming?		Y	es 🗌	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name 🕨	•••••			
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			es 🗌	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the			es	
b	amount of gaming revenue retained by the third party \blacktriangleright \$				
~	If "Yes," enter name and address of the third party:				
C	in res, enter hame and address of the third party.				
	Name 🕨				
	Name	• • • • • • • • •	• • • • • •		
	Address ►				
	Address ►	• • • • • • • • •	• • • • • •		
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation > \$				
	Description of services provided >				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				_
	retain the state gaming license?		<u> </u>	/es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
13	spent in the organization's own exempt activities during the tax year 🕨 💲				
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a		and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide	e any			
	additional information (see instructions).				
	.,				

Schedule G (Form 990 or 990-EZ) 2013

Union

								. 🤍
SCHEDULE I (Form 990)		Governm	nents, a	ther Assistance and Individuals ion answered "Yes" t	in the United	States		OMB No. 1545-0047
Department of the Treasury				Attach to Form	990.			Open to Public
Internal Revenue Service	▶ I	nformation about	Schedule	I (Form 990) and its in	nstructions is at ww	w.irs.gov/form990		Inspection
Name of the organization 2	MILLION DOGS 2 M	TLES. TNC						nployer identification number 6 – 3 7 8 0 7 7 3
	nformation on Grants and		_			······································		<u> </u>
the selection criteria us	maintain records to substantiate the sed to award the grants or assistant	nce?		• • • • • • • • • • • • • • • • • • • •	eligibility for the grar	ts or assistance, ar	nd	Yes X No
Part II Grants ar	e organization's procedures for mo ad Other Assistance to Go are 21, for any recipient that	overnments an	d Organ	izations in the Un				vered "Yes" to Form 990,
1 (a) Name and ad	ddress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE ANIMAL MED 510 EAST 62ND	ICAL CENTER		a approable					EDUCATION
NEW YORK	<u>NY</u> 10062	13-5505367	501C3	70,000				
7 CAMBRIGE CEN								CANINE GENETICS
CAMBRIDGE	<u>MA</u> 02142	26-3428781	501C3	20,000				
(3)								
(4)					,,,			
(5)								
· · · · · · · · · · · · · · · · · · ·								
(6)								
(7)					·····			
(8)								
(9)								
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
	section 501(c)(3) and government other organizations listed in the line	- 1 tabla				•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • •
	Act Notice, see the Instructions			<u></u>				Schedule I (Form 990) (2013)

Schedule (Form 990) (2013) 2 MILLION DOGS 2 MILES, IN	chedule I (Form 990) (2013)	2	MILLION	DOGS	2	MILES,	IN
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	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					· · · · · · · · · · · · · · · · · · ·
art IV Supplemental Information. F	Provide the information re	L equired in Part I. line	2. Part III. column (b)), and any other additional i	nformation.
••••••••••••••••••••••••••••••••••••••					
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CHEDULE O orm 990 or 990-EZ)			ormation for respor Z or to provide any	eses to specific question additional information	ons on	OMB No. 1545-00 2013
partment of the Treasury ernal Revenue Service	► Information	م ● about Schedule O (Forn	Attach to Form 990 o n 990 or 990-EZ) and		vww.irs.gov/form990.	Open to Put Inspection
me of the organization	0 3/77 7 7 7				Employer identificati	
		ON DOGS 2 MIL	es, inc.		26-37807	73
FORM 990, 1	PART VI,	LINE 11B - 0	RGANIZATION	I'S PROCESS	TO REVIEW FO	ORM 990
THE PRESID	ENT WILL	REVIEW THE F	ORM 990 BEI	FORE FILING	AND THEN TH	E OTHER
DIRECTORS N	WILL REV	IEW AFTER FIL	ING.			
	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		
		·····				
FORM 990,	PART VI,	LINE 19 - GO	VERNING DOC	COMENTS DISC	LOSURE EXPL	ANATION
GOVERNING	DOCUMENT	S ARE MADE AV	AILABLE TO	THE PUBLIC	UPON REQUES	F .
. ,						
FORM 990, 1	PART IX,	LINE 11G - 0	THER FEES I	FOR SERVICES		
DESCRIPTIO	• • • • • • • • • • • • • • • • • • • •	······································				
DESCRIPTION		······	·····	·····		
•••••	PROGRAI	M SERVICE	MGT &	GENERAL	FUND	RAISING
BANK SERVI	CE CHARG	ES				
	\$	765	\$	0	\$	0
PUPPY UP F	EES					
	\$	0	\$	0	\$	405
	•••••••••		······		······	405
CONTRACT L	ABOR					
	\$	1,056	\$	880	\$	6,723
	D FEES					
CREDIT CAR		_	¢	759	Ś	10,620
CREDIT CAR	¢	0		132		10,020
	\$	0	······································			
CREDIT CAR	\$ Ees	0	······			
	\$ Ees \$	0	\$	474	\$	0
	\$		\$		\$	0
INTERNET F	\$ NSE	12		474	\$	0
INTERNET F	\$				\$	0
INTERNET F	\$ NSE	12		474	\$	0

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Federal Statements

Form 990, Pa	art IX, Line 11g -	Other Fees for Service	(Non-employee)

Description	E	Total Expenses		Program Service		Management & General		Fund Raising	
BANK SERVICE CHARGES	\$	765	\$	765	\$		\$		
PUPPY UP FEES		405						405	
CONTRACT LABOR		8,659		1,056		880		6,723	
CREDIT CARD FEES		11,379				759		10,620	
INTERNET FEES		486		12		474			
EVENT EXPENSE		1,481		208		1,273			
TOTAL	\$	23,175	\$	2,041	\$	3,386	\$	17,748	

.....