

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GOLDEN RETRIEVER RESCUE & ADOPTION OF NEEDY DOGS		D Employer identification number 61-1314499
	Doing business as		E Telephone number (866) 981-2251
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40206-0132		G Gross receipts \$ 539,803.
F Name and address of principal officer: NINA SCOTT SAME AS C ABOVE			H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: GRRAND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1996 M State of legal domicile: KY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SIGNIFICANTLY REDUCE THE NUMBER OF HOMELESS OR ABUSED GOLDEN RETRIEVERS (SEE SCHEDULE O)		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	120
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	292,729.	396,532.
	9 Program service revenue (Part VIII, line 2g)	73,134.	114,558.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,236.	9,837.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,836.	-37,252.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322,263.	483,675.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		540.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		406,982.	432,501.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	406,982.	432,501.	
19 Revenue less expenses. Subtract line 18 from line 12	-84,719.	51,174.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 741,527.	End of Year 793,321.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	741,527.	793,321.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer NINA SCOTT, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE N KOENIG	Preparer's signature CHRISTINE N KOENIG
	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Date
	Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187	Check if self-employed <input type="checkbox"/>
		PTIN P01022180
		Firm's EIN 61-1064249
		Phone no. (502) 426-9660

May the IRS discuss this return with the preparer shown above? See instructions Yes No

GOLDEN RETRIEVER RESCUE & ADOPTION OF
NEEDY DOGS

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
GOLDEN RETRIEVER RESCUE & ADOPTION OF NEEDY DOGS (GRRAND) SEEKS TO
SIGNIFICANTLY REDUCE THE NUMBER OF HOMELESS OR ABUSED GOLDEN
RETRIEVERS THROUGH VIGOROUS RESCUE, REHABILITATION, PLACEMENT, AND
EDUCATION PROGRAMS.

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 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? Yes No
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
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 413,800. including grants of \$ _____) (Revenue \$ 114,558.)
THE ORGANIZATION TAKES IN GOLDEN RETRIEVERS AND SOME GOLDEN MIXES.
THESE ANIMALS ARE GIVEN COMPLETE MEDICAL CARE AND ARE PLACED IN FOSTER
CARE UNTIL A SUITABLE PERMANENT HOME IS FOUND. GRRAND ALSO EDUCATES THE
PUBLIC CONCERNING THE GOLDEN RETRIEVER AND ITS NEEDS AND ATTRIBUTES AND
PROPER PET HEALTHCARE.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 413,800.

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