, 	• • • • • • • • • • • • • • • • • • •	Ех	cempt Organization				n	OMB No. 1545-0887		
rorm	JJU-1	For cale	and proxy tax) ndar year 2018 or other tax year begin		der section 6033(, 2018, and endle	••	,	2018		
	ment of the Treesury		► Go to www.irs.gow/Form990					Open to Public Inspection for		
Interna	Check best K	▶ Do	Name of organization (Open to Public Inspection for 501(c)(3) Organizations Only over Identification number		
^ _	Check box if address changed		Realite of Organization (Crieck b	OX II IME	ne changed and see instruction	•"		cyces' trust, see instructions.)		
B Exe	mpt under section	1	GIGI'S SHELTER FOR	DOGS	•	İ				
	501(C)(3_)	Print	Number, street, and room or suite no.				81-4	422755		
П	or						E Unrelated business activity code			
П	108(e)						(See i	nstructions.)		
	529(a)		City or town, state or province, countr	y, and 2	IP or foreign postal code	_				
	ok value of all assets and of year		COLUMBUS, OH 43231				9000	99		
	•		up exemption number (See instruct		· · · · · · · · · · · · · · · · · · ·	 				
			ck organization type X 501				401(a)			
			nization's unrelated trades or busine SS THROUGH ENTITY INV					y (or first) unrelated		
								re than one, describe the		
	st in the blank spa ade or business, th		end of the previous sentence;-co	прете	ransiano II, complete a·S	criedule M.TOF 68C	· accetic	K I&N		
			corporation a subsidiary in an affil	liated o	roup or a parent-subsidiary of	controlled group?		Yes X No		
			identifying number of the parent co		on. 🕨					
			LLIAM L. MOORHEAD			e number ▶ 614	1-898	-7200		
Par	t I Unrelated	Trade (or Business Income		(A) Income	(B) Expens	200	(C) Net		
1a	Gross receipts or	sales						. ,		
b	Less returns and allow	nces	c Balance ▶	1c			-	<u> </u>		
2	Cost of goods so	ld (Sched	ule A, line 7)	2						
3	•		2 from line 1c	3			-,			
4a			ttach Schedule D)	48						
b	• • • •		Part II, line 17) (attach Form 4797)	4b						
C			rusts	4c	-21,581.	ATCH 1		-21,581.		
5 6		•	r an S corporation (attach statement)		21,001.	ALCII I		1		
7	-	•	come (Schedule E)	7						
8			ints from a controlled organization (Schedule F					 		
9	-		1(c)(7), (9), or (17) organization (Schedule G)							
10	Exploited exempt	activity i	ncome (Schedule I)	10						
11	Advertising incom	ne (Sched	fule J)	11		·				
12			tions; attach schedule)	12						
13	Total. Combine li	nes 3 thr	ough 12	13	-21,581.		4	-21,581.		
Par			Taken Elsewhere (See inst				хсерт	tor contributions,		
			be directly connected with t				. 14	T		
14 15	Salaries and war	ee	directors, and trustees (Schedule K	· ·		 :	15	<u> </u>		
16	_									
17										
18			(see instructions)							
19							. 19			
20			See instructions for limitation rules)				. 20	<u></u>		
21	Depreciation (att	ach Form	on Schedule A and eligible on		21		_			
22	Less depreciation	n claimed	on Schedule A and electrical	èguint.	.)		221			
23	Depletion				(Ω.]			 		
24			compensation plant	281	9. 1 1 1			 		
25 26	Employee benefit		Sebest de IV		ואו		28			
26 27	Excess.exempt ex Excess-readership		chedule J)		7.		27			
28	Other deductions		ichedule)	170; 1			28			
29	Total deductions	. Add line	s 14 through 28				. 29			
30			de income before net operating					01 501		
31	Deduction for ne	t operatin	ig loss arising in tax years beginni	ng on d	or after January 1, 2018 (see	e instructions)				
32	Unrelated busine	es taxabl	e income. Subtract line 31 from line	e 30 .	<u> </u>		. 32	-21,581.		

Form	990-T (2018)			P	<u>age 2</u>
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		21,5	81.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions).	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34,	36	_	21,5	81.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			000.
38	Unrelated business taxable Income. Subtract line 37 from line 36. If line 37 is greater than line 36.				
50	enter the smaller of zero or line 36	38	_	21,5	81
Par	Tax Computation	30			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40		35			
40		40			
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tex (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions				
44_	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
_	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
b					
C	General business credit. Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
•	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8868 Other (attach schedule) ,	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments: A 2017 overpayment credited to 2018				
b	2018 estimated tax payments				
c	Tax deposited with Form 8868	.			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions)	. 1			
ř	Credit for small employer health insurance premiums (attach Form 8941) 50f	. 1			
a	Other credits, adjustments, and payments: Form 2439				
•	□ Form 4136 Other Total ▶ 50g	.]			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52			
53	Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
53 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55			
55 Par	Statements Regarding Certain Activities and Other Information (see instructions				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		uthority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma				
	Fincen Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
		. 2, 2,g		-	x :
	here		<u> </u>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	jn TUST?			
	If "Yes," see instructions for other forms the organization may have to file.			l	,
<u>58</u>	Enter the amount of tex-exempt interest received or accrued during the tax year > \$	est of my	knowledge (nd bell	ef. It is
O!-	Under penalties of polytry, I declare that I have examined this return, including accompanying schedules and statements, and to the brue, cornect, and competes. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sig		y the IR	S discuss	this r	etum
Hei			reparer sh		elow
	Organization of the Company of the C		PTIN		No
Paid	Ched		P0124	404E	5
_	DAMPET	mployed			
	Only Firm's name BDO USA, LLP Firm's name DDO USA, LLP Firm's name DDO USA, LLP	EIN F	13-538	1126	
	Firm's address ▶ 300 SPRUCE ST STE 100, COLUMBUS, OH 43215	LO OT	4-488-3	TZO	

Form **990-T** (2018)

Form 990-T (2018) Schedule A - Cost of Ge	ods Sold, F	nter metho	d of invento	ry valuation I				Page :		
1 Inventory at beginning of y		inter motine.				<u> </u>	6			
	Purchases					y at end of year				
3 Cost of labor					•	iter here and in				
4a Additional section 263A co							1, , 1			
(attach schedule)							with respect to Yes	No		
b Other costs (attach schedu	4h					or acquired fo	· · —			
5 Total. Add lines 1 through	4b - 5				•	•	. Idealdy apply	x		
Schedule C - Rent Income	From Real	Property a	nd Person	al Property	Leased V	Vith Real Prope	erty)			
(see instructions)							•			
Description of property										
1)			_							
(2)										
(3)										
(4)							.			
	2. Rent rec	eived or accru	ed	_	_	T				
(a) From personal property (if the		Т		personal property	/If the	3(a) Deductions	directly connected with the inco	me		
for personal property is more than 50%)	an 10% but not	percent	tage of rent for	personal property based on profit or	exceeds		2(a) and 2(b) (attach schedule)			
1)										
(2)										
(3)										
(4)										
Total		Total				(h) Total dadaos				
(c) Total income. Add totals of c	olumns 2(a) and	2(b). Enter				(b) Total deducti Enter here and c				
here and on page 1, Part I, line 6						Part I, line 6, colu	umn (B) 🕨			
Schedule E - Unrelated D	ebt-Financed	Income (s	ee instruction	ons)						
				ncome from or	3.1		onnected with or allocable to need property			
1. Description of del	ot-financed property			o debt-financed operty		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ad of or allo debt-finance (attach so	cable to id property	4 6	Column Iivided olumn 5		income reportable n 2 x column 6)	8. Aliocable deductions (column 6 x total of colum 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
		-				re and on page 1, ne 7, column (A).	Enter here and on page Part I, line 7, column (I			
Totals	included in									

Form **990-T** (2018)

Schedule F—Interest, Annu	, Ivyaluos			ntrolled Org						·	
Name of controlled organization	2. Employer identification number			ated income enstructions)	4. Total payme	of specif nts mad	included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	-										
(2)											
(3)											
(4) Nonexempt Controlled Organiz	- Aio ao	<u> </u>			<u> </u>			_		<u></u>	
Nonexempt Controlled Organiz	-			Patal ad an adic		10.	Part of column	9 that is	11	1. Deductions directly	
7. Taxable income	8. Net unrelated income (loss) (see instructions)			Total of specific syments made		included in the controlling organization's gross income			connected with income in column 10		
(1)											
(2)									-	· · - · · · · · · · · · · · · · · · · ·	
(3)											
(4)							id columns 5 a	-1 40		dd columns 6 and 11.	
Totals								ructions)	Pa	rt I, line 8, column (B). 5. Total deductions	
1. Description of income	2. Amount of	Income		directly cor (attach sch	nected			l-esides schedule)		and set-asides (col. 3 plus col. 4)	
(1)			+-								
(2)			╃—								
(3)			∔—								
(4)	Enter here and Part I, line 9, c	olumn (A).			· .	1				Enter here and on page (Part I, line 9, column (B)	
Schedule I-Exploited Exe	mpt Activity in	come, Oth	er Ih	an Advert	ısıng ir	come	(see instru	ctions)			
1. Description of exploited ectivity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelate business in	/ with n of id	4. Net incor from unrela or business 2 minus co if a gain, c cols. 5 thr	ted tradé (column lumn 3). ompute	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		_					•				
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	art I,			•				Enter here and on page 1, Part II, line 26.	
Totals	come (see instr	uctions)			-,4					<u> </u>	
Part I Income From Per			onsol	idated Ba	sis						
1. Name of periodical	2. Gross advertising income	es 3. Direct				5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)	 			 				1	-	1	
(2)				1							
(3)	1			1							
(4)				1						·	
Totals (carry to Part II, line (5))										Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						1
(2)						
(3)		· - ·				
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						_

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		- %	
1)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

CHENIERE ENERGY PARTNERS, L.P.

-21,581.

INCOME (LOSS) FROM PARTNERSHIPS

-21,581.