Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2014)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2014 calend	ar year, or tax year beginning 01/01 , 2014, and ending		12/31	, 20	14
В	Check if ap	oplicable:	C Name of organization	_		tification number	
	Address c	change	Rez Dawg Rescue Inc		46-1	1412023	
	Name cha	ange	E Telep	E Telephone number			
Н	Initial retu		PO Box 7567		505-	399-1654	
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exemp		
H	Amended Applicatio		Boulder, CO, 80306		nber 🕨		
_		ting Method:		Check I	▶ V if ti	he organization is	e not
	Website		.rezdawgrescue.org			h Schedule B	3 1100
			eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	•		EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other	(, , , , , , ,	,	, ,.	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	07	,644
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th		otions f		,044
	aiti		the organization used Schedule O to respond to any question in this Part			•	
	1		ons, gifts, grants, and similar amounts received		1		_
	2				2		,760
		_	ervice revenue including government fees and contracts		3	30,	,449
	3		ip dues and assessments		4		0
	4	Investmen			4		0
	5a		ount from sale of assets other than inventory	0			
	b		or other basis and sales expenses	0	_		_
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c		0
en	6	_	d fundraising events				
	а		ome from gaming (attach Schedule G if greater than	0			
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution	ons			
è			aising events reported on line 1) (attach Schedule G if the				
_		sum of suc	th gross income and contributions exceeds \$15,000) 6b	14,434			
	С	Less: direc	t expenses from gaming and fundraising events 6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract			
					6d	14	,434
	7a	Gross sale	s of inventory, less returns and allowances 7a	0			
	b		of goods sold	0			
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		0
	8		nue (describe in Schedule O)		8		1
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	87	,644
	10		I similar amounts paid (list in Schedule O)		10		0
	11		aid to or for members		11		0
ģ			ther compensation, and employee benefits		12		0
Expenses	13		al fees and other payments to independent contractors		13	5	,681
be	. 14		y, rent, utilities, and maintenance		14	- '	723
X	15		ublications, postage, and shipping		15		614
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		16		,205
	17		enses. Add lines 10 through 16		17		,223
	10		(deficit) for the year (Subtract line 17 from line 9)		18		, <u>421</u>
ets	19		for fund balances at beginning of year (from line 27, column (A)) (must agr			12,	1721
SS			r figure reported on prior year's return)		19	4	,044
Net Assets	20	_	nges in net assets or fund balances (explain in Schedule O)		20	0,	0
	21		or fund halances at end of year. Combine lines 18 through 20	· · ·	21	10	165

Form 990-EZ (2014)

Page 2

Pa	Balance Sneets (see the instructions to	,		David II		
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	6,044	22	16,631
23	Land and buildings				23	10,031
24	Other assets (describe in Schedule O)				24	1,834
25	Total assets			6,044	25	18,465
26	Total liabilities (describe in Schedule O)		<u></u> [0	26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		6,044	27	18,465
Par	t III Statement of Program Service Accom	•		•		_
	Check if the organization used Schedule		• •	Part III L	(Re	Expenses guired for section
	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			"	anizations; optional for ers.)
28	Numerous dogs and cats were rescued and rehomed					
29	(Grants \$ 0) If this amount				288	56,542
23						
	(Grants \$) If this amount	includes foreign gra		• П	298	1
30						
		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)	<u> </u>				
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	318	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key			•	nstru	ctions for Part IV)
	Check if the organization used Schedule	·	(c) Reportable	(d) Health benefits,	Τ.	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	1	Estimated amount of other compensation
	ela Cerci	50	()	0	0
	ident sa Kim	40	(0	0
Trea	surer					
Erin	Weller	30	(0	0
Secr	retary				+	
					+	
					+	
		1		1		

Form 990-EZ (2014)

Part '	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any simplificant activity and available year arted to the IDCO If "Vee " available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		_
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a			9-5542	2
	Located at ► PO Box 7567, Boulder, CO 80306 ZIP + 4 ►	80	306	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<i>'</i>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ ∟
140	Did the experiencian maintain any denote advised funds aluming the visual If "Ves." Farm 000 must be		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		~

Page 3

Form 99	U-EZ (20	J14)							Pa	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c						46		/
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations	only						or line	
		50 and 51. Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI		_		П
		Chicar in the organization accuracy	iodaio o to respond	to any quodion ii	r timo r art	• • • • •		Ť	Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during th		47		~
		organization a school as described in					_	48		~
		ne organization make any transfers to	-					l9a		~
50	Comp	s," was the related organization a se olete this table for the organization's oyees) who each received more than	five highest compen	sated employees (d	other than	officers, dire	ctors, tru			key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits, ions to employe ans, and deferre mpensation	e (e) Estir	mated		
None						<u>·</u>	1			
							+			
							1			
							+			
f 51	Comp	number of other employees paid over olete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	nt contrac	tors who ea	ch receiv	/ed	more	thar
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice		(c) Comper	nsatio	n	
None										
d 52	Did t	number of other independent contra the organization complete Schedu bleted Schedule A	=			s must atta	ch a . ▶ ✓ \	Yes	N	lo
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					knowledge	and	belief, i	t is
Sign		Signature of officer				Date				
Here		angela cerci, president Type or print name and title								
Paid	DWG	Print/Type preparer's name	Preparer's signature		Date	Check self-emp	if PT	īN		
Prepa Use (Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶				Phone no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			▶ □ '	Yes		lo

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Т

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		Rescue Inc						12023
Par		Reason for Public Char					<u> </u>	ns.
1 2 3	☐ A ☐ A ☐ A ☐ A	zation is not a private founda church, convention of church school described in section hospital or a cooperative hos medical research organization ospital's name, city, and state	nes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E.) ganization described i	ibed in se n section	ection 17 170(b)(1	0(b)(1)(A)(i). I)(A)(iii).	(iii). Enter the
5	☐ Aı	n organization operated for tection 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described ir
6 7	☐ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
	✓ Ar re	community trust described in n organization that normally ceipts from activities related apport from gross investme equired by the organization a	receives: (1) mod to its exempt nt income and	re than 331/3% of its functions—subject to unrelated business	support for certain taxable in	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
	☐ Ar	n organization organized and n organization organized and ne or more publicly supported e box in lines 11a through 110	operated exclusi d organizations d	vely for the benefit of, escribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	octions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Check
а		Type I . A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	•		• • • •	
b		Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	anization vested in th				
С		Type III functionally integra its supported organization(s)						y integrated with,
d		Type III non-functionally intendent is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		Check this box if the organiz functionally integrated, or Ty						I, Type III
f g		er the number of supported on the contraction of the following information of the contraction of the contrac		oorted organization(s).				
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docur	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

	(Complete only if you checked th				-	•	alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2011	(6) 2012	(d) 2010	(6) 2014	(i) Iotai
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.						
	on B. Total Support				T		
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	F04()(0)
13	First five years. If the Form 990 is for the						
Sooti	organization, check this box and stop her on C. Computation of Public Suppor	t Porcontag					
14	Public support percentage for 2014 (line 6			1 column (f))		14	%
15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch					15	
16a	331/3% support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	
b	331/3% support test—2013. If the organicheck this box and stop here. The organic					e 15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III 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.)

Secti	on A. Public Support			, , ,	1	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					36,760	36,760
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					36,449	36,449
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	0	0	0	0	73,209	73,209
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						73,209
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	73,209	73,209
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .					1	1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	1	1
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						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	_	_	_	_		
14	First five years. If the Form 990 is for the	0	0	0 d third fourth	0 or fifth toy ye	73,210	73,210
14	organization, check this box and stop he	J	•		•		. , . ,
Sacti	on C. Computation of Public Suppor			<u> </u>	· · · · ·		· · • •
15	Public support percentage for 2014 (line 8			3 column (f))		15	%
16	Public support percentage from 2013 Sch					16	
	on D. Computation of Investment In	come Percer	itage	<u> </u>			
17	Investment income percentage for 2014 (v line 13 colun	nn (f))	17	%
18	Investment income percentage from 2013		.,			18	
19a	33 ¹ / ₃ % support tests—2014. If the organ						
134	17 is not more than 331/3%, check this box						
b	33 ¹ / ₃ % support tests—2013. If the organiz	_	_	-		_	_
D	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di	_	_				_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
_	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
0	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9b		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).
a	The organization satisfied the Activities Test. Complete line 2 below.			-/-
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization is the parent of each of its supported organizations. Complete interes below.	ee ins	tructi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	0-		
h	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or the c			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	· ·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	Form 990 or 990-EZ) 2014 Pag	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** Rez Dawg Rescue Inc 46-1412023 Form 990-EZ, Part I, Line 8 - Bank account interest Form 990-EZ, Part II, Line 24 - Vehicle Purchase

Schedule O, Statement 1

Rez Dawg Rescue Inc Form: 990-EZ 46-1412023

Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Administration Expenses	11,602
Animal Care Expenses	41,536
Fundraising Expenses	4,100
Animal Transport Expenses	9,354
Volunteer Expenses	1,613
Total:	68,205

Schedule O, Statement 2Rez Dawg Rescue IncForm: 990-EZ46-1412023

Form: 990-EZ Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Rescue of dogs and cats from Indian Reservations primarily in New Mexico. This includes providing medical care, transporting to Colorado, housing with foster families, and finding permanent homes.