### EXTENDED TO NOVEMBER 16, 2015

990

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

	artment of th		<ul> <li>▶ Do not enter social security numbers on this form as</li> <li>▶ Information about Form 990 and its instructions is</li> </ul>	Secretary of the second	223-2300-7 CUTTS 000 s	Open to Public Inspection
Α	For the 2	014 calend	ar year, or tax year beginning and	ending		
В	Check if applicable:	C Name of	forganization		D Employer identific	ation number
	Address	CITY	DOGS RESCUE			
Г	Name change		usiness as	45-33	356528	
	Initial		E Telephone number			
F	Final		and street (or P.O. box if mail is not delivered to street address)  DECATUR PLACE, NW		67-7364	
	termin- ated  City or town, state or province, country, and ZIP or foreign postal code  G Gr					543,016.
	Amended		INGTON, DC 20008	H(a) Is this a group ret		
一	Applica-			Yes X No		
	pending	2121	nd address of principal officer:DAVE LIEDMAN DECATUR PLACE NW, UNIT #3, WASHING	H(b) Are all subordinates inc	luded? Yes No	
T	Tax-exen		X 501(c)(3)		1	ist. (see instructions)
J	Website:	▶ WWW	CITYDOGSRESCUEDC.ORG		H(c) Group exemption	number >
			X Corporation Trust Association Other ▶	L Year	of formation: 2011 M	State of legal domicile; DC
	art I	Summary				
- 0	1 Bi	riefly describ	be the organization's mission or most significant activities: $\overline{ ext{THE}}$	MISSIC	N OF CITY DO	GS RESCUE
Activities & Governance	I	S TO R	ESCUE DOGS FROM HIGH-KILL SHELTER	S FOR	ADOPTION.	
ř	2 C	heck this bo	x Implies if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š	3 N	umber of vo	ting members of the governing body (Part VI, line 1a)		3	3
<u>ن</u> د	4 N	umber of inc	dependent voting members of the governing body (Part VI, line 1b)		4	3
es	5 To		of individuals employed in calendar year 2014 (Part V, line 2a)			0
Ξ	6 To		of volunteers (estimate if necessary)			200
Act			d business revenue from Part VIII, column (C), line 12			0.
_	b N	et unrelated	business taxable income from Form 990-T, line 34	***********		0.
				<u> </u>	Prior Year	Current Year
enne	8 C		and grants (Part VIII, line 1h)		174,308.	299,568.
en	9 PI	rogram serv	ice revenue (Part VIII, line 2g)		145,613.	215,377.

Revenue 43. 373. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,030. 866. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 534,348. 320,830. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 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) 11,069. 8,668. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 253,904. 430,225. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 264,973. 438,893. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 55,857. 95,455. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 106,874. 206,762. 20 Total assets (Part X, line 16) 6,031. 10,464. 21 Total liabilities (Part X, line 26) Net/ 196,298. 100,843. Net assets or fund balances. Subtract line 21 from line 20 .

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  DAVE LIEDMAN, PRESIDEN Type or print name and title	VT	Date
Paid	Print/Type preparer's name ERIC C. JOHNSON, CPA	Preparer's signature	Date Check PTIN if self-employed P00652163
Preparer	Firm's name JOHNSON & ASSOCI		Firm's EIN 20-8053290
Use Only	Firm's address 917 WEST BROAD S		Phone no. 703-538-2394
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No

Par	t 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: THE MISSION OF CITY DOGS RESCUE IS TO RESCUE DOGS FROM HIGH-KILL AND
	OVERCROWDED SHELTERS AND ADOPT THEM TO LOVING, PERMANENT FAMILIES IN
	THE WASHINGTON, DC METROPOLITAN AREA. CITY DOGS RESCUE IS ABLE TO
	ACCOMPLISH THIS MISSION THROUGH ITS ADOPTION, FOSTER AND VOLUNTEER
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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 \$ 128,297 • including grants of \$ ) (Revenue \$ 78,260 • )
	ADOPTION PROGRAM: CITY DOGS RESCUE HAS A COMPREHENSIVE ADOPTION
	PROGRAM TO ENSURE THAT ITS DOGS ARE PLACED IN LOVING AND WELL-SUITED
	HOMES. THE ADOPTION PROGRAM CONSISTS OF AN ADOPTION APPLICATION, A
	REVIEW AND DISCUSSION WITH AN ADOPTION COUNSELOR, REFERENCE AND
	VETERINARIAN CHECKS, LANDLORD CONSENT, AND A HOME VISIT. IF THE
	APPLICANT IS APPROVED FOR ADOPTION, CITY DOGS RESCUE AND THE ADOPTER
	WILL ENTER INTO AN ADOPTION CONTRACT WITH SPECIFIC REQUIREMENTS TO
	ENSURE THE PROPER CARE OF THE ADOPTED DOG. THE ADOPTER WILL ALSO PAY
	AN ADOPTION FEE, WHICH HELPS TO PARTIALLY OFFSET THE COSTS OF
	SPAY/NEUTERING (AGE APPROPRIATE), MICRO-CHIPPING (AS AVAILABLE),
	VACCINATIONS, AND VETERINARY ATTENTION PROVIDED UNDER CITY DOGS
	RESCUE'S CARE.
4b	(Code:) (Expenses \$128,297. including grants of \$) (Revenue \$78,260.)
	FOSTER PROGRAM: CITY DOGS RESCUE HAS A THRIVING FOSTER PROGRAM THAT
	ENABLES THE ORGANIZATION TO RESCUE HUNDREDS OF DOGS EACH YEAR.
	INTERESTED FOSTER FAMILIES MUST COMPLETE AN APPLICATION AND A REVIEW
	PROCESS WITH CITY DOGS RESCUE'S FOSTER TEAM. WHILE CITY DOGS DAYCARE,
	A SEPARATE CORPORATION, DONATES FREE BOARDING TO MANY CITY DOGS RESCUE
	DOGS, MOST OF THE HOUSING IS PROVIDED THROUGH CARING AND DEDICATED
	FOSTER FAMILIES.
_	100 007
4c	(Code: ) (Expenses \$ 128,297. including grants of \$ ) (Revenue \$ 78,260.)  VOLUNTEER PROGRAM: CITY DOGS RESCUE HAS NO PAID EMPLOYEES AND RELIES
	ON VOLUNTEERS TO CONDUCT THE ORGANIZATION'S ACTIVITIES. VOLUNTEERS
	PROVIDE A WIDE ARRAY OF SERVICES, INCLUDING ANIMAL TRANSPORT, DOG
	HANDLING, INTAKE AND SHELTER COORDINATION, FUNDRAISING, MEDICAL CARE
	COORDINATION, AND SOCIAL MEDIA COORDINATION. CITY DOGS RESCUE ALSO HAS
	A VERY POPULAR DOG-WALKING PROGRAM WHERE SELECTED AND TRAINED
	VOLUNTEERS PROVIDE RESCUE DOGS WITH REGULAR WALKS THROUGHOUT THE CITY.
	THE DOGS WEAR "ADOPT ME" VESTS AND HAVE THE OPPORTUNITY TO MEET
	POTENTIAL ADOPTERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
40	Total program service expenses 384 . 891 .

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Form 990 (2014) CITY DOGS RE
Part IV Checklist of Required Schedules

the the organization described in section 501(a)(s) or 4947(a)(1) (other than a phrate foundation)?  If "Yes," complete Schedule B, Schedule G Contributor?  2 is the organization request in detect or indeet profiled campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(a)(3) organization. Did the organization engage in lobbying activities, or have a section 501(h) section in effect during the tax year? If "Yes," complete Schedule C, Part II  Section 501(a)(3) organization. Bit the organization engage is lobbying activities, or have a section 501(h) section in effect during the tax year? If "Yes," complete Schedule C, Part II  B the organization as section 501(a)(4), 501(a)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Severative 991-191" (**) organization that receives membership dues, assessments, or similar amounts as defined in Severative 991-191" (**) organization that receives the simple of the provide avoid to organization and interest on the service on the destruction or investment of amounts in such individes or accounts for which donors have the right to provide organization asserted. If "Res," complete Schedule D, Part II  D the organization receive or hold a conservation assertent, including assemble to preserve open space.  **The provide organization organization assertent, including assemble to preserve open space.  **The endought of the section of the sectio				Yes	No
2 is the organization required to complete Schedule S, Schedule of Contributors public directory interestination regoge in index or indirect prolitical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Saction 50 t(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  If the organization as action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Severus Procedure 9-817 if "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any smilar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain any donor advised funds or any smilar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain and collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain and part II "Inst 21, for escore or outstoid is account fishility, serve as a custodian for amounts in such titled in Part X, or provider certal countering, debt management, credit project, or debt negotiation services? If "Yes," complete Schedule D, Part II  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 107 if "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part X VII  Did the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part X VII  Did the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part	1	1,1,1			
3 Did the organization engage in direct or indirect political camouign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I activity that the second process of the complete schedule C, Part II activity that the second process of the complete schedule C, Part II is the organization ascending of process of the second process of the secon			1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(h) electrion in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(h) electrion in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(h) solicition of the year of the organization maintain any donor advised funds or any similar amounts as defined in Revenue Procedure 951(?) If "yes," complete Schedule C, Part II bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II bit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "yes," complete Schedule D, Part II bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II bit 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 oradit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV bit the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quale-indowments? If "Yes," complete Schedule D, Part VII bit the organization report an amount for investments - other securities in Part X, line 101 If "Yes," complete Schedule D, Part VII bit the organization report an amount for provide Schedule D, Part X, line 11 If the sample assets reported in Part X, line 161 If "Yes," complete Schedule D, Part X, bit Did the organization report an amount for investments - ordan related in Part X, line 12 If was, complete Schedule D, Part X, line 167 If "Yes," complete Schedule D, Part X, line 1	2		2		<u>X</u>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c	3		3		х
5 Is the organization a section 601(c)(6), 601(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Paevnue Procedure 98-191 / 1"ves, "complete Schedule C, Part II"  6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 IV II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for investments other securibles in Part X, line 107 If "Yes," complete Schedule D, Part V II II If the organization report an amount for investments other securibles in Part X, line 107 If "Yes," complete Schedule D, Part V II I	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  Provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment is such funds or accounts for which donors have the environment, historic land areas, or historic structures if Vies, complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in tisted in Part X, or provide oredit counseling, debt management, credit report, or debt negotiation services?  If Yes, "complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, proment endowments, or quasi-endowments? If "Yes, "complete Schedule D, Part V.  Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for organization report an amount for organization funds of lance is a set of the seasots in Part X, line 10? If "Yes," complete Schedule D, Part X III.  Did the organization report an amount for organization services organization report an amount for organization funds of lance is a steaments for the tax year? If "Yes," complete Schedule D, Part X			4		X
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The environment, historic land aconservation easement, including easements to preserve open space, the environment, historic land acase, or historic structures? If "Yes," complete Schedule D, Part III Schedule D, Part IV Schedule D, Part	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not Isted in Part X, for provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If "Yes," complete Schedule D, Part VI 11  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11  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 VII 11  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI 11  Did the organization report an amount for other lasely in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization slability for uncertain tax perfix A (SAC 740) If "Yes," complete Schedule D, Part X 11  Did the organization maintain an office, employees, or agents outside for the United		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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    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 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part SV    11 If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part SV    12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI    13 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 VII    Did the organization report an amount for other assets in Eart X, line 16 at 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI    Did the organization report an amount for other assets in Eart X, line 16 at 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI    Did the organization or a manunt for tother inabilities in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    Did the organization or submit in a part X in a 25? If "Yes," complete Schedule D, Part X    Did the organization or submit in a manunt for their liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    Did the organization asserted in a school described	7				
Schedule D, Part III  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 V  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  11 If the organization senser to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  b Ut the organization obtain separate, independent audited financial statements for the tax year? III  b Ut the organization maintain an office, employees, or agents curside of the United States?  b Did the organization maintain an office, employees, or agents curside of the United States?  b Did the organization report a part IX, column (IA), line 3, more than \$5,000 of grants or other assistance to or for foreign inviduales? If "Yes," complete Sche			7		X
9 Dit 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 V	8	-	8		х
B   Yes, *complete Schedule D, Part IV   10   10   10   10   10   10   10   1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
10 bit 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   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X. line 10? If "Yes," complete Schedule D, Part VI   11a X   11b VIII Willing the organization report an amount for investments - other securities in Part X. line 10? If "Yes," complete Schedule D, Part VII   11b VIII VIII VIII VIII VIII VIII VIII			9		x
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII  Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X  Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  Was the organization maintain an office, employees, or agents outside of the United States?  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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garne	10				
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  3 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  4 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  5 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  6 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  7 Did the organization 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 III  8 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X  12a Did the organization included in consolidated, independent audited financial statements for the tax year?  15 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X III and XII  15 Did the organization maintain an office, employees, or agents outside of the United States?  16 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 grants or other assistance to or for foreign individuals? If "Yes,"		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17	16		4.		y
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	47		16		<u> </u>
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complet		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or	18			,,	
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20b	19		19		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		20a		X
	b		20b		

# Form 990 (2014) CITY DOGS RESCUE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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? If "Yes," complete			l
	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 disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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		Α
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		x
	If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
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
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		35a		45
O	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		X
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 01	1	<del> </del>
50	Note. All Form 990 filers are required to complete Schedule O	38	X	
_	174547 W. F. STILL SAS MISTORINA CO TOMBINO COTTOGGO CO TOMBINO CO TOMBI	1 30	000	

Form 990 (2014) CITY DOGS RESCUE

Part 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	*********		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
	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 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<u> </u>
_	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 goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		-	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(004)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Charle if Cahadala Chardalas a secondo avanta to acultino in this Bost VII			X
500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			LAN
Sec	tion A. Governing Body and Management		Vaa	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 1		Yes	MO
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1-1-	
2		2	Х	
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision		-25	
3		3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	_	X
6	Did the organization have members or stockholders?	<b>-</b> 0		
7a		ا ۔ ا		х
	more members of the governing body?	7a		
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	77
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			١,,
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	availak	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X 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, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BARBARA BARB - 202-255-4102			
	750 1ST STREET, N.E., WASHINGTON, DC 20002			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key 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 no (A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	qs.			ited		organization	(W-2/1099-MISC)	from the
	related	nstee (	Institutional trustee		25	bensa		(W-2/1099-MISC)	-	organization
	organizations below	dual tr	tional		Key employee	st com	Ę			and related organizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	F			
(1) DARREN BINDER	20.00				1	V	X			
DIRECTOR / V.P. / TRUSTEE		X		X	Ч,	10/	1	0.	0.	0.
(2) DAVE LIEDMAN	20.00		-24							0
DIRECTOR / PRESIDENT	20.00	Х	4	X	`		7	0.	0.	0.
(3) MEREDITH RAIMONDI DIRECTOR / SECRETARY	20.00	x	4	x				0.	0.	0.
DIRECTOR / SECRETARY		_		A		1	_	0.	0.	0.
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raitv	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			_ (0	-			(D)	(E)			(F)	
	Name and title	Average	(do		Posi			one	Reportable	Reportable		Est	timate	d
		hours per			ss pe nd a di				compensation	compensation	1		ount o	of
		week (list any	_	T			П	<u> </u>	from	from related			other	
		hours for	firect				_		the organization	organizations (W-2/1099-MIS	111		oensat om the	
		related	9 0 0	tee			satec		(W-2/1099-MISC)	(00-2/1099-101130	"		anizati	
		organizations	truste	al frus		yee	шрег		(** =, *********************************		- 1	•	l relate	
		below	Individual trustee or director	nstitutional trustee		key employee	est co	<b>₽</b>			- 1	orga	nizatio	ns
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
-			Γ				П							
			_			L	_							
			1											
			Γ				Г				$\Box$			
-			$\vdash$				-				$\dashv$			
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				H	Н	Á								
			1	┝	H									
				1										
1b Su	ıb-total		535					▶	0.		0.			0.
	otal from continuation sheets to Part V								0.		0.			0.
d To	otal (add lines 1b and 1c)			ļ				▶	0.		0.			0.
2 To	otal number of individuals (including but r	not limited to the	nose	list	<b>ed</b> a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	Э			
	empensation from the organization		_	_			_						Yes	No
<b>3</b> Di	d the organization list any <b>former</b> officer	director or tr	uste	e ke	ev er	mple	ovec	or	highest compensated e	employee on	1		169	NO
	e 1a? If "Yes," complete Schedule J for s											3		Х
	or any individual listed on line 1a, is the s										*****			
	nd related organizations greater than \$15											4		X
	d any person listed on line 1a receive or													
	ndered to the organization? If "Yes," con	A755 20 V. 75A					•			******		5		Х
Section	n B. Independent Contractors													
	omplete this table for your five highest co e organization. Report compensation for	•									pens	ation f	rom	
	(A)	the odiendar	Cui	Cito	ing v	771217	01 1	1	(B)	your.		(0	;}	
	Name and business	s address	N	ON:	E				Description of	services		ompe		n
-			_											
,——										-				
	otal number of independent contractors	. 2	not I	imite	ed to	tho	ose I	isted	d above) who received r	nore than				
- 2	100,000 of compensation from the organ	ization	_	-	_	_	<u> </u>	_			_		222	

Form 990 (2014) CITY DO

		Check if Schedule O contains a response of	r note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
irar our	b	Membership dues 1b					
S, E		Fundraising events 1c	31,662.				
a ii		Related organizations 1d					
S,E		Government grants (contributions)					
Sign		All other contributions, gifts, grants, and					
hel	·		267,906.				
Ēδ		Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		299,568.			
		——————————————————————————————————————	Business Code				
စ္ပ	2 a	ADOPTION FEES [	900099	215,377.	215,377.		
اه څ	b						
용되							
e all	c						
Program Service Revenue	e			A			
<u>~</u>	f	All other program service revenue					
		Total. Add lines 2a-2f		215,377.			
	3	Investment income (including dividends, interes		-			
		other similar amounts)	<b>&gt;</b>	373.	373.		
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				- 4 4
	6 a	Gross rents	for your				
	l t						
	، ا	<b>5</b>					
	، ا	Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	l t	Less: cost or other basis					
		and sales expenses					
	(	Gain or (loss)					
		Net gain or (loss)					
ē		Gross income from fundraising events (not					
evenue		including \$31,662. of					
Re		contributions reported on line 1c). See	0.660				
Other R		Part IV, line 18 a	8,668.				
듇		b Less: direct expenses b	8,668.				
		Net income or (loss) from fundraising events		0.			
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19a					
		b Less: direct expenses b					
	۱ ۱	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances a					
		b Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
			Business Code	10 415	12 415		
	11 :	ONLINE STORE	900099	13,415.	13,415.		
		ANNUAL ALUMNI EVENT	900099	5,530.	5,530.		
	'	OTHER INCOME	900099	85.	85.		
		d All other revenue		19,030.			-
		e Total. Add lines 11a-11d		534,348.		0	. 0.
	12	Total revenue. See instructions.		774,240.	434,/00.	U	• 0 •

# Form 990 (2014) CITY DOGS RESCENSION Statement of Functional Expenses

3600	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	the control of the co	AND TO THE POST OF		X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		- A		
8	Pension plan accruals and contributions (include		Δ.		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		A STATE OF THE PARTY OF THE PAR		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	- 4			
b	Legal	10 240	2///	10 240	
С	Accounting	10,240.		10,240.	
d	Lobbying	8,668.			8,668.
e	Professional fundraising services. See Part IV, line 17	0,000.			0,000.
f	Investment management fees	40	9		
g	Other. (If line 11g amount exceeds 10% of line 25,	45.		45.	
40	column (A) amount, list line 11g expenses on Sch 0.)	=3.		40.	
12	Advertising and promotion	1,548.		1,008.	540.
13	Office expenses	3,499.		3,499.	340.
14	Information technology	5, 455.		3, 4001	
15	Royalties				
16 17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	128.		128.	
23	Insurance	2,665.		2,665.	
24	Other expenses. Itemize expenses not covered 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 0.)	285,634.	285,634.		
a		30,631.	30,631.		
b	DOG TRANSPORTATION DOG TRAINING	21,080.	21,080.		
C		20,123.	20,123.		
d	DOG FOOD & SUPPLIES	54,632.	27,423.		7,004.
	All other expenses SEE SCH O	438,893.	384,891.	37,790.	16,212.
25	Total functional expenses. Add lines 1 through 24e	430,033.	304,031.	31,130.	10,212.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here fit following SOP 98-2 (ASC 958-720)				
	11 Tollowing 30F 90-2 (A3C 938-720)		L		

Form 990 (2014)
Part X Balance Sheet

		Balance Sheet	o to ameli	no in this Bort V			
		Check if Schedule O contains a response or not	e to any ii	ne ii uiis Fan A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			104,914.	1	192,621.
		Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
		Accounts receivable, net			40.	4	0.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations				- 1-	
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	•	section 4958(f)(1)), persons described in section				- 1	
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)		6			
22262	-			7			
ž I		Notes and loans receivable, net		-			
`	8	Inventories for sale or use				8	11,255
1.	9	Prepaid expenses and deferred charges	·····			9	11,233
- 17	10a	Land, buildings, and equipment: cost or other		1 004			
	_	basis. Complete Part VI of Schedule D		1,094.	0		966
	b	Less: accumulated depreciation	10b		0.	10c	900
- 1	11	Investments - publicly traded securities		11			
- 1	12	Investments - other securities. See Part IV, line		12			
-   1	13	Investments - program-related. See Part IV, line	7	13			
- 11	14	Intangible assets	1 000	14	1 000		
- [11	15	Other assets. See Part IV, line 11	1,920.	15	1,920		
-	16	Total assets. Add lines 1 through 15 (must equ			106,874.	16	206,762
- 1 -	17	Accounts payable and accrued expenses		The state of the s	6,031.	17	10,464
- 1 -	18	Grants payable				18	
-   -	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
g   2	22	Loans and other payables to current and forme	r officers,	directors, trustees,			
		key employees, highest compensated employe	es, <b>and d</b> i	squalified persons.			
Liabilities		Complete Part II of Schedule L		***************************************		22	
¹  :	23	Secured mortgages and notes payable to unrel				23	
2	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
2	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on line	s 17-24). (	Complete Part X of			
		Schedule D				25	
: ا	26	Total liabilities. Add lines 17 through 25			6,031.	26	10,464
П		Organizations that follow SFAS 117 (ASC 95	3), check	here and			
8		complete lines 27 through 29, and lines 33 a	nd 34.				
ğ   :	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29					29	
Net Assets or Fund balances		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
g	30	Capital stock or trust principal, or current funds		0.	30	0	
	31	Paid-in or capital surplus, or land, building, or e			0.	31	0
: I	32	Retained earnings, endowment, accumulated in			100,843.	32	196,298
¥ I`	33	Total net assets or fund balances			100,843.	33	196,298
<u>-</u>  :							206,762

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2014) CITY DOGS RESCUE	45-33	56528	Pag	e 12
Pai	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		١,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	438		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100	8, (	43.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	196	5,2	98.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				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				
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:			- 4	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-		.,	
	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	ired audit			

Form **990** (2014)

# SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **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

		CITY	DOGS RESCU	UE				4 !	5-3356528		
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions	S			
The	organ	ization is not a private founda	ation because it is: (F	For lines 1 through 11, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
7											
		city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5		-		lege of university owner	o opera	ed by a go	Well lille lital t	illit describ	eu III		
_		section 170(b)(1)(A)(iv). (C				10/1 \/4\/4\/					
6	H	A federal, state, or local gov	•								
7	ш	An organization that normal	•	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (Co									
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)						
9	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contributio	ns, members	ship fees, a	nd gross receipts from		
		activities related to its exem							_		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	<b>s</b> ses acqu	ired by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Con	nplete Part III.)		,						
10		An organization organized a	and operated exclusi	ively to test for publi <b>c s</b> a	f <b>ety</b> . See :	section 50	9(a)(4).				
11		An organization organized a	and operated exclusi	ively for the benefi <b>t of</b> , to	perform t	the functio	ns of, or to ca	arry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2). S	See <b>section</b> &	<b>509(a)(3).</b> C	heck the box in		
		lines 11a through 11d that of	describes the type o	f supporting organization	n and com	plete lines	11e, 11f, an	d 11g.			
a		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s), 1	typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the direc	ctors or truste	es of the s	upporting		
		organization. You must c	omplete Part IV, Se	ections A and B.	1						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving		
		control or management of	f the supporting orga	anization ve <b>sted</b> in the s	ame perso	ons that co	ntrol or mana	ge the sup	ported		
		organization(s), You mus		201 (00)							
	, $\square$	Type III functionally inte		A 107	in connec	tion with, a	and functiona	lly integrate	ed with.		
		its supported organization	•					,			
	ı 🗆	Type III non-functionally						rted organi	zation(s)		
		that is not functionally int									
		requirement (see instructi									
•		Check this box if the orga	•	•				II Type III			
•	_	functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . , po			
4	Ent	er the number of supported o									
		vide the following information	_	od organization/e)							
3		(i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of	f monetary	(vi) Amount of		
		organization		(described on lines 1-9		in your document?	support	(see	other support (see		
				above or IRC section	Yes	No	Instruct	ions)	Instructions)		
_				(see instructions))	100						
_						<u> </u>					
_											
_						-					
-											
_											

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

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

Sec	tion A. Public Support				Hi - to	111	
Cale	ndar 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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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	ction B. Total Support				W.		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			W - W			
	securities loans, rents, royalties						
	and income from similar sources			19		p.	
9	Net income from unrelated business						
	activities, whether or not the	1					
	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	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	U		, ,	•	1 /1 /	. $\Box$
e <sub>o</sub>	organization, check this box and storection C. Computation of Publ	here	roontogo		***************************************		<u>-</u>
_	· · · · · · · · · · · · · · · · · · ·					Tarl	
	Public support percentage for 2014 (			1 17 1 100 200 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	<u>%</u>
	Public support percentage from 2013					15	<u>%</u>
162	33 1/3% support test - 2014. If the c	•				•	
	stop here. The organization qualifies 33 1/3% support test - 2013. If the o						
L	• • • • • • • • • • • • • • • • • • • •	•				•	
47-	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes	•					,
	and if the organization meets the "fact			-	•	-	
	meets the "facts-and-circumstances"						
į,	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the organization meets the facts-and-circ						
18	Private foundation, If the organization						
-10	Treate louridation, it the organization	and not oneon a	SON OF IME TO, TO	a, 100, 17a, 01 11			or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 CITY DOGS RESCUE 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.)

Sec	ction A. Public Support	ow, piease com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(0) 2012	(4) 2012	(a) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) iotai
,	membership fees received. (Do not						
	include any "unusual grants.")		16,893.	96,882.	313,200.	478 601	905,576.
_	55.104		10,000.	50,002.	313,200.	470,001.	303,3701
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				145,613.	215,377.	360,990.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				_		
-	furnished by a governmental unit to			A		l'	
	the organization without charge						
6	Total. Add lines 1 through 5		16,893.	96,882.	458,813.	693,978.	1266566.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				r.		0.
k	Amounts included on lines 2 and 3 received		- 4				-
	from other than disqualified persons that		1 4				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b			V 4			0.
	Public support (Subtract line 7c from line 6.)						1266566.
Se	ction B. Total Support			NI .			
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		16,893.	96,882.	458,813.	(e) 2014 693, 978.	1266566.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources				43.	373.	416.
k	Unrelated business taxable income						-
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				43.	373.	416.
	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				866.	19,030.	19,896.
12	assets (Explain in Part VI.)		16,893.	96,882.		713,381.	1286878.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•			-		
60	check this box and stop here ction C. Computation of Public		orcontago				PIA
_				(6)		45	0/
	Public support percentage for 2014 (lin		-	column (T))		15	<u>%</u>
_	Public support percentage from 2013					16	%
_	ction D. Computation of Inves					11	
	Investment income percentage for 201	•	•			17	%
	Investment income percentage from 2				1000011010101010101010101010	18	%
19	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box an	•	,				
1	o 33 1/3% support tests - 2013. If the	_					
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	า did not check ส	a box on line 14, 19	a, or 19b, check the	his box and see in:	structions	

## 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.)

	II Supporting Organizations	. All	Section A.
--	-----------------------------	-------	------------

sec	tion A. All Supporting Organizations		l v .	
	And all of the approximations are extend approximations listed by pages in the approximations are proving		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	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		
¢	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		
¢	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			
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
		6		
7	Part VI.  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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
Ŭ	If "Yes," complete Part I of Schedule L (Form 990).	8		
Q <sub>2</sub>	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	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		
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	30		
ט	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
_	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	30		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10-	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	90		
ıva	·			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	100		
	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

determine whether the organization had excess business holdings.)

Pai	rt IV   Supporting Organizations (continued)			
	2 2		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		
b	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		
Sec	tion 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. 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			
•	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		
Sec	ction 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 Instructions)			
a	The state of the Author Transfer to Committee to below	•		
b				
C		truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			1.55	1
а	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify			
	be an about the annual transfer of the about the area of the air average to the			
	those supported organizations and explain  now 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.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
L	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		
9		20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		3a		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> ,	Sa		
i.	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 yt the role played by the organization in this regard.	3b		
	of its supported organizations? If Tes, describe in PAR VI the fore played by the organization in this regard.	1 30		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970. <b>See instru</b>	ctions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	**
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):	A		
_	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):	-		
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functionally	-integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	S		
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	the organization is responsive	•	
	(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			
Secti	on 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				
	From 2013			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	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			
<del>_</del>	instructions).  Excess distributions carryover to 2015. Add lines 3j			-,
7	and 4c.			
8	Breakdown of line 7:			-4
-a				
<u>a</u>				
c				
$\overline{}$	Excess from 2013			
$\overline{}$	Excess from 2014			
	mnesse non Loui			

Schedule A (Form 990 or 990-EZ) 2014

chedule A	A (Form 990 or 990-EZ) 2014 CITY DOGS RESCUE 45-335	6528 Page
art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Part II, line 10; Part II, line 17a or 17b; and Part II, line 10; Par	rt III, line 12.
	Also complete this part for any additional information. (See instructions).	
	An and a second	
	4.7	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

CITY DOGS RESCUE

**Employer identification number** 45-3356528

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
	are the organization's property, subject to the organization's	*	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	ere on or or or or well		
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		<u> </u>
177	Preservation of land for public use (e.g., recreation or or		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Total contest taken bassment of the last
	ady of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired	And the second s	
-	listed in the National Register	The second secon	
3	Number of conservation easements modified, transferred, re		
	year >	2,540,541, 3,411, 1941, 51, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941, 1941	.0 0.9424.0 249 40 14
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		•
-	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		***************************************
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		· · · · · · · · · · · · · · · · · · ·
_	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservat		
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		o the organization o decounting for
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art. historical
~	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	paradicin, or recourse in randicines of p	able control, provide the fellowing amounts
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS		ga, p.:01/40
9		TTO (AGG 300) relating to these items.	\$
a h	Assets included in Form 990, Part X		
2	, tootto indiadod in roini ood, rait A		

Par	t III Organizations Maintaining C		t Hiet	rical Tr	pacilizae o	r Othe	ar Similar		ts/contin		ye Z
	Using the organization's acquisition, accession										
3		on, and other record	s, cneck	ariy or the	rollowing that	ı are a S	ignilicant us	SU IIS	COHECTION	ıııem	8
	(check all that apply):		П.								
a	Public exhibition	a			hange progra						
b											
С											
	Provide a description of the organization's co	•		-	-			se in Pai	t XIII.		
	During the year, did the organization solicit o							_	٦	r	1
	to be sold to raise funds rather than to be ma								_ Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	-	ete if the o	organizatio	n answered "	Yes" to	Form 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributior	ns or other as	sets not	included				_
	on Form 990, Part X?					**********			Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun		
С	Beginning balance	020000000000000000000000000000000000000					1c				
	Additions during the year							_			
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.			11.							
Par							10.				
-		(a) Current year		ior year	(c) Two year		(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance				-						
	Contributions										
č	Net investment earnings, gains, and losses		-9	107							
d	Grants or scholarships		-								
	Other expenditures for facilities	- 4		N.A.		-					
•		- 6		B .		- 1			1		
	and programs	- 1							1		
	Administrative expenses			7							
_	End of year balance Provide the estimated percentage of the cur	want was and baland	na (lina 1a	. aaluma (	a)) hold as	3					
2	· · · · · · · · · · · · · · · · · · ·	5000	e (iiiie ig	j, column (	a)) rieiu as.						
a	Board designated or quasi-endowment										
b	Permanent endowment	%	F								
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administe	ered for t	the organiza	ation	i		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					. 3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other (other)		ccumulated	d	( <b>d</b> ) Boo	k valu	ie
4.	Lond	_ <del>-</del>		54010	(54,151)	- 40	p. 00.41011	-			
	Land Pulldings	(1/17) P									
	Buildings										
	Leasehold improvements										_
	Equipment				1,094.		1.2	28.		q	66.
	Other		Y colum	n (R) line							66.
iota	. Add liftes ta tritough te. (Column (d) must e	guai i Oilli 330, Pall	N, COIUII.	ווו (ט), וווופ		********					

Schedule D (Form 990) 2014 CITY DOGS I	RESCUE		45-	3356528	Page
Part VII Investments - Other Securities.					- Maria
Complete if the organization answered "Yes	" to Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-	of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	1				
Complete if the organization answered "Yes	" to Form 990 Part IV Jir	e 11c. See Form 990	Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-	of-vear market	value
	<del>                                     </del>	<u> </u>			
(1) (2)					
(3)					
(4)		A COLOR			
(5)	- 4				
(6)					
(7)	-	4			
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		_			_
	II to Found 000 Doubliv lin	a 11d Soc Form 000	Dort V line 15		
Complete if the organization answered "Yes	Description	ie i id. See Form 990	, Part X, line 15.	(b) Book v	alua
	i) Description			(B) BOOK V	aluc
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)	124				
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	***************************************	<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes	s" to Form 990, Part IV, lii		rm 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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 X

(5) (6) (7) (8) Schedule D (Form 990) 2014 CITY DOGS RESCUE

Par	t XI Reconciliation of Revenue per Audited Financial Statements V	/ith Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	713,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
ь	Donated services and use of facilities	179,033.		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е		>1110011100111111111111111111111111111	2e	179,033.
3	Subtract line 2e from line 1		3	534,348.
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		. =,_1	
b	Other (Describe in Part XIII.)			
С			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	534,348.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	617,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	(g)	- 7	
а	Donated services and use of facilities	179,033.		
b	Prior year adjustments		-	
C	Other losses 2c			
d	Other (Describe in Part XIII.)	b.		
е	Add lines 2a through 2d	V	2e	179,033.
3	Subtract line 2e from line 1		3	438,893.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	W2		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	438,893.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and <b>9;</b> Part III, lines 1a and 4; Part IV, lines 2d and 4b, and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		4; Part X, I	line 2; Part XI,
PA	RT X, LINE 2:			

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2014 CITY DOGS RESCUE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS.

Schedule D (Form 990) 2014 CITY DOGS RESCUE	45-3356528	Page 5
Schedule D (Form 990) 2014 CITY DOGS RESCUE Part XIII   Supplemental Information (continued)		

# **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

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

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

45-3356528 CITY DOGS RESCUE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b [f "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

45-3356528 Page 2 Schedule G (Form 990 or 990-EZ) 2014 CITY DOGS RESCUE Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) 40,330. 40,330. Gross receipts 31,662 31,662. 2 Less: Contributions 8,668 8,668. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 8,668. 8,668. 7 Food and beverages 8 Entertainment 9 Other direct expenses 8,668. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	☐ No
b If "Yes," explain:		

Sch	edule G (Form 990 or 990-EZ) 2014 CITY DOGS RESCUE	<u>45-3</u>	<u> 35652</u>	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?		☐ Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	. □ No
40	to administer charitable gaming?		108	NO
			13a	20
	a The organization's facility	200000000000000000000000000000000000000	13b	<u>%</u> %
	o An outside facility		130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recorname	ds:		
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo			
		arit		
	of gaming revenue retained by the third party >\$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	s No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		. —	
١	NO 10AV NO C. 10 19 200 DV 1870 HER	III UI <del>C</del>		
D	organization's own exempt activities during the tax year > \$	5 d. 111. 12	0 01-	405 455
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I	art III, II	nes 9, 9b,	100, 150,
_	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
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Schedule G (Form 990 or 990-EZ) CITY DOGS RESCUE	45-3356528 Page 4
Schedule G (Form 990 or 990-EZ) CITY DOGS RESCUE  Part IV Supplemental Information (continued)	

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

► Attach to Form 990 or 990-EZ.

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

Inspection **Employer identification number** 45-3356528

OMB No. 1545-0047

Open to Public

Name of the organization CITY DOGS RESCUE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2:

OFFICER AND BOARD MEMBERS DAVID LIEDMAN AND DARREN BINDER ARE ENGAGED

FORM 990, PART VI, SECTION A, LINE 8B:

CITY DOG RESCUE DOES NOT HAVE ANY OFFICAL BOARD COMMITTEES

FORM 990, PART VI, SECTION B, LINE 11:

CITY DOGS RESCUE'S PRESIDENT, DAVE LIEDMAN, TREASURER, DARREN BINDER, AND SECRETARY MEREDITH RAIMONDI REVIEW ALL FORMS 990 AS THEY ARE RECIEVED FROM THE ACCOUNTANT.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH BOARD MEMBERS REVIEW AND UPDATE ANNUALLY. THE POLICY REQUIRES DISCLOSURE OF INTERESTS, RELATIONSHIPS AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO REQUIRED ON AN ONGOING BASIS TO DISCLOSE ANY INTERESTS IN AN ORGANIZATIONAL TRANSACTION OR DECISION WHICH WOULD AFFECT THEMSELVES, THEIR FAMILY MEMBERS, EMPLOYER OR ASSOCIATES, AND MAY NOT PARTICIPATE IN DISCUSSION OR VOTING ON SUCH MATTERS. STAFF ARE ALSO REQUIRED TO ADHERE TO THE CONFLICT OF INTEREST POLICY.

Name of the organization  CITY DOGS RESCUE		Employ 45	er ider -33!	ntification nur	nber
CITY DOGS RESCUE WILL PROVIDE COPIES OF PREVIOUS FORMS	99	0 то	ANY	MEMBER	OF
THE PUBLIC WHO TELEPHONES REQUESTING THE INFORMATION.					
FORM 990, PART VI, SECTION C, LINE 19:					
CITY DOGS RESCUE WILL PROVIDE COPIES OF PREVIOUS FORMS	99	0 <b>T</b> O	ANY	MEMBER	OF
THE PUBLIC WHO TELEPHONES REQUESTING THE INFORMATION.	_				—
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPE	ENSE	S:			_
RENT:					
PROGRAM SERVICE EXPENSES				15,5	61.
MANAGEMENT AND GENERAL EXPENSES				8	65.
FUNDRAISING EXPENSES				8	65.
TOTAL EXPENSES				17,2	91.
PAYPAL EXPENSES:					
PROGRAM SERVICE EXPENSES				4,1	09.
MANAGEMENT AND GENERAL EXPENSES					0.
FUNDRAISING EXPENSES				6,1	39.
TOTAL EXPENSES				10,2	48.
OFFICE ADMINISTRATION SERVICES:					
PROGRAM SERVICE EXPENSES					0.
MANAGEMENT AND GENERAL EXPENSES				9,3	96.
FUNDRAISING EXPENSES					0.
TOTAL EXPENSES				9,3	96.
AUDIT FEES:					
PROGRAM SERVICE EXPENSES					0 -
432212 08-27-14	Sche	dule O (F	orm 99	0 or 990-EZ)	(2014

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization  CITY DOGS RESCUE	Employer identification number 45-3356528
MANAGEMENT AND GENERAL EXPENSES	6,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,250.
	0,2300
ALUMNI EVENT:	
PROGRAM SERVICE EXPENSES	4,321.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,321.
SHELTER FEES:	
PROGRAM SERVICE EXPENSES	2,028.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,028.
DOG CRATES:	
PROGRAM SERVICE EXPENSES	1,404.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,404.
:	
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	0 •
MANAGEMENT AND GENERAL EXPENSES	1,261.
FUNDRAISING EXPENSES	0 •
TOTAL EXPENSES	1,261.

Schedule (	O (Form 990	or 990-EZ) (2014)										Page 2
Name of th	ne organizati	ON CITY D	OGS	RESCU	JE						Employer identifi 45-3356	cation number 528
TOTAL	EXPEN	SES										164.
TOTAL	OTHER	EXPENSES	ON	FORM	990,	PART	IX,	LINE	24E,	COL	A	54,632.
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2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction		128.	128.	128.					-						on Deduction
Current C Sec 179			0	0.											 ercial Revitalizati
Accumulated Depreciation			0	0											Je, Bonus, Comm
Basis For Depreciation		1,094.	1,094.	1,094.								Ī			* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis			0.	0	7										* ITC, S
Bus % Excl					4									i	
Unadjusted Cost Or Basis		1,094.	1,094.	1,094.											(D) - Asset disposed
Line No.		16				Ħ		¥		Г	Т				<b>7</b> (a)
Life		5.00										4	-		
Method															
Date Acquired		060414SL						E							
Description	MANAGEMENT AND GENERAL	MPUTER	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN	* GRAND TOTAL 990 PAGE 10 DEPR											
Asset No.															428102 05-01-14

Form 8868 (Rev. 1-2014)					Page 2						
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box		X						
Note. Only complete Part II if you have already been granted a											
• If you are filing for an Automatic 3-Month Extension, comp											
Part II Additional (Not Automatic) 3-Month			al (no co	nies neer	ded)						
Turking Traditional (Not Flatomato) & Month											
				The same of the sa	see instructions						
Type or Name of exempt organization or other filer, see ins	tructions.		Employer	identificatio	on number (EIN) or						
orint CITY DOGS RESCUE 45-3356528											
File by the CITY DOGS RESCUE											
due date for Number, street, and room or suite no. If a P.O. box	•		Social se	curity numb	er (SSN)						
return. See 2121 DECATUR PLACE, NW, NO	. UNIT	3									
instructions. City, town or post office, state, and ZIP code. For a	a foreign add	lress, see instructions.									
WASHINGTON, DC 20008											
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1						
	(	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********								
Application	Return	Application			Return						
Is For	Code	Is For			Code						
	01	13 1 01			Code						
Form 990 or Form 990-EZ		F 1011 A									
Form 990-BL	02	Form 1041-A			08						
Form 4720 (individual)	03	Form 4720 (other than individual)			09						
Form 990-PF	04	Form 5227			10						
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 990-T (trust other than above)	06	Form 8870			12						
STOP! Do not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a prev	iously file	d Form 886	68.						
BARBARA BARB		AC III									
• The books are in the care of ▶ 750 1ST STREE	T, N.E	WASHINGTON, DC	2000	2							
Telephone No. ► 202-255-4102		Fax No.									
If the organization does not have an office or place of busin	ess in <b>the</b> U	nited States, check this box			▶ □						
If this is for a Group Return, enter the organization's four dig					group, check this						
box ▶ . If it is for part of the group, check this box ▶	1000	ach a list with the names and EINs of									
4 I request an additional 3-month extension of time until		BER 15, 2015.									
5 For calendar year 2014, or other tax year beginning		, and ending	n .								
6 If the tax year entered in line 5 is for less than 12 months	check reas		Final r	eturn							
Change in accounting period	s, onoon rouc	initial rotalit		O.C.III							
7 State in detail why you need the extension	1										
CITY DOGS RESCUE IS CURRENTL	V IMDE	RECTNE A RECUIRED	תקדאת	_ <b>Р</b> ДВТУ	ייד מווא						
OF ITS 2014 FINANCIAL STATEM				990 I							
POSSIBLE UNTIL THE AUDIT IS											
				ESPECI	гоппт						
REQUESTS ADDITIONAL TIME TO	LIDE I	TS 2014 990 RETURN	•								
·											
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	'20, or 6069,	enter the tentative tax, less any			•						
nonrefundable credits. See instructions.			8a	\$	0 .						
b If this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter ar	y refundable credits and estimated									
tax payments made. Include any prior year overpayment	t allowed as	a credit and any amount paid									
previously with Form 8868.			8b	\$	0.						
C Balance due. Subtract line 8b from line 8a. Include your	r payment wi	th this form, if required, by using									
EFTPS (Electronic Federal Tax Payment System). See in			8c	\$	0.						
		st be completed for Part II o	only.								
Under penalties of perjury, I declare that I have examined this form, inc				f my knowled	lge and belief.						
it is true, correct, and complete, and that I am authorized to prepare thi	is form.	,		•	-						
Signature ▶ Title ▶	► PRESI	DENT	Date	<b>•</b>							
7.110											