Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Tressury Internal Revenue Service

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

For	the 20	013 calendar year, or tax year beginning and ending	D Employer identificat	ion number
	ck if loable:	C Name of organization	D Employer Identificat	IOII Hamoo.
	ddress hange	CITY DOGS RESCUE	45-33!	56528
	lame hange	Doing Business As		00020
	nitial eturn	Roomysule	E Telephone number	57-7364
1	Termin-	2121 DECATUR PLACE, NW DINII .		326,130.
	ted Amended		G Gross receipts \$	
	eturn Applica- Ilon	WASHINGTON, DC 20008	H(a) is this a group retu	Yes Y No
ا است	pending	Land address of principal officer DAVE LIEDMAN	for subordinates?	Yes X No
		2121 DECATUR PLACE NW, UNIT #3, WASHINGTON,	H(b) Are all subordinates inclu	ided? Tes 140
- To	v ovon	npt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 52		st. (see Instructions)
1 18	X-UXUII		H(c) Group exemption	number PC
J W	epsite	rganization: X Corporation Trust Association Other L Year	r of formation; 2011 M	State of legal domicie. DC
Par	411	Summary		OG PROCEE
1	1 B	Summary riefly describe the organization's mission or most significant activities: THE MISSI	OM OF CLITA DO	GS RESCUE
8				
Governance		if the organization discontinued its operations of disposed of the	IS CHAIL FORD OF HE	ets.
§				3 3
ŝ				0
94	- "	tatal number of individuals employed in calendar year 2013 (Part V, line 2a)		
<u>ş</u>		Tatal number of volunteers (estimate if necessary)		200
Activities &	6	Total number of volunteers (estimate in Part VIII, column (C), line 12	.,	0.
Ac	7a	Net unrelated business taxable income from Form 990-T, line 34		0.
-	b	Net unrelated business taxable income from	Prior real	Current Year
		Contributions and grants (Part VIII, line 1h)	76,896.	174,308.
e	8	Program service revenue (Part VIII, line 2g)	19,986.	145,613.
Revenue	9	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	43.
P. S.	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,064.	866.
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,946.	320,830.
-	12	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	13	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	14	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
S	15	Professional fundralsing fees (Part IX, column (A), line 11e)	234.	11,069.
Expenses	16a	Total fundraising expenses (Part IX, column (D), line 25) 15,841.	L Sp. Lat. W. Well	to the six specific that
នឹ	Ь	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	68,526.	253,904.
-		Total expenses. Add lines 18-17 (must equal Part IX, column (A), line 25)	68,760.	264,973.
		Revenue less expenses. Subtract line 18 from line 12	38,186.	
-	19	Hevenue less expenses. Subtast line to warming	Beginning of Current Year	End of Year
sets or		Total assets (Part X, Ilne 16)	46,646.	
SSS	翼 20	Total liabilities (Part X, line 26)	0.	
Net As	된 21	Net assets or fund balances. Subtract line 21 from line 20	46,646.	100,843.
	-art r	state of the state of this return including agreement increase the fulles and s	atements, and to the best of r	my knowledge and belief, it is
Ur	ider pei	nalties of perjury, I declare that I have examined this returned to the pre- ect, and complete. Declaration of preparer (other than officerals based dash insolution of which pre-	parer has any knowledge.	
tri	ne, corr	ect, and complete before and the state of the	The state of the s	15
_		Signature of officer	Date	
	ign	DAVE LIEDMAN, PRESIDENT		
Н	lere	Type or print name and title		PTIN
-		Print/Type preparer's name Preparer's stylature Preparer's stylature	Date 7114 Check	707.5%
n	ald	ERIC C. JOHNSON, CPA	1 Searcing	00 0050000
	aiu 'reparei	Firm's name JOHNSON & ASSOCIATES, CPAS, PC	Firm's EIN	20-8053290
	ise Only	A T THE AME DO DATE OF THE COLUMN SHOULD AND A SHOULD AND	22	
U	46 A111]	FALLS CHURCH, VA 22046	Phone no. 7	03-538-2394
7	Ame the	e IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
ī	viay tri	The discussion and leavestless		Form 990 (2013)

12

	Pa	ige 3
	Yes	No
	165	140
1	x	
2		X
		- 00
3		X
		2300
4		X_
5		X
6_		X
7		X
8		X
8		
	1	
9		X
9		
10	_	X
10	A Pak	1
8.13	1819	
	1	1
11a	a	X
11a		
11b	,	X
. 11b		
110	2	X
. 110		
110	d	X
		X
116		
111	f X	
11		
12	a X	
12		
12	b	X
12	3	X
		X
14		
14	ıb _	X
14		
1	5	X
-1		
_1	6	X
1		
	17	X
1	18	X.
	19	X
		X
2	Оь	
	1	18 19 20a

Part	IV Checklist of Required Schedules (continued)		Yes	No
14 (Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		2000	- 1
	- Port IV column (Δ) line 12 if "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
ו ממ	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IA,	- 1		
	Land Name OO IS INVOICE I composed Schedule I Parts Land III	22		X
20	Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	- 1		
	0.1-1-1-1	23	-	X
	Side the appreciation have a tay-exempt hand issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	0.1. 1.1. 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
þ	Did the organization invest any procesus of tax exempt believe by the argument of the year to defease by the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
¢	any tax-exempt bonds?	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Did the organization act as an "on benall of issue for bonds outstanding at any and serious section 501(c)(4) organizations, Did the organization engage in an excess benefit transaction with a			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excession of the organization of the organiza	25a		X
	disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b	1	X
	Schedule L, Part 1			
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 so,	26	1	X
	Little Calcadula I Dort II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	and the star or amplayed thereof, a grant selection committee member, or to a 35% controlled entity of fairling member.	27		X
	5 th Off "Von " complete Schedule L. Part III	477	44.0	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule 2, Factor	變	Ve.	
		288		X
я	to Visite Annaton or koy amployee? If "Yes " complete Schedule L, Edit IV	28t		X
b		ZOL	-	
	the state of former officer director trustee, or key employee (or a family member thereof	004		X
Ŭ	which is a street or indirect owner? If "Ves " complete Schedule L. Part IV	280		X
29	The state of the s	29	+	- 42
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consolvation	1	.	x
QU.	contributions? If "Yes," complete Schedule M	30	-	- 1
31	Did the organization liquidate, terminate, or dissolve and cease operations?		. 1	x
31	A De La Cabadula M. Part I	31	-	
20	Did the exceptation cell exchange dispose of, or transfer more than 25% of its net assets? If Tres, complete			V
32	D. L. dala M. De-Hill	32	-	X
	and the state of the state of the profit of the state of	١	. 1.	v
33	The state of the s	33	3	X
	to any tax-event or taxable entity? If "Yes," complete scriedule in, rare ii, iii, or reference	1	1	**
34		3		X
	controlled entity within the meaning of Section 5 (20)(13)?	35	ia _	X
35	and the transaction will a controlled critical and payment from or engage in any transaction will a controlled critical			
		35	5b	
	Did the organization make any transfers to an exempt non-chantable related organization.		_ //	1
36	the Oak adula D. Port V. line 2	3	6	X
	and the same that more than 5% of its activities through an entity that is not a related organization			
37	to the data and the state of th	3	7	X
	and provide explanations in Schedule U for Part VI, lines 1 to and 10.			
38	Note. All Form 990 filers are required to complete Schedule O	13		X
-	Note. All Form ago niers are required to complete consumption	F	orm 9	90 (20

	990 (2013) CITY DOGS RESCUE		45-33565	****		age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance					\Box
	Check if Schedule O contains a response or note to any line in this Part V			T	Yes	No
	A K A B B	1a	1 2			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable		0	T.S.	300	12.5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	enorts	able gaming	Shall	8	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	oporte	abio gairming	10	X	
	(gambling) winnings to prize winners?	Ϊ	1	50.0	7.1%	10
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	000	0	100	30	200
	au trader year anding with or within the year covered by this return	28		2b		
b	If all the standing reported on line 2a, did the organization file all required federal employment tax returns	ms C	and the second second	EN	Q	25,34
	at a state asymptotic and 2a is greater than 250, you may be required to e-file (see instruction	(5)		За		x
3a	noted the base uprolated business gross income of \$1,000 or more during the year resources.			3b		
	It is a like a like a form opport for this year? If "No." to line 3b, provide an explanation in Scriedure	90,	**********	SD		
4a	an interest in, or a signature or uniterest in, or a signature or uniterest	autin	office over a	4a		x
	At any time during the calendar year, did the organization had account, or other financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	48	7.597	
h	Is 10 (a.s. II a water the name of the foreign country)			텔용	000	111
	a but we take for filling regularments for Form TD F 90-22.1, Report of Foreign Bank and Filliancia	Acco	unts.	2000		x
5a	to the province a prohibited tay shelter transaction at any time during the tax years	*****	*********************	5a_		X
b	Did any tayable party notify the organization that it was or is a party to a pronibited tax sheller trains	saction		5b	-	-A
	and the expension file Form 8886.T?	*******	************************	5c	-	+
0	and did	(He Of	gariization solicit	١. ا	1	77
6a	the street ware not tay deductible as charitable contributions?	********	***********	6a	-	X
	any contributions that were not tax deduction as strained by the strained by the strained strained and strained by the strained st	utions	or gifts			
	were not tax deductible?			6b	112	-
					1	7.
7	and the state of the consument in excess of \$75 made partly as a contribution and partly for goods and	service	s provided to the payor?	7a	_	-
•	to the state of the department of the value of the doods of services provided in the	********		7b	X	-
1	mit it is a section soll exchange, or otherwise dispose of tangible personal property for which it	was i	oquirou		1	1
'	to file Form 8282?			7c	_	X
	to file Form 82827 d If "Yes," indicate the number of Forms 8282 filed during the year	. 70	d	100	推示等	34 120
	d If "Yes," indicate the number of Forms 2202 lifed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefits of	t cont	ract?	7e	1_	
	e Did the organization receive any lithus, directly of manuscry, to pay premiums, directly or indirectly, on a personal benefit co	ntract	?	71	_	
	I I I I I I I I I I I I I I I I I I I	TOHIL	OODO GO TO GOTTO			
	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations	nizatio	n file a Form 1098-C?	7h		
	h If the organization received a contribution of cars, poats, airplanes, or other vertices, are the organizations	. Did th	ne supporting	16.	- NO.	
8	h if the organization received a contribution of data, seation 509(a)(3) supporting organizations Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	at anv	time during the year?	В	1_	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		•	100	-	3
ç	Sponsoring organizations maintaining donor advised funds.			9a		
	a Did the organization make any taxable distributions under section 4966?			96	,	
	b Did the organization make a distribution to a donor, donor advisor, or related person?				2	
10	Section 501(c)(7) organizations, Enter:	1	0a	1		
	a Initiation fees and capital contributions included on Part VIII, line 12		Ob	100	#13	100 SV
	b Gross recelpts, included on Form 990, Part VIII, line 12, for public use of club facilities		00		y lov	
1	Section 501(c)(12) organizations. Enter:	4	1a	119		100
	Ower income from members or shareholders	-	Ia .	- 4	Ę, N	横线
	b Gross income from other sources (Do not net amounts due or pald to other sources against	· .	45	198		
	· · · · · · · · · · · · · · · · · · ·		1b	12		
1	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lied of F	OHHILI	J417	- 10	-	110
	h If "Yes." enter the amount of tax-exempt interest received or accrued during the year		2b	50.	381	18
1				11	3a	
	to the experiencies licensed to issue qualified health plans in more than one state?		.,		-	35 85
	New See the instructions for additional information the organization must report on Scriedule C			11.00		事系
	b. Enter the amount of reserves the organization is required to maintain by the states in which the	1	en.	Tr	138	377
	organization is licensed to issue qualified health plans		13b	- 1	1461	
	Enter the amount of reserves on hand		13c		40	×
	and the tax year?			Contract Con	4a	
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule	U	1. 1	4b	

Form 990 (2013) CITY DOGS RESCUE 45-3356528 Page 6
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.		i	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		. 1	10.
		1011	Yes	No
1я	Enter the number of voting members of the governing body at the end of the tax year1a3		3 4	
	If there are material differences in voting rights among members of the governing body, or if the governing	220	121	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule C.	Selfe.	25	
	The state of voting members included in line 1a, above, who are independent	377	15 .	34 33 A
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	17:15	100	
	41 U -ttt	2		<u>X</u> _
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1	. 4	
	as afficient directors, or trustees, or key employees to a management company or other person?	3	-	<u>X</u>
4	Did the expeniention make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the exemplantion have members or stockholders?	6		_X_
7a	Did the organization have members of desired to the power to elect or appoint one or			**
	mambara of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			22
D	they then the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	× -	F	
а	The governing body?	8a	X	
b	Fach committee with authority to act on behalf of the governing body?	8b	X	
9	le there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
_	averagination and mailing address? If "Yes," provide the names and addresses in Schedule U	9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	T
-		F	Yes	-
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	16 "Vee." did the organization have written policies and procedures governing the activities of such chapters, animates,	401	1	
	the set of angure 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 filling the form?	11a	Δ.	-
h	Describe in Schedule O the process, if any, used by the organization to review this Form 890.	40-	X	16745
12a	The second action have a written conflict of interest policy? If "No," go to line 13	12a	1	-
to	Wass officers directors or tructors and key employees required to disclose annually interests that could give his to connects:	12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe	100	X	1
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	मस्यूष्ट	4-1	1.00
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
	The organization's CEO. Executive Director, or top management official	_		X
1	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).	3, 11	Soft	4 7
16	 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 			х
	taxable entity during the year?	100	4	
	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	74.7		in mark
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	161	.	
_	exempt status with respect to such arrangements?	1.10		_
Se	ection C. Disclosure NONE NONE			
17	List the states with which a copy of this Form 990 is required to be filed NONE NONE NONE NONE NONE) avail	able	
18	List the states with which a copy of this Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only 100 MeV (100 MeV) (100			
	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)			
	Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	and fir	nancia	ı
19	Describe in Schedule O whether (and if so, now), the organization made its governing documents, common or made its governing documents, common or made its governing documents.			
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation	: > _	
20	State the name, physical address, and telephone number of the person who possessed the same and the person who person the person who person the person who person the person that the person t			
	BARBARA BARB - 202-255-4102			
-	750 1ST STREET, N.E., WASHINGTON, DC 20002	Fr	orm 99	90 (2013

				4- 0055500	
to Latera Viga	OTMV	DOGG	RESCUE	45-3356528	Page 7
Form 990 (20	013) CIII	מפטע	Tueston	- Koy Employees Highest Compensated	
Part VII	Compensation of Offi	cers, Di	rectors, trustee	s, Key Employees, Highest Compensated	
	Employees, and Indep				_

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.

	week	(do not check more than one box, unless person is both an officer and a director/flustee) from from					Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) DARREN BINDER	20.00							0.	0.	0.
IRECTOR / V.P. / TRUSTEE		X	-	X	_	-	_	0.		
2) DAVE LIEDMAN	20.00			1,7		1		0.	0.	0.
IRECTOR / PRESIDENT		X	-	X	-	-	-	ļ		
3) MEREDITH RAIMONDI	20.00	x		x				0.	0.	0
DIRECTOR / SECRETARY										
					-	-	-			
A 21 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			+							
		+		+	4		-			

Form 990 (2013)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 20,607 1c c Fundraising events d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 153,701 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$_ 174,308 h Total. Add lines 1a-1f ... Business Code 144,711 900099 144,711 2 a ADOPTION FEES Program Service Revenue 840. 900099 840. b ADOPTION FEES - DONATI 62. 62. 900099 c HARNESS FEE All other program service revenue 145,613. a Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 43. 43. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real Gross rents Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of assets other than Inventory b Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 20,607. of Including \$ contributions reported on line 1c). See 5,300 Part IV, line 18a 5,300. b Less: direct expenses _____ b c Net income or (loss) from fundralsing events 9 a Gross income from gaming activities, See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of Inventory, less returns and allowances b Less: cost of goods sold ______b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 401 401 11 a CAFEPRESS.COM COMMISSI 900099 900099 397 397. b OTHER INCOME 900099 68 68 PAYPAL COMMISSIONS All other revenue 866 e Total, Add lines 11a-11d 320,830. 146 Total revenue. See instructions. Form 990 (2013) Form 990 (2013) CITY DOGS RESCUE
Part IX | Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response	e or note to any line in the	his Part IX	<u></u>	
Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	Management and	Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total experiess	expenses	general expenses	expenses
1 1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			3-37 3	San Ben, No. 1940
	the United States. See Part IV, line 22				1000
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		1		
	United States. See Part IV, Ilnes 15 and 16				
	Benefits paid to or for members			3x 32/21 - 14	
5	Compensation of current officers, directors,		1	1	
	trustees, and key employees				
6	Compensation not included above, to disqualified		1	ijķ.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal		V	6,725.	
C	Accounting	6,725.		0,143.	
d	Lobbying		Sastrico, Carlo Med	Spirit Contacts	11,069.
e	Professional fundraising services. See Part IV, line 17	11,069.	MINE OF HARVESTAN	Silva Salabora	11,000.
f	Investment management fees				
g		4.00		120.	
_	column (A) amount, list line 11g expenses on Sch O.)	120.		120.	
12	Advertising and promotion				
13	Office expenses		0.025		315.
14	Information technology	3,150.	2,835.		<u> </u>
15	Royalties				
16	Occupancy				····
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				***
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affillates				7
22	Depreciation, depletion, and amortization		1 201	367.	
23	Insurance	1,658	1,291	- 307.	#### (Def. 1002) Em
24	Other expenses, Itemize expenses not covered			*	The Wilder
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				Service All The
	amount, list line 24e expenses on Schedule O.)	464 000	164 007		The state of the s
3	MEDICAL/BOARDING EXPENS	164,887			
	SHELTER TRANSPORTATION	22,791			2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
,	SUPPLIES FOR DOGS	18,103			
	d SHELTER FEES	13,323			4,457
	e All other expenses	23,147			
25	Total functional expenses. Add lines 1 through 24e	264,973	433,340	· / - 0 -	
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.		1		
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2013

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 104,914. 46,646. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 40. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 10c b Less; accumulated depreciation _______10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets _____ 14 1,920. 0. 15 Other assets, See Part IV, line 11 15 106,874. 46,646. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,031. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable _____ 18 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0 . 6,031 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 . 30 Capital stock or trust principal, or current funds 30 0. 0. 31 Paid in or capital surplus, or land, building, or equipment fund 31 100,843. 46,646. 32 Retained earnings, endowment, accumulated income, or other funds 32 100,843. 46,646. 33 Total net assets or fund balances 33 106,874. 46,646 Total liabilities and net assets/fund balances Form 990 (2013)

	CTTV DOGS RESCUE	45-33565	28	Page	12
Part	VI D illetion of Not Accets			Г	\neg
	Check if Schedule O contains a response or note to any line in this Part XI				
- HEE					٥.
1 T	Fotal revenue (must equal Part VIII, column (A), line 12)				
o T	Total expenses (must equal Part IX, column (A), line 25)			,85	
	Superior Sup			,64	
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4 (10.2	V.
5 1	Net unrealized gains (losses) on investments				
	Donated services and use of facilities				
יי ו	Investment expenses			,66	0.
	Dulay seried adjustments		-	-, 00	0.
_	Other shapes in not assets or fund balances (explain in Schedule O)	9			<u>v.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, line 33,	10	10	0,84	13.
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 Other changes in net assets or fund balances (explain in Schedule 0) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:					
Par	t XIII Financial Statements and Reporting		******		X
	Check If Schedule O contains a response of hote to any line in the displacement			Yes	No
	If the organization changed its method of accounting from a prior year or checked outlet, oxplain in some and the country oxplain accountant?	********	2a	東京	x
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or review. separate basis, consolidated basis, or both: Representation of the year were complied or review. Both consolidated and separate basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	x	
b	If "Yes," check a box below to Indicate whether the financial statements for the year were addited on a copa-	ate basis,		-48	
c	X Separate basis	the audit,	2c	X	
22	If the organization changed either its oversight process or selection process during the tax year, explain its	Single Audit	95	46	x
			Sa	+	
h	the required audit or audits? If the organization did not undergo the re-	9400	3b	1	
D	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1 XIII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis in Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Separate basis Consolidated basis Both consolidated and separate basis. Figure 1 to line 2 at 72b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required t			n 990	(2013

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete If the organization is a section 501(c)(3) organization or a section

upport 2013

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 45-3356528

CITY DOGS RESCUE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from \mathbf{x} activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Non-functionally integrated c Type III · Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) DId you notify the (vi) is the organization in col. (vii) Amount of monetary (ii) EIN (1) Name of supported n col. (i) listed in your organization in col. support (described on lines 1-9 (i) organized in the U.S.? organization (i) of your support? governing document? above or IRC section (see instructions)) No Yes Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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.)

ection A. Public Support		T			(-) 0012	(f) Total
lendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total
1 Gifts, grants, contributions, and	1				1	
membership fees received. (Do not	4					
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to	1				1	
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to			1	1		
the organization without charge						
4 Total. Add lines 1 through 3				357000 H 2 V 2 C 4 C	1 49 20 4 20 740 740	
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly		After Spirit	English Park Tork			
supported organization) included						
on line 1 that exceeds 2% of the	· 法国际 1000 1000 1000 1000 1000 1000 1000 10	Gallis deline. L	77 -d 40 30 793			
amount shown on line 11,						
			\$16.71WAR	The transfer and	41435	
column (f)	三维大型医验外 基	अव्यक्तिम्	Train Common S			
6 Public support. Subtract line 5 from line 4. Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	147.		1			
7 Amounts from line 4		and the same and t				
8 Gross income from interest,		T.		V	¥	
dividends, payments received on		ľ			1	0
securities loans, rents, royalties		1				
and income from similar sources						
9 Net income from unrelated business				1	1	
activities, whether or not the						
business is regularly carried on						
10 Other Income. Do not include gain	1	1	1			
or loss from the sale of capital	1	1				
assets (Explain in Part IV.)	12 THE STOP ST.	1.000				
11 Total support, Add lines 7 through 10	A Constant	otlone)	1		12	
12 Gross receipts from related activitie 13 First five years. If the Form 990 is:	s, etc. (see instruc	nio first speed th	aird fourth or fifth	tax vear as a sect	on 501(c)(3)	
13 First five years. If the Form 990 is organization, check this box and st	or the organizatio	ITS HIBL, SOCOTIO, II	110, 100111, 01			<u>></u> L
organization, check this box and st Section C. Computation of Pu	op nere	Percentage				
Section C. Computation of Fu	Mar C. salumo (f	divided by line 11	column (f))		14	
14 Public support percentage for 2013						
15 Public support percentage for 20 16a 33 1/3% support test - 2013. If the	12 Sonedule A, Pa	not oback the how	on line 13, and lit	ne 14 is 33 1/3% or	more, check this b	oox and
stop here. The organization qualifi b 33 1/3% support test - 2012. If the	es as a publicly su	pporteu organizat	n line 13 or 16a s	and line 15 is 33 1/3	3% or more, check	this box
and stop here. The organization q 17a 10% -facts-and-circumstances t	ualifies as a public	ersonization did at	ot check a hox on	line 13, 16a, or 16t	, and line 14 is 109	% or more,
17a 10% -facts-and-circumstances t	est - 2013, if the	organization did no	r this hay and eta	n here. Explain in f	Part IV how the org	anization
meets the "facts-and-circumstances" b 10% -facts-and-circumstances	test - 2012. If the	organization aid n	OF CHECK & DOV OU	and stan here Fyni	ain in Part IV how t	he
organization meets the "facts-and 18 Private foundation, if the organiz	ation did not chec	k a box on line 13,	108, 100, 178, OF	ITD, CHOOK WILL BY	hedule A (Form 9	

(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.)

Section A. Public Support	ow, picase comp	ioso i dis ilij	tona allo sur			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Glifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			16,893.	96,882.	313,200	. 426,975.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					145,613	. 145,613.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				12000		
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total, Add lines 1 through 5			16,893.	96,882.	458,813	. 572,588.
7a Amounts included on lines 1, 2, and 3 received from disqualifled persons				New Conjectory (11731)		0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)	state hearing	1942 860, 175,50	日 大学学 (京大学学)	sales to rest	120000000000000000000000000000000000000	572,588.
Section B. Total Support		1 "10040	(-) 0011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011 16,893.	96,882	458,813	
9 Amounts from line 6 10a Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10,055.	30,002	4:	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					4:	3. 43.
12 Other income. Do not include galn or loss from the sale of capital assets (Explain in Part IV.)					86	
13 Total support, (Add lines 9, 10c, 11, and 12.)	3100	1	16,893.	96,882		
14 First five years. If the Form 990 is fo						
check this box and stop here	V. 6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
Section C. Computation of Pub	iic Support Pe	ercentage	a aluma (6)		15	%
15 Public support percentage for 2013 16 Public support percentage from 201:	(line 8, column (f)	aividea by line 13	, coluinn (ij)		16	%
Section D. Computation of Inve	stment Incon	ne Percentac	e		1.10.1	
	013 (line 10c. colu	ımn (f) divided by	line 13, column (f))		17	%
19 Investment income percentage from	2012 Schedule A	. Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	e organization did	not check the bo	x on line 14, and line	e 15 is more than	33 1/3%, and I	ne 17 is not
more than 33 1/3%, check this box	and stop here. Th	ne organizatlon qu	ralifles as a publicly	supported organ	ization	
b 33 1/3% support tests - 2012. If the	e organization did	not check a box	on line 14 or line 19:	a, and line 16 is n	nore than 33 1/3	l%, and
line 18 is not more than 33 1/3%, ch	eck this box and	stop here. The o	rganization qualifies	as a publicly sup	ported organiza	tion
20 Private foundation. If the organization	on did not check	a box on line 14,	19a, or 19b, check t	his box and see i	nstructions	

	OTMY	DOGG	PECCIE	45-3356528	Page 4
chedule A	(Form 990 or 990-EZ) 2013 CTTT	Dunidat	RESCUE ne explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line	12.
Part IV	Supplemental information.	Provide u	mation (See Instructions)		
	Also complete this part for any add	tional into	matori. Ose mortuotismoji		
7					
411					
Win	- NII - 10				
		1,			
	- 110-1111				

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	····				
-					
	The state of the s				

SCHEDULE D

(Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 45-3356528 CIMY DOGS RESCUE

	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fun	ds or Accounts. Complete if the
Par	Urganizations infantialining bottor Advised	ಗ ಕಾಣಕ್ರಗಳ ಸಂಪ್ರಭಾವತಿಸಿ ಹಿಂದ	
	organization answered "Yes" to Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	The state of the s	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	ition that the assets held in donor ac	ivised funds
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writeria.	chapte logal control?	Yes No
	are the organization's property, subject to the organization's ex	dearn in writing that grant funds can	be used only
6	Did the organization inform all grantees, donors, and donor adv	dence adultor or for any other purpo	ose conferring
	for charitable purposes and not for the benefit of the donor or or	donor advisor, or for any other perpe	Yes No
	impermissible private benefit? Int II Conservation Easements. Complete if the organical content of the delicit	piration answered "Ves" to Form 99	0. Part IV, line 7.
Pa	rt II Conservation Easements. Complete if the orga	- (shook oil that apply)	
1	Purpose(s) of conservation easements held by the organization	Preservation of an	n historically important land area
	Preservation of land for public use (e.g., recreation or ed	Preservation of a	certified historic structure
	Protection of natural habitat	7 100017441011 01 2	
	Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	-d representation contribution in the fo	orm of a conservation easement on the last
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Year
ē	Total number of conservation easements		
t	Total number of conservation easements	at we had add in (a)	
	Number of conservation easements on a certified historic stru	# P. 17.700 and not on a historic st	ructure
(d Number of conservation easements on a certained material and Number of conservation easements included in (c) acquired a	inter 8/17/06, and not on a motorio st	2d
	listed In the National Register	and extinguished or terminated h	
3	listed In the National Register Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	year >		
4	Number of states where property subject to conservation eas	te dia manitarina inspection handlin	on of
5	Does the organization have a written policy regarding the per	logic montoning, mapocaeri, mananin	Yes No
	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easeme	nts during the year
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	and efficient conseniation easements d	luring the year > \$
7	Amount of expenses incurred in monitoring, inspecting, and	to patiefy the requirements of section	n 170(h)(4)(B)(i)
8	Amount of expenses incurred in monitoring, insposing and a Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of seems.	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	lon agreements in its revenue and exi	pense statement, and balance sheet, and
8	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	Alamin financial etatements that desc	ribes the organization's accounting for
	include, if applicable, the text of the footnote to the organiza	TION'S INIAITOIAI STATEMENT STATE STATE	The state of the s
	conservation easements. Part III Organizations Maintaining Collections of	of Art. Historical Treasures,	or Other Similar Assets.
		Guin Part IV. Ime 6.	1 / 11 / 12 / 12 / 12 / 12 / 12 / 12 /
-		CC (EQ) not to report in its revenue	statement and balance sheet works of art,
- 2	1a If the organization elected, as permitted under SFAS 116 (A) historical treasures, or other similar assets held for public ex	chibition, education, or research in fu	irtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (A		tement and balance sheet works of art, historical
	b If the organization elected, as permitted under SFAS 116 (A treasures, or other similar assets held for public exhibition, e	education or research in furtherance	of public service, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tr	pasures or other similar assets for fl	inancial gain, provide
	2 If the organization received or held works of art, historical tr	116 (ASC 958) relating to these item	ns;
	the following amounts required to be reported under SFAS		> \$
	a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		
	b Assets included in Form 990, Part X		LNIPARENCE (MARCHES CONTROL OF THE C

u a arr	le D (Form 990) 2013 CITY DOG	S RESCUE				4	5-335	6528	Page	2
	III - I II Malatalaine Co	Mostions of Art	, Historical T	reasures, or Ot	her S	Simila	r Assets	(continue	ed)	-
U	sing the organization's acquisition, accession	n, and other records	check any of th	e following that are	a signi	ficant u	se of its co	ollection it	ems	
	check all that apply):									
a Ì	Public exhibition	d		change programs						
b [Scholarly research	е	Other							
c l	the state of the proprietten's co	llections and explain	how they further	the organization's	exemp	t purpo	se in Part	XIII.		
		receive donations of	t art, mistoricai ii e	asures, or other sin	mar ac	,0010	-		Π.	
5 E	 All the control of the	intelled an nort of th	a arganization's	conection	THE OWNER OF THE OWNER, THE OWNER	**********		Yes		Vo_
	o be sold to raise funds rather than to be ma	gements. Complet	te if the organiza	tion answered "Yes	to Fo	rm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990. Par	t X. Ilne 21 a								_
4 - 1	the second trustee custodi	an or other intermedi	ary for contributi	ons or other assets	not in	cluded		1	г .	
1a	on Form 990, Part X?				00000000			Yes	السا	No
	on Form 990, Part X7 If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
b I	T "Yes," explain the allangement in Factoria	aria borriprovi	•					Amount		
						1c				
C	Beginning balance				e500010.100	1d				_
d .	Additions during the year			,		1e				
e	Distributions during the year					1f			Harayan La	
f	Ending balance		040		•••••		S. 40 S S S S S S S S S S S S S S S S S S	Yes		No
b	Did the organization include an amount of F If "Yes," explain the arrangement in Part XIII	. Check here if the ex	epianation has be	Form 000 Part IV I	ine 10	*********				
Par	t V Endowment Funds. Complete	if the organization ar	iswered res to	TOTAL SOO, T CALLY,				,	vears b	ack
		(a) Current year	(b) Prior year	(c) Two years be	ICK I	1) 111100	years back	10/100/	Jean D	
1a	Beginning of year balance									
	Contributions							-		
	Net investment earnings, gains, and losses				_				-	_
	Grants or scholarships									-
								1		
е	Other expenditures for facilities								-	_
	and programs									_
t	Administrative expenses									
g	End of year balance	Land holon	as (line 1a, colum	nn (al) held as:						
2	Provide the estimated percentage of the cu	irrent year end balan	ce (iiile 19, colaii	111 (4)) 11010 401						
а	Board designated or quasi-endowment	/								
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
		ould equal 100%			J. E., All		nization			
3a	Are there endowment funds not in the pos	session of the organi	zation that are h	eld and administere	a for tr	ie orga	IIZation		Yes	No
Ų.	The second secon							3a(i)	-	110
	(1) uprolated organizations									-
	7 . 45					*********	************			
	(ii) related organizations	ons listed as required	on Schedule R?					<u>3b</u>		-
D	Describe in Part XIII the intended uses of t	he organization's en	dowment funds.							- 11
100	+ W I and Buildings and Falling	ment.		1-3010						
PE	Complete if the organization answer	red "Yes" to Form 99	90. Part IV, line 1	1a. See Form 990, F	art X,	line 10.				_
		(a) Cost or	other (b)	Cost or other	(c) A	ccumul	ated	(d) Bo	ok valu	10
	Description of property	basis (inves		pasis (other)	de	preciati	on			
	and the second s			=	7 46	62.8				
	Land									
1	Buildings									
	Leasehold improvements					_				
	d Equipment				-					
	e Other	0000000 E		ii. 40(1)	11-20-5		•			(
-	1 4 (O-1) man (d) mill	et equal Form 990. Pi	art X, column (B),	Ime 10(c).)				ule D (Fo		

Complete if the organization answered Tes it	Form 990, Part IV, line	11b. See Form 990, Pa	an X, line 12.
Complete if the organization answered "Yes" to Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
A)			
3)			
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3)			
-1)			Y THE R. LEW YORK THE P. LEWIS CO., LANSING MICH.
L (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		18 MR NO 11 -	3.3 2 3
et VIII Investments - Program Related.			2 4 V E 12
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, F	aluation: Cost or end-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Vi	aldation. Cost of one of your marries
1)			trip.
2)			Hira
3)			
4)			
(5)			
(6)			A. I. W.
(7)			
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(9)			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CITY DOGS RESCUE	45-3356528 Page 5
Part XIII Supplemental Information (continued)	
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	The state of the s

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open To Public

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. OMB No. 1545-0047

Inspection Employer Identification number

CITY DOGS	RESCUE				45-3356	
Part I Fundraising Activities. Co	omplete if the organization a					illers are not
 Indicate whether the organization raised a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or ckey employees listed in Form 990, Part If "Yes," list the ten highest paid Individed compensated at least \$5,000 by the organization in the paid of the paid in the paid	e So f So g Sp oral agreement with any indiv VII) or entity in connection v duals or entitles (fundraisers)	licitation of the licitation o	on-go goverr ising e ling of	overnment grants ovents fficers, directors, trus undraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have o or con contrib	vbotau	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		_	-			1
			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			-			
			-			

Total			Þ	- ax bas bass notif	ied it is exempt from	registration
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to	solicit conti		ons of has been nour	led it is evenilet in even	
				### ### ### ### ### ### #### #########		
#				- Jan		
			-			
					- 10 TO	

45-3356528 Page 2 Schedule G (Form 990 or 990-EZ) 2013 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events NONE SPECIAL (add col. (a) through EVENTS col. (c)) (total number) (event type) (event type) 25,907. 25,907 1 Gross receipts 20,607. 20,607 2 Less: Contributions 5,300. 5,300 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 5,300. 5,300. 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,300. 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Revenue Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes % Yes Yes No 6 Volunteer labor 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 operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: ___ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: ___

DOGG DEGGLE	45-3356528 Page 3
Schedule G (Form 990 or 990-EZ) 2013 CITY DOGS RESCUE	
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
to the barrantees of againg activity operated in:	1
- The organization's facility	13a %
 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and re 	cords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount
of gaming revenue retained by the third party > \$	
c if "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gamlng manager information:	
Name	
Name	
Garning manager compensation > \$	
Description of services provided	
Description of services provides p	
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	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
Provide the evaluations required by Part I, line 20, columns (iii) and (v)	, and Part III, lines 9, 9b, 10b, 15b,
Supplemental information. Provide the oxplantation part to provide any additional information (see in 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see in	structions).
100, 10, 410 110, 50 5,	
	313 A 2410 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A
	- Harris - Co. Harris - Marie
	1 1 0 (Farm 000 or 000-E7) 201

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SCHEDULE O

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CTTY DOGS RESCUE Employer identification number 45-3356528

CITI DOGS KEDCOB
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: 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:
EXPLANATION: 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.
FORM 990, PART VI, SECTION C, LINE 18:
EXPLANATION: CITY DOGS RESCUE WILL PROVIDE COPIES OF PREVIOUS FORMS 990 TO
ANY MEMBER OF THE PUBLIC WHO TELEPHONES REQUESTING THE INFORMATION.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: CITY DOGS RESCUE WILL PROVIDE COPIES OF PREVIOUS FORMS 990 TO
ANY MEMBER OF THE PUBLIC WHO TELEPHONES REQUESTING THE INFORMATION. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (201

hedule O (Form 990 or 990-EZ) (2013)	Page Employer identification number
me of the organization CITY DOGS RESCUE	4E 22E6E20
KM 990, PHKI 211, ELLI	
PLANATION: AN AMOUNT OF -1660 ADJUSTMENT WAS E	
RIOR PERIOD ADJUSTMENT MADE DUE TO A CHANGE FRO	OM TAX BASIS TO GAAP
ASIS ON THE ORGANIZATION'S BOOKS.	
	Schedule O (Form 990 or 990-EZ) (

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