**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

Α	For the	2011 calendar year, or tax year beginning AUG 1, 2011 and ending	JUL 31, 2012	
В	Check if applicable:	C Name of organization	D Employer identific	cation number
	Address change	ROCKET DOG RESCUE INC		
	Name change	Doing Business As	80-00	000407
	Termin- ated	Number and street (or P.0. box if mail is not delivered to street address)  PO BOX 460826  Room/su		) 846-2023
	Amende- return	City or town, state or country, and ZIP + 4	G Gross receipts \$	109,862.
	Applica-	SAN FRANCISCO, CA 94146	H(a) Is this a group re	
	pending	F Name and address of principal officer:PALI BAUCHER	for affiliates?	Yes X No
		SEE ORGANIZATION'S ADDRESS	H(b) Are all affiliates incl	
1	Tax-exen			list. (see instructions)
		· ► WWW.ROCKETDOGRESCUE.ORG	H(c) Group exemption	
		The state of the s	ear of formation: 2001 M	
		Summary	car or formation. 2001 IV	Otate of legal doffilolie, CA
-	1 B	riefly describe the organization's mission or most significant activities: ROCKET Do	OG SAVES HOME	LESS OR
2		BANDONED ANIMALS FROM EUTHANASIA AND PLACES		
'n		heck this box if the organization discontinued its operations or disposed of m		
Activities & Governance			The second secon	_
တ္		umber of voting members of the governing body (Part VI, line 1a)  umber of independent voting members of the governing body (Part VI, line 1b)	3	6
•ජ ග	5 To	or independent voting members of the governing body (Part VI, Illne Tb)	4	6
ij	6 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
ξ	7 - T	otal number of volunteers (estimate if necessary)	6	0
Ă	/a I	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
-	DIN	et unrelated business taxable income from Form 990-T, line 34		0.
		and the stime and area to (Dark VIII III and I	Prior Year	Current Year
ne	8 C	ontributions and grants (Part VIII, line 1h)	52,850.	39,504.
Revenue		rogram service revenue (Part VIII, line 2g)	67,283.	17,157.
Re	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,269.	45,372.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,402.	102,033.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
쏬	b To	otal fundraising expenses (Part IX, column (D), line 25)	Charles and constant	
	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,020.	118,248.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	162,020.	118,248.
	19 R	evenue less expenses. Subtract line 18 from line 12	-38,618.	-16,215.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	<b>20</b> To	otal assets (Part X, line 16)	39,782.	19,526.
	<b>21</b> To	otal liabilities (Part X, line 26)	9,378.	5,337.
		et assets or fund balances. Subtract line 21 from line 20	30,404.	14,189.
_		Signature Block		
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	
Sig	n J	Signature of officer	Date	
Her	e )	PAUL GIGLIOTTI, TREASURER		
		Type or print name and title		
		Print/Type preparer's name	Date Check	PTIN
Paid		ACQUELYN L MINER (ACQUILLEM 7 / MINER	1/07/12 self-employe	P00138452
Pre	_	irm's name JACQUELYN LAVINE MINER, CFA	Firm's EIN	27-4667445
Use	Only F	irm's address 2811 CHERRY HILLS DRIVE		
_		DISCOVERY BAY, CA 94505	Phone no. 92	25-321-0661
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

		DOG_RESCUE_INC	80-000	407 Page 2
Pai	t III Statement of Program Ser	-		9
_		ponse to any question in this Part III		
1	Briefly describe the organization's mission			
	THE PLACEMENT OF RESC	CUED DOGS INTO ADOPTIVE	HOMES.	
	FOR THE SERVICE TO THE SECOND			
				City City City City City City City City
<u> </u>	Did the organization undertake any signif	icant program services during the year which	were not listed on	
•				Yes X No
	If "Yes," describe these new services on			TCS LZE NO
3		r make significant changes in how it conducts	any program services?	Yes X No
	If "Yes," describe these changes on Sche		, any programmes mose i management a	
ŀ	\III	ice accomplishments for each of its three larg	est program services, as measured by e	xpenses.
		ons and section 4947(a)(1) trusts are required		
		if any, for each program service reported.		
la	(Code:) (Expenses \$	82,418. including grants of \$	) (Revenue \$	17,157.
	ROCKET DOG IS DEDICAT	TED TO SAVING HOMELESS .	AND ABANDONED ANIMAL	
		OWDED BAY AREA SHELTERS		
	INTO TEMPORARY FOSTER	R HOMES WHERE THEY ARE		
	VACCINATED, AND TREAT	TED FOR ANY MEDICAL OR	BEHAVIORAL CONDITION	S PRIOR
		GANIZATION THEN ACTIVEL		
		ESE RESUED DOGS THROUGH		
		END ADOPTION FAIRS, AND		
	CAMPAIGNS. TO DATE (	OVER 4,000 DOGS HAVE BE	EN RESCUED.	
		v *	2 1 23 E S E E	
lb	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
	187			
	S			
łc	(Code: \(\( \)\( \)Evennes &	including grants of \$	1/-	
	(Code / (Expenses \$	including grants of \$	) (Revenue \$	
	2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7		TOTAL TO STATE	100
		- 12 Tab		
	32.00			
	10-11-11-11-11-11-11-11-11-11-11-11-11-1			
			the state of the s	
				A T
‡d	Other program services (Describe in Sche	edule O.)		
	4 1		) (Revenue \$	)

Form 990 (2011) ROCKET DOG R
Part IV Checklist of Required Schedules

		3	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	F 0	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			100
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	171	-	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	10	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		11	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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	9		X
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	10	30	X
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			3), 3=0   1
	as applicable.			
а	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	J		0.1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 +59	2.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- "	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
<b>L</b>	Schedule D, Parts XI, XII, and XIII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	401		₹.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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 I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	176		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	11	X
17	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	9	X
18	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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		72	2
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

Form 990 (2011) ROCKET DOG RESCUE INC
Part IV Checklist of Required Schedules (continued)

	( and the second	T	12.1	Г
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	30	Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-		- 22
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	2.2	1	
	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	20		
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10	72	
	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		$\vdash$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		_
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258	S.	^
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054	=_	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		X
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		v	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	X	_
21			-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱,,
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	Day Tool	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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	8- 7		l
00	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		10	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	100		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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
34	Was the organization related to any tax-exempt or taxable entity?	22	Λ.	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
		35a		X
35a	J	000		
<b>35a</b> b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	3		
	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	10 E	Х
	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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		)) (	х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2		)	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	<b>35</b> b		H
<b>36</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	<b>35</b> b		X
<b>36</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	35b		Х

Steet the number reported in 80 of Form 1096. Enter -0 if not applicable   1a   0   1a Enter the number of Forms W2G included in line 1a. Enter -0 if not applicable   1b   0   0 bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) with my service with the service of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) within service with the service of the service instructions) 1b if all least one is reported on line 2a, did the organization five all required to define enhancements. 2a D	Pai	Statements Regarding Other IRS Filings and Tax Compliance				
tale fine the number reported in Box 3 of Form 1096. Enter -0* in not applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V				
b. Enter the number of Forms W.2G included in line 1s. Enter 0-1 in capilicable on Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, line of the calendar year ending with or within the year covered by this return  3b. If at least one is reported on fine 2a, did the organization field and provide amployment tax returns?  3c. Did the organization have unrelated business gross income of \$1,000 or more outling the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more outling the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more outling the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more outling the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more outling they are stated are the fine of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial account)?  4c. 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 shark account, securities account, or other financial account)?  4c. Did the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5c. West the organization approach a party that was or is a party to a prohibited tax shelter transaction?  5c. Did the organization approach and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?  5c. Did the organization related a payment in excess of \$57 made party as combibition and party for goods and services provided to the payor?  5c. Did the organization related a paym	4.	Enter the number reported in Pay 3 of Form 1006. Enter 0, if not applicable	1-1	1250	Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statuments, fleef for the calendar year ending with or within the year covered by this return.  2b If all least one is reported on line 2d, did the organization file all required federal employment tax returns?  2b If all least one is reported on line 2d, did the organization file all required federal employment tax returns?  2c Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If Yes, *has it filed a Form 980-T for this year? If Yes, *provide an explanation in Schedule O  3d At any time during the calendary year, did the organization have an interest it, 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)?  3d At any time of the return demands of the foreign country: ►  3e If Yes, *the first the manner of the foreign country: ►  3e Ness the organization is for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  3e Was the organization of the foreign country (such sail a party to a prohibited tax sheller transaction?  3e Was the organization and prost scelepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  3e Does the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  4e To regularization and the such and the such services provided?  5e To require the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  5e To require the organization state and the organization and party for goods and services provided?  5e To require the organization received a contribution of causified intelligent prope				Designation of the contract of		
gambling) winnings to prize winners?  2a Enter the number of emologies reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5 if it least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b Mote. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  3a ID the organization have unrelated business gross income of \$1,000 or more during the year?  3a IX if If Yea, 1 has 1 filed a Form 990-71 for this year If 17%, *provide an explanation in Schedule O  3b If Yea, *I set is filed a Form 990-71 for this year If 17%, *provide an explanation in Schedule O  3b If Yea, *I set is filed a Form 990-71 for this year If 17%, *provide an explanation is chedule O  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 is a foreign ocuntry; when the name of the foreign country; when the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign ocuntry; when the calendar year, did the organization in the value of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, *indicate the organization file organization in the regular to the organization and the or						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendary sere anding with or within the year covered by this return.  b If al least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A any time during the calendary 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 A real time of the real may be for the torigan country.  5b If *Yes,* reter the name of the foreign country (such as a bank account, securities account, or other financial account?)  5c If Yes, * foreith the name of the foreign country (such as a bank account, securities account, or other financial account?)  5c If Yes, * foreith the analysis of the foreign country (such as a bank account, securities account, or other financial account?)  5c If Yes, * foreith the analysis of the foreign country (such as a bank account, securities account, or other financial account?)  5c If Yes, * foreith the analysis of the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * foreith the analysis of the organization final it is a party to a prohibited tax shelter transaction?  5c If Yes, * foreith the organization fine for missing section 170(c).  6c If Yes, * foreign section the analysis of the organization solicit any contributions that may receive deductible?  6c If Yes, * foreign section the analysis of the organization fine foreign section 170(c).  6c If Yes, * foreign section the analysis of the organization solicit any contribution and party for goods and services provided to the payor?  7c If Yes, * foreign section section and the section 170(c).  6d I	•			10	III SILII	100000
filed for the calendary year ending with or within the year covered by this return  b if at least one is reported on fire 22, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did If "Yea," has it filed a Form 997-for file year If "Yeo," provide an explanation in Schodule O  3b If "Yea," and it filed a Form 997-for file year If "Yeo," provide an explanation in Schodule O  3b If "Yea," enter the name of the foreign country; which as a bank account, securities account, or other financial accountry?  4a X X See instructions for filing requirements for Form TD F 02.21, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax ehelter transaction at any time during the tax year?  5b Did any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did by the progenization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c Did which the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 Did which the organization notify the donor of the value of the goods or services provided?  7 to Did the organization receive a symmetia excess of \$5 made party as a contribution and party for goods and services provided to the payor?  7 to Sid the organization receive a symmetia excess of \$5 made party as a contribution of quarty for prodes and services provided?  7 to Did the organization receive a symmetia to excess of \$5 made party as a contribution of quarty for which it was required to file Form 8282?  7 to Did the organization receive a symmetia was excess	2a		1.54 0 5.7		B.1943	300
b If a least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2s is greater than 250, you may be required to e-file (see instructions)  3a			2a 0			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more ulching the year?  4 At any time during the calendar year, did the organization have an interest in, or a signaruser or other authority over, a financial accountly?  4 a X at any time during the calendar year, did the organization have an interest in, or a signaruser or other authority over, a financial accountly?  4 a X X is a financial accountly over, a financial accountly over the fina	b				branch and	
3a						
b If "Yes," has it filled a Form 990-T for this year" If "No," provide an explanation in Schedule C 4a At any time during the calendary year, dit 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).  b If "Yes," enter the name of the foreign country.  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Unit "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax eductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a 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?  7c Vorganization freceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to file Form 8898 and to file Form 8898 are greated to file Form 8898 are required.  7c X  7d Did the organization calcived any funds, directly or indirectly, or a parsonal benefit contract?  7d Did the organization magnitude and contribution of custified intellectual property, did the organization file Form 899 are required.  8 Sponsoring organizations maintaining doors advised funds a	За			3a	1	X
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c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8 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?  8 Je "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  9 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organization file a Form 1098-C?  9 Did the organization make a distribution of a condition of the support of scale payment	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c X  d if "Yes," indicate the number of Forms 2282 filed during the year  1d if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f X  if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a donor advised funds.  a Did the organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9a b Did the organization make a distribution to a donor, donor advisor, or related person?  9b certion 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a b Caross income from members or shareholders  a Gross income from embers or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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 o						X
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  f Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Ba  b Did the organization make a distribution to a donor, donor advisor, or related person?  section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  f Gross income from members or shareholders  b Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  13b  14c  15c  15c  15c  15c  15c  15c  15c	4			7c	THE REAL PROPERTY.	X
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ROCKET DOG RESCUE INC 80-0000407 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. Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management							
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			- 4	6		
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b			. L = L	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p witl	h an	y other				
	officer, director, trustee, or key employee?					. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under th							
	of officers, directors, or trustees, or key employees to a management company or other person?					3	11	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	vas i	iled?		. 4	7	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	?			5		X
6	Did the organization have members or stockholders?						Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?	Virg				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					= 141		
	persons other than the governing body?					7b	. 1	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by	the f	ollowina	*	1600		10001
а	The governing body?					8a	X	Contract of
b	Each committee with authority to act on behalf of the governing body?					8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					OL	- 22	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	ovon.		ade l		9		<u> </u>
	the internal h	everi	ue C	oue.)	_^ =		V	N.
10a	Did the organization have local chapters, branches, or affiliates?					40	Yes	No X
h	If "Yes," did the organization have written policies and procedures governing the activities of such cl	honto				10:	1	_
_	and branches to ensure their operations are consistent with the organization's exempt purposes?					401	ı.	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iy bei	1010	ming ur	e lollill	11:	X	1237
	Did the organization have a written conflict of interest as It. O. K. Italy. II						37	1345
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					. 121	X	-
C								6
13	in Schedule O how this was done  Did the organization have a written whistleblower policy?						-	77
14								X
	Did the organization have a written document retention and destruction policy?					14	X	11
15	Did the process for determining compensation of the following persons include a review and approve		inde	pender	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					<b>491</b>	N DASH	
a	The organization's CEO, Executive Director, or top management official					. 15	1	X
b	Other officers or key employees of the organization					15		X
4	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 arranger							
5	taxable entity during the year?					16	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation				n	1,51		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizati	ion's			1110		
	exempt status with respect to such arrangements?			سيبين	<u></u>	. 161		
Sec	tion C. Disclosure			F 8	- 1		_1	
17	List the states with which a copy of this Form 990 is required to be filed ►CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	۲ (Sed	ction	501(c)	(3)s onl	y) availa	ıble	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	t of i	nterest	policy,	and fin	ancial	
	statements available to the public during the tax year.				W 10		5	
20	State the name, physical address, and telephone number of the person who possesses the books at	nd re	corc	is of the	e organ	zation:		
	PAUL GIGLIOTTI - (415) 846-2023							
132006	PO BOX 460826, SAN FRANCISCO, CA 94146	0.000	- 70	- 6		V	3	

01-23-12

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

Check if Schedule O contains a response to any question 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per week	box	not c	SS DE	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	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) ILLEANA MARTINEZ	<b>5</b> .00	-	5	ĸ.			uik.	to the street of		
BOARD MEMBER	5.00	X				-	1	0.	0.	0
(2) RAFAEL MARTINEZ BOARD MEMBER	5.00	x						0.	0	
(3) PALI BOUCHER	3.00	Α	3	(4)	$\vdash$			0.	0.	0
PRESIDENT	40.00		5	X		1		0.	0.	0
(4) LAURA BECK							72	_	0.	0
VICE PRESIDENT	5.00			x				0.	0.	0
(5) BEVERLY ULBRICH								. 1-6. 411	4,1 5,2	9 11
SECRETARY	5.00		_	X	Э.	RH		0.	0.	0
(6) PAUL GIGLIOTTI		*	- "		, ,	7 ti				×
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= 3 1			'n.			- 24 - 2 - 1				
			11 1 (8)	10						3
				11	20		1	-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		di e

132007 01-23-12

16021127 784016 ROCKETDOG

Form 990 (2011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	d e f		1c 1d ions) 1e ts, and ve 1f 1	39,504.	39,504.			
				Business Code				
Program Service Revenue	2 a b c d	PET RESCUE & AL		900099	17,157.	17,157.		
or o	е		A Residence	1 1 1 1				
<u>-</u>	f	All other program service reve			4.5.4.5.5		_0   -   11   -	2 3
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including			17,157.			
	3	other similar amounts)			- 4			
	4	Income from investment of ta				- 2, 165 - 7, 15		
	5	Royalties			18/18/18/18/18			
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	es, S					
	b	Less: rental expenses						
	С	Rental income or (loss)	11 0 80 2					
	d	Net rental income or (loss)			1. 1-21			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		- E				
	b	Less: cost or other basis	113					
	_	and sales expenses		-				
		Gain or (loss)						
enne		Net gain or (loss)  Gross income from fundraisin including \$	g events (not					
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a	7,829.				
		Net income or (loss) from fund	•		45,372.		or the second	45,372.
		Gross income from gaming ac Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less						
	IV a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code		TO BE STATE OF STREET		
ľ	11 a			8 1 2				
	b	1 2				- 14 % 7 1		-
	С			== D	* = =	0_0_=	2 - 17	
		All other revenue				- 17 m - 7		
11		Total. Add lines 11a-11d			4.00 (20.01)			
	e	Total revenue. See instructions.			102,033.			

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not Include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
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 the United States. See Part IV, line 22	175			
3 Grants and other assistance to governments,		HA H VV		
organizations, and individuals outside the				
United States, See Part IV, lines 15 and 16				
4 Benefits paid to or for members				ted on a "more re-
5 Compensation of current officers, directors, trustees, and key employees				
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	1			
B Pension plan accruals and contributions (include			e bes a n	
section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				6. 36. 1
O Payroll taxes				
1 Fees for services (non-employees):	Son. 11,741 C			
a Management	310			
b Legal			The second second	E .
c Accounting	5,140.		5,140.	
d Lobbying	2,140.		3,140.	
e Professional fundraising services. See Part IV, line 17			STORES OF THE RESERVE AND ASSESSED.	
f Investment management fees			A STATE OF THE STA	1 4
g Other	(A)			
2 Advertising and promotion	338.	8 8	338.	
3 Office expenses	810.		810.	
Information technology	010.		810.	<u> </u>
		M		
	11,051.		11 051	200 02 00 00 02
_	521.	1 1	11,051.	0.730.3
7 Travel	541.	1.50	521.	
for any federal, state, or local public officials			7,6,9,4	
	1,211.		1 011	1/4
	244.		1,211.	
	444.		244.	
Payments to affiliates	2,123.		0 100	
			2,123.	70
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.)	6,183.		6,183.	
a VETERINARIAN	45,708.	45,708.		× 5, 74
b ANIMAL SUPPLIES	13,934.	13,934.		
c BOARDING	8,750.	8,750.		
d DOG TRANSPORTATION	5,794.	5,794.		NO. I THE PART
e All other expenses SEE SCH O	16,441.	8,232.	8,209.	
5 Total functional expenses. Add lines 1 through 24e	118,248.	82,418.	35,830.	A CHART
Joint costs. Complete this line only if the organization	344	0272201	23,030.	
reported in column (B) joint costs from a combined	2 2			
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet	

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	34,801.	11	16,668
2	Savings and temporary cash investments	7 7 7 1	2	_ = N _ = = 2,
3	Pledges and grants receivable, net		3	The state of the s
4	Accounts receivable, net		4	The state of the s
5	Receivables from current and former officers, directors, trustees, key		DATE TO	
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	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			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	PRINCE NO.	8	
9	Prepaid expenses and deferred charges		9	21-7
10a	Land, buildings, and equipment: cost or other			16 3 3 7
	basis. Complete Part VI of Schedule D 10a 21,969.			
		4,981.	10c	2,858
11	Investments · publicly traded securities	2 1 2 22 2	11	27030
12	Investments - other securities. See Part IV, line 11	14,00	12	
13	Investments · program-related. See Part IV, line 11		13	ha a a a a a a a
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	39,782.	16	19,52
17	Accounts payable and accrued expenses	33,102.	17	19,52
18	Grants payable		18	
19	Deferred revenue		19	1 2
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,		21	
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L	9,378.	00	E 22'
23	Secured mortgages and notes payable to unrelated third parties	3,310.		5,33
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	1 2 3 1 1 1
20	parties, and other liabilities not included on lines 17-24). Complete Part X of	2		
1		The same was given by	05	
26	Total liabilities. Add lines 17 through 25	9,378.	25	E 22'
20	Organizations that follow SFAS 117, check here	3,310.	26	5,33
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	30,404.	07	1/ 100
28	Temporarily restricted net assets	30,404.	27	14,189
29	Permanently restricted not assets		28	
23	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  and		29	
	complete lines 20 through 24		5,00	
30			00	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	20 404	32	4 4 4 4 4
33	Total net assets or fund balances	30,404.	33	14,189
34	Total liabilities and net assets/fund balances	39,782.	34	19,526 Form <b>990</b> (20

	990 (2011) ROCKET DOG RESCUE INC	80-00	00407	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	74			
		per e			
1	Total revenue (must equal Part VIII, column (A), line 12)	1.	102	2,0	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118	3,2	48.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16	5,2	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	, 4	04.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14	1,1	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			¥i	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			A LEI	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	15	X
b	Were the organization's financial statements audited by an independent accountant?				X
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		157.5	300	PO.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued				
	separate basis, consolidated basis, or both:	54 7			
	Separate basis Consolidated basis Both consolidated and separate basis			10	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale Audit	7.7		
	Act and OMB Circular A-133?	J	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		

Form **990** (2011)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ROCKET DOG RESCUE INC 80-0000407 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 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.) 8 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 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). 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. a Type I b Type II c Type III - Functionally integrated Type III - Other 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) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (vi) Is the (i) Name of supported (v) Did you notify the (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Form 990 or 990-EZ.

#### Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for 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.)

Se	ction A. Public Support		10000	9 6		*	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3  The portion of total contributions						
Ū	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	Argentrabort	Described in	564 June 170		F 170 F.H. (A)	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.	A CONTRACT OF	2 (18 4) R-1				
	ction B. Total Support	8 7			33/15 = 1 1 1 3 1	Т	
	indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4 Gross income from interest.		0 6				
8	dividends, payments received on	- 2 L		= V=			12 11 12 R
	securities loans, rents, royalties						
	and income from similar sources						- 1 L
9	Net income from unrelated business				- 13		
0	activities, whether or not the				4		
	business is regularly carried on				1000		
10	Other income. Do not include gain			79 66		San San San S	
	or loss from the sale of capital	205					
	assets (Explain in Part IV.)	1 - 114 4 4		*			erd in
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) d	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			▶□
ľ	33 1/3% support test - 2010. If the o						
17.	and stop here. The organization quali	ties as a publicly s	supported organiz	ation			
176	10% -facts-and-circumstances test	t - 2011, If the org	anization did not (	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac meets the "facts-and-circumstances"	tost. The ergenize	ces" test, check ti	nis box and stop i	nere. Explain in Pa	irt IV how the orga	nization
ŀ	10% -facts-and-circumstances test	- 2010 If the org	anization did not a	publicly supporte	o 13 162 16b or	170 and line 15 in	1004
	more, and if the organization meets the	e "facts-and-circu	mstances" test of	heck this hav and	eton here Evolui	ira, and IIII 15 IS n in Part IV how the	10% Or
	organization meets the "facts-and-circ						*
18	Private foundation. If the organization						
	12.23	11 11 11 11 11				edule A (Form 990	
							,

# Schedule A (Form 990 or 990-EZ) 2011 ROCKET DOG RESCUE INC 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

Se	ction A. Public Support	Blow, please comp	Diete Part II.)	i i a a a			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	143,857.	117,730.	91,847.	52,850.	39,504.	445,788.
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	90,419.	145,320.	69,543.	70,552.	62,529.	438,363.
3	Gross receipts from activities that are not an unrelated trade or bus-	5 5 35	9 7 8 1 0 5		14		1307331
	iness under section 513	144	21 Mars		1 1 Land		
4	Tax revenues levied for the organ-				union de la company		
	ization's benefit and either paid to	я <sub>=к п</sub> п п	3 1 2				
_	or expended on its behalf					SATE TO	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				Pag Manag		
6	Total. Add lines 1 through 5	234,276.	263,050.	161,390.	123,402.	102,033.	884,151.
78	a Amounts included on lines 1, 2, and	W 52		T	1 14	-, 11 -	001/101.
	3 received from disqualified persons	7			2.29 To 10 F		0.
k	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	ž , , , ,					
	Add lines 7a and 7b	X 1.3.		*	8		0.
	Public support (Subtract line 7c from line 6.)	jarantu gutuna	Bueldneren	HASSELL PROPERTY	HEROLUS SURSULUS		884,151.
Se	ction B. Total Support	179.750					004,131.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	234,276.	263,050.	161,390.	123,402.	102,033.	884,151.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,000.			123/402	102,033.	3,000.
k	Unrelated business taxable income	H 101		-	18		5,000.
	(less section 511 taxes) from businesses	4 4	- 41	- W	. =	**	
	acquired after June 30, 1975	2 E 10 Ha			2 mg - 22		
C	Add lines 10a and 10b	3,000.		200	30.00		3,000.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	= =					W
13	Total support (Add lines 9, 10c, 11, and 12.)	237,276.	263,050.	161,390.	123,402.	102,033.	887,151.
14	First five years. If the Form 990 is for	the organization's	first, second, third				ation.
	check this box and stop here						
	ction C. Computation of Publi	c Support Per	rcentage	a 201 H	de materia		I A I
15	Public support percentage for 2011 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	99.66 %
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	99.69 %
	ction D. Computation of Inves				Shorte establish		
17	Investment income percentage for 20	11 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.34 %
18	Investment income percentage from 2	010 Schedule A, F	Part III, line 17			18	.31 %
19a	33 1/3% support tests - 2011. If the more than 33 1/3%, check this box ar	organization did no nd stop here, The	ot check the box organization quali	n line 14, and line fies as a publicly s	15 is more than 3 upported organiza	3 1/3%, and line 1	7 is not
b	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	or 19b. check th	is box and see ins	tructions	
	23 01-24-12		.,			edule A (Form 990	

### **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. ► See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

	ROCKET DOG RESCUE INC	80-0000407
Pai		ccounts. Complete if the
	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)	1.1
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	Aug. 1 A F 1 A F 1
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?	Yes No
Pai	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	disco.
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
- 15	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization assessment to the organization of the footnote to the organization of the organization of the footnote to the organization of the organization	ganization's accounting for
Dai	conservation easements.  † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Circilas Assats
T CI	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
10		1.3 1 30 21 2 2 2
Id	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement at	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.	public service, provide, in Part XIV,
h		
U	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar assets held for public exhibition, education, or research in furtherance of public series.	
	relating to these items:	rvice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide
а		
	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part V	•
D	Assets included in Form 990, Part X	. •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		DOG RESCUE				80-00			
Pa	rt III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, or	Other S	Similar Asse	ts (cont	inued)	) =
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the	following that a	are a signif	icant use of its	collectio	n item	IS
	(check all that apply):		1 4						
а	Public exhibition	d	Loan or exc	change program	ns				
b	Scholarly research	е	Other		1.7				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	's exempt	purpose in Par	t XIV.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			Yes	Ξ.	No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	on answered "Y	es" to For	m 990, Part IV, I	line 9, or		77
	reported an amount on Form 990, Par	rt X, line 21.					= 0		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	lary for contributio	ns or other asse	ets not incl	uded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV							15	
	200	· ·					Amoun	t	
С	Beginning balance				Y : " .	1c			
d	Additions during the year					1d	- 7,		
е	Distributions during the year	1 = 0 1 9 m	I 9.				- 1	×	
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?	9. 12.			Yes		No
b	If "Yes," explain the arrangement in Part XIV.				•••••	9 3 12 3			3 140
Pai	rt V Endowment Funds. Complete in	f the organization an	swered "Yes" to Fo	orm 990, Part IV	'. line 10.		-	11	
		(a) Current year	(b) Prior year			Three years back	(a) Four	r vears	hack
1a	Beginning of year balance	1. 11.7	эсей Ингами	1 11/4	(3)	Times yours basic	(0)100	your	Duon
b	Contributions		er entre en	9 34 17 72	. J. 100	THE WELL	iloy and	Serve	
С	Net investment earnings, gains, and losses	1 - 4		. D. 190.	10110	-	Tim Jesë		
d	Grants or scholarships	0 0 0 0	Y	1 2 =			MARINE .	No.	
е	Other expenditures for facilities		25 65	= 28 - 82	v 1 1	120000	-73 ¥		
	and programs	2 × 3 × 8		4.4					
f	Administrative expenses	1 12 2 2 0	i- e -	. 13 22	1.4	V= (8)	all all H	Yes	1,89
g	End of year balance	# 1 5 5		a T			TY III	R fint	1 1987
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a. column (	a)) held as:		CL 1 15			400
а	Board designated or quasi-endowment		%	,					
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse		tion that are held a	and administere	d for the o	rganization			
	by:	1 1200			. 11	gumanon		Yes	No
	(i) unrelated organizations						3a(i)	100	140
	(ii) related organizations					***************************************	3a(ii)		F. F.
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?	• • • • • • • • • • • • • • • • • • • •		***********************	3b		
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds			***************************************	[00]		
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	. Part X. line 10.		74	CARL THE SE			
	Description of property	(a) Cost or ot		t or other	(c) Accur	mulated	(d) Boo	k valu	
		basis (investm		(other)	deprec		(4) 500	· value	
1a	Land			1_24		TO THE ME OF			
b	Buildings				72 75 12	19.			
	Leasehold improvements			e le Ré	A	100			
	Equipment					P			- 1
	Other		6 15	21,969.	1 (	9,111.	£5	2,8	5.8
	Add lines to through to (Oct (-1) t			1 ± 1 7 Q 7 0	1 1	<u> </u>		4,0	20.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 ROCKET DOG RESCUE INC	A 121	1 = 1		80-0000	407 Page 4
Pal	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial St	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	C E 102 IN p	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	7 300 P = E	
4	Net unrealized gains (losses) on investments			4	1 - 5	100
5	Donated services and use of facilities			5	200	
6	Investment expenses			6	and the	
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9	1.03	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	in the same of	- E
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme			ue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements			0.7	- 1	11 2-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					DE
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities					
c	Recoveries of prior year grants		-127 10 1	100		
d	Other (Describe in Part XIV.)	2d		-	TOTAL STATE	
e			T/			
3	-					
	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b			.0.1 n		
b	Other (Describe in Part XIV.)		100		177.5	
C	Add lines 4a and 4b		• • • • • • • • • • • • • • • • • • • •		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	
	t XIII Reconciliation of Expenses per Audited Financial Statement					2 - 2
1	Total expenses and losses per audited financial statements			K	1.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1. 51				
а	Donated services and use of facilities		v ***	1,1		
b	Prior year adjustments					
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d		11.,12		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					Tier I
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	mn a.			
С	Add lines 4a and 4b	39	1 - 19	Ligh	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	· v
Pai	t XIV Supplemental Information			-		- 2
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1:	a and 4. Pa	rt IV lin	see 1h and 2h: Part	V line 4: Port
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
,	o a, a array, mile of a array, miles as array to, and i array, miles as array app. 7400 comp	oto tilis	part to pro	vide airi	y additional informa	tuon.
			See the Control	7		
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				100		
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#### **SCHEDULE G**

Department of the Treasury

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

OMB No. 1545-0047

Open To Public

Internal Revenue Service		Attach to Form 990 or Form 990					nspection
Name of the organization			17				entification number
- 1	ROCKET	DOG RESCUE INC				80-0000	407
Part I Fundrais required to		· Complete if the organization ans	wered "\	es" to	o Form 990, Part IV,		
		sed funds through any of the follow	wing acti	vities.	Check all that apply	The river	
a Mail solicitat			_		overnment grants		
b Internet and	email solicitations				rnment grants		
c Phone solici		g Speci	ial fundra	aising	events		
d In-person so							
		or oral agreement with any individu					
		art VII) or entity in connection with ividuals or entities (fundraisers) pu					
compensated at le			irsuani ii	agre	ements under wnich	the fundraiser is to	De
		1				Self In the second	
(i) Name and addres	s of individual		(iii)	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	or cor	ustody	from activity	fundraiser listed in col. (i)	to (or retained by) organization
	4		Yes	No			= " #4"
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			15 21				
	0				A 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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		7.16 5					1.2
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9"	·						
			-	11. 52.			
Total							8 2 = =
	ch the organization	n is registered or licensed to solic	it contrib	utions	s or has been notified	t it is exempt from r	ogistration
or licensing.		,, is registated of modified to bollo	it contrib	ationi	o or rias been notine	a it is exempt from	egistration
	<u> </u>		ot jälve	1 1	1 - E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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			2 22				

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

Schedule G (Form 990 or 990-EZ) 2011

s		(a) Event #1 HOLIDAY EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	53,201.			53,201.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	53,201.			53,201.
4	Cash prizes				1 T
5	Noncash prizes	1,437.			1,437.
6	Rent/facility costs	4,452.			4,452.
7	Food and beverages	1,940.			1,940.
8	Entertainment Other direct expenses				
10 11	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column	n 9 in column (d)			( 7,829; 45,372.
rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	12.0
_	\$15,000 on Form 990-EZ, line 6a.	9			
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue		6 E		
2	Cash prizes	3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
3	Noncash prizes	a 11 and 11			
4	Rent/facility costs				
5					
6	Volunteer labor	Yes % No	Yes% No	Yes% No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>•</b>	(
8	Net gaming income summary. Combine line 1	, column d, and line 7			
ls t		tivities in each of these :			Yes No
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 11 Net income summary. Combine line 3, column rt III Garning. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operal is the organization licensed to operate gaming accompany and the organization operal is the organization licensed to operate gaming accompany and the organization licensed to operate gaming accompany and the organization licensed to operate gaming accompany accompan	HOLIDAY EVENT (event type)  1 Gross receipts 53,201.  2 Less: Charitable contributions 53,201.  4 Cash prizes 55, Noncash prizes 1,437.  6 Rent/facility costs 4,452.  7 Food and beverages 1,940.  8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10	HOLIDAY EVENT  (event type) (event type)  1 Gross receipts	HOLIDAY EVENT (event type) (event type) (total number)  1 Gross receipts 53, 201.  2 Less: Charitable contributions 53, 201.  4 Cash prizes 5 Noncash prizes 1, 437.  6 Rent/facility costs 4, 452.  7 Food and beverages 1, 940.  8 Entertainment 9 Other direct expenses unmary. Add lines 4 through 9 in column (d) 1 Net income summary. Combine line 3, column (d), and line 10

Schedule G (Form 990 or 990-EZ) 2011 ROCKET DOG RESCUE INC

80-0000407 Page 2

Sched	ule G (Form 990 or 990-EZ) 2011 ROCKET DOG RESCUE INC	30-0	000	407	Page 3
	oes the organization operate gaming activities with nonmembers?			Yes	No No
	the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				13 110
to	administer charitable gaming?			Yes	No.
<b>13</b> In	dicate the percentage of gaming activity operated in:	10.5			
	ne organization's facility		13a		%
	n outside facility		13b	1	9
	nter the name and address of the person who prepares the organization's gaming/special events books and record				
N	ame			97	
A	ddress ▶				
<b>15a</b> D	oes 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 amou	int			
	gaming revenue retained by the third party > \$				
	"Yes," enter name and address of the third party:				
N	ame				
A	ddress ▶	3 <sup>20</sup> 10			- E
_					
16 G	aming manager information:				
N	ame ▶				
G	aming manager compensation > \$				
D	escription of services provided				
	escription of services provided		5	11.00	
-					
-					
	Director/officer Employee Independent contractor				
<b>17</b> M	andatory distributions:				
a Is	the organization required under state law to make charitable distributions from the gaming proceeds to				
	tain the state gaming license?			Yes	☐ No
	nter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
	rganization's own exempt activities during the tax year > \$	1 (110			
Part		nns (iii)	and (v	/). and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info				
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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open To Public Inspection

Name of the organization

Employer identification number

			on 501(c)(3) and section on Form 990, Part IV, I				V, line 40	b.		
1 (a) Name of disc				(b) Description of	DO 12 11				(c) Con	ected'
(a) Harrie of disc	1-amod pon			(b) Description (	, Hallse	2011011	18.4		Yes	No
		, 10 p 19			E 200				1 1 1	
· · · · · · · · · · · · · · · · · · ·			27 10 100							
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			W.			ar rect.		MA a		
							w 8 12 m		- Y	_
2 Enter the amount of tax impo section 4958										
3 Enter the amount of tax, if any	v. on line 2	above reim	hursed by the organiza	tion			. 5	-		
and the second second		66.00					φ		) "I	
Part II Loans to and/or	From Int	erested	Persons.			- 4	044	X		
			on Form 990, Part IV, I	ine 26, or Form 990-E	Z, Part \	/, line 38			7,	1
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From	2 2 2		Yes	No	Yes	No	Yes	No
PAUL GIGLIOTTI -	X	.02	10,000.	5,337.	147.00	X	X	-		X
×	201	24				- 1	2		s .5	
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otal	-			5,337.	100000000	5	70			
Part III Grants or Assist	ance Bei	nefiting l	▶ \$ nterested Persons	<u> </u>	1200			ERA		
			on Form 990, Part IV, I							
(a) Name of interested p		C 10	(b) Relationship betwe	en interested person	and	7=	(c) Am	ount an	d type of	 f
			the org	ganization	3.	5 H V	II =0	assistan	ce	
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2011

#### 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** ROCKET DOG RESCUE INC 80-0000407 FORM 990, PART VI, SECTION A, LINE 2: ILLEANA AND RAFAEL MARTINEZ ARE A MARRIED COUPLE. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY BOTH THE PRESIDENT AND THE TREASURER OF THE CHARITY PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ANNUALLY REVIEWED AND EACH BOARD MEMBER SIGNS OFF. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: **VOLUNTEER EXPENSE:** PROGRAM SERVICE EXPENSES 4,662. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0.

OTHER TAXES AND FEES:

TOTAL EXPENSES

PROGRAM SERVICE EXPENSES

0.

MANAGEMENT AND GENERAL EXPENSES

4,662.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization  ROCKET DOG RESCUE INC	Employer identification number 80-000407
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,209
STORAGE:	
PROGRAM SERVICE EXPENSES	1,826
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,826
GIFTS:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	1,803
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,803
RESCUE FEES:	
PROGRAM SERVICE EXPENSES	1,744.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,744.
BANK FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,682.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,682.
POSTAGE AND DELIVERY: 32212 1-23-12	

Name of the organization  ROCKET DOG RESCUE INC	Employer identification numbe 80-000407
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	1,201
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,201
TELEPHONE AND INTERNET EXPENSE:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	314
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	314
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 16,441
	100 100 100 100 100 100 100 100 100 100
	Totales we see a

Asset					Description of	of property		
umber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	MANAGEM		D GEN	ERA	L			
1	COMPUTE	R		100				
	07010	6200DB	5.00	17	2,636.		2,636.	
2	FURNITUI	RE 6200DB	7.00	17	2,079.		1,708.	24
3	FOUTON	Saft at C						
4	HONDA E	1200DB LEMENT		17	413.		59.	10:
	08,01,0	7200DB	5.00	21	16,841.		12,585.	1,77!
	* 990 P	AGE 10	TOTA	L M	ANAGEMENT AND 21,969.	GENERAL 0.	16,988.	2,12
	* GRAND	TOTAL	990	PAG	E 10 DEPR		A 01 117 JULY 1	
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								NEW 201
					POWER SYSTEM			
				July 2				
261 1-11						(D) - Asset dispos	ed	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

➤ Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. 179

► See separate instructions. Business or activity to which this form relates

Identifying number

RO	CKET DOG RESCUE INC	2	)नू	ORM 99	00 PZ	AGE 10		80-0000407
Pa	rt   Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have an	listed pro	perty, c	omplete Part	V before yo	
1	Maximum amount (see instructions)	4 9 9				The second second	4	500,000.
2	Total cost of section 179 property pla							1 3 2 1 2 lb
	Threshold cost of section 179 proper							2,000,000.
4	Reduction in limitation. Subtract line 3	4						
	Dollar limitation for tax year. Subtract line 4 from li		= = =					
6	(a) Description of			usiness use o		(c) Elected		
			s er å Aug	GEE, T	4, 7 %	E 32 3 L		
	7.95	e g de l	The second second	7	T-1			
	a * =	=				* * 3.75		
	* 1 9		1.500 1 6					
7	Listed property. Enter the amount from	m line 29			7	100	47.7	
8	Total elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 a	nd 7			8	
9	Tentative deduction. Enter the smalle	er of line 5 or line 8					9	THE STATE OF THE S
10	Carryover of disallowed deduction fro	m line 13 of your 2	010 Form 4562		H	2	10	Mari 2 1
11	Business income limitation. Enter the	11						
12	Section 179 expense deduction. Add	lines 9 and 10, but	do not enter more tha	n line 11			12	don Let
<u>13</u>	Carryover of disallowed deduction to	2012. Add lines 9 a	and 10, less line 12		13	Artenia.	113111	
	e: Do not use Part II or Part III below f	or listed property. I	nstead, use Part V.	<u>i</u> f_ in		i i i i i i i i i i i i i i i i i i i		
Pa	rt II Special Depreciation Allow	ance and Other D	epreciation (Do not in	clude listed	d proper	ty.)		
14	Special depreciation allowance for qu	alified property (oth	ner than listed property	placed in	service	during	2 5	H <sub>2</sub> ×
	the tax year		***************************************				14	
15	Property subject to section 168(f)(1) e	lection				57	15	E E E
<u>16</u>	Other depreciation (including ACRS)						16	c . E
Pa	rt III MACRS Depreciation (Do n	ot include listed pr	operty.) (See instruction	ns.)	F at the	a, Pod I	3	
			Section A		- 11	William T.		
4-								
17	MACRS deductions for assets placed	in service in tax ye	ars beginning before 2	011	4 4		. 17	348.
	MACRS deductions for assets placed fyou are electing to group any assets placed in se	ervice during the tax year	into one or more general asset	accounts, che	ck here .	🕨 🛄		348.
	f you are electing to group any assets placed in se	s Placed in Service	into one or more general asset e During 2011 Tax Ye	accounts, che	ck here .	🕨 🔼		
	f you are electing to group any assets placed in se	ervice during the tax year	into one or more general asset	accounts, che ar Using ti	ck here .	🕨 🔼		
	f you are electing to group any assets placed in se Section B - Asset	s Placed in Service (b) Month and year placed	e During 2011 Tax Ye  (c) Basis for depreciation (business/investment use	accounts, che ar Using ti	ne Gene	eral Deprecia	tion Syste	m
<u>18</u>	f you are electing to group any assets placed in set  Section B - Asset  (a) Classification of property	s Placed in Service (b) Month and year placed	e During 2011 Tax Ye  (c) Basis for depreciation (business/investment use	accounts, che ar Using ti	ne Gene	eral Deprecia	tion Syste	m
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amusement Note: For ar	ny vehicle for w	hich you are us	sing the	standard	d milea	age rate o			- 11						
	of Section A, all						in name o	tions for li	antha fau			biloo N			
	A - Depreciation						-						٦., ۲	<del></del>	
(a) Type of property (list vehicles first)	Type of property Date Busin		(d) Cost or		В	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g)		(h) Depreciation deduction		Ele sectio	Noted on 179	
25 Special depreciation										82 DJ 11		5 p =			
used more than 50%	in a qualified b	usiness use								. 25					
26 Property used more t					4		. 4 4		10 0 0 ±						
HONDA ELEMENT				6,84	1.	16,8	341.	5.00	200D	B-HY	1,	775.		311	
2:	<del></del>	9,	6		19			100	13.14		11 7 77	82.55			
27 Property used 50% of	vrless in a qual					B T			125011	202 3 6					
ZI Troperty used 50% C	: :		6	2 11			-		0.0		1 11		INTERNATION		
			6		70	794		5, 74.,5	S/L -		. 2	-			
			6						S/L -		-				
28 Add amounts in colu				e and on	line 2	1 nage 1				28	1	775.			
29 Add amounts in colu															
Complete this section for If you provided vehicles t those vehicles.	o your employe	by a sole prop	er the qu	uestions	r othe in Sec	ction C to	see if	owner," o	or related an excep	d person otion to c	completi	ng this s	ection fo	or	
OO. Total husiness finusetees	المستقد المستقد		(a)			(b)		(c)	1 X	d)		e)	(1		
30 Total business/investme			Vel	hicle	V	ehicle	\ \	/ehicle	Vel	nicle	Veh	nicle	Veh	icle	
year (do not include co											O				
31 Total commuting mile			- 1			2					200	8 N	- "15"	11"	
32 Total other personal (			A			I V									
driven					_		-	7.71	A C						
Add lines 30 through									2000	- 18-3		34 3			
34 Was the vehicle avail	able for person	al use	Yes	No	Yes	No	Yes	No	Voc	No	Von	Na		NI.	
during off-duty hours			163	140	168	INO	Tes	No No	Yes	No	Yes	No	Yes	<u>No</u>	
35 Was the vehicle used				1				14 (5 (1) -			1.27				
than 5% owner or rel									61 6	0.0			_		
36 Is another vehicle ava								3 2							
11002			10.		, "			7		E <sub>u,r</sub>		5.8			
Answer these questions to	Section C to determine if y s.	- Questions for you meet an expense.	ception	n to comp	pleting	Section	B for v	ehicles us	ed by er	mployees	s who ar	e not m	ore than	5%	
37 Do you maintain a wr													Yes	No	
employees?														<u> </u>	
38 Do you maintain a wr											8 4		1	1,0	
employees? See the	instructions for	venicies used	by corp	orate of	ficers,	directors	, or 1%	or more	owners	,			. 1	-	
39 Do you treat all use o	t venicies by er	npioyees as pi	ersonai	use?											
40 Do you provide more the use of the vehicle															
41 Do you meet the requ	irements conc	erning qualifie	d autom	obile der	monet	ration use							-	<del> </del>	
Note: If your answer	n 37 38 39 4	0 or 41 is "Yes	" do n	nt compli	ata Sa	action R fo	or the	covered ve	hiclos				n fallowe		
Part VI Amortization	)		, 00111	or oompi	010 00	otion B ic	n the c	JOVETEG VE	moles.		- 20 12		7.5		
(а	(a) Description of costs Date:			ortization Amo		(c) ortizable mount		(d) Code section		(e) Amortization period or percen				(f) mortization or this year	
42 Amortization of costs	that begins du	ring your 2011	tax yea	ar:	1/ 1/	* 21. 2				6 11		1 1 2	-5.		
					F. F.	20		20,1	- 1	11 12					
V						59				T. I		ž.			
43 Amortization of costs	that began be	fore your 2011	tax yea	ar						9.11.1	43				
44 Total. Add amounts i	n column (f). Se	ee the instructi	ons for	where to	repor	t			č engl	10.0	44	ii wax	11.0		

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