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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)

OMB No. 1545-0047

2006

Open to Public
Inspection

0701

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

07-31-2007

A For the 2006 calendar year, or tax year beginning

08-01-2006, and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROCKET DOG RESCUE INC	D Employer identification number 80-0000407
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 460826	E Telephone number (415) 846-2023
	City or town, state or country, and ZIP + 4 SAN FRANCISCO CA 94146	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included?

(If "No," attach a list. See Instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

M Check ► if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Website: ► **WWW.ROCKETDOG.COM**J Organization type (check only one) ► 501(c)(3) (Insert no) 4947(a)(1) or 527

K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **174,385**

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:	1a	1b 174,385	1c	1d	1e 174,385
a Contributions to donor advised funds					2
b Direct public support (not included on line 1a)					3
c Indirect public support (not included on line 1a)					4
d Government contributions (grants) (not included on line 1a)					5
e Total (add lines 1a through 1d) (cash \$ 174,385 noncash \$)					
2 Program service revenue including government fees and contracts (from Part VII, line 93)					
3 Membership dues and assessments					
4 Interest on savings and temporary cash investments					
5 Dividends and interest from securities					
6a Gross rents	6a	6b	6c	6d	6e 174,385
b Less: rental expenses					
c Net rental income or (loss). Subtract line 6b from line 6a					
7 Other investment income (describe ►)					7
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
b Less: cost or other basis and sales expenses	8a	8b	8c	8d	
c Gain or (loss) (attach schedule)					
d Net gain or (loss). Combine line 8c, columns (A) and (B)					
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	9a	9b	9c	9d	
a Gross revenue (not including \$ of contributions reported on line 1b)					
b Less: direct expenses other than fundraising expenses					
c Net income or (loss) from special events. Subtract line 9b from line 9a					
10a Gross sales of inventory, less returns and allowances	10a	10b	10c	10d	
b Less: cost of goods sold					
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					
11 Other revenue (from Part VII, line 103)	11	12 174,385	13	144,525	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	13	14	47,139	
13 Program services (from line 44, column (B))	13	14	15	0	
14 Management and general (from line 44, column (C))	14	15	16	17	
15 Fundraising (from line 44, column (D))	15	16	17	191,664	
16 Payments to affiliates (attach schedule)	16	17	18	(17,279)	
17 Total expenses. Add lines 16 and 44, column (A)	17	18	19	33,649	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	19	20	21	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	20	21	16,370	
20 Other changes in net assets or fund balances (attach explanation)					
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20					

OCT 21 2013

RCG in Batching/Correspondence

NOV 05 2013

SCANNED NOV 05 2013

Expenses

NET ASSETS

Originally
FiledSTATUTE UNIT
RECEIVED
TPR BRANCH
OGDEN

17

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22 b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	Originally Filled		
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	2,273	2,273	
32 Legal fees	32			
33 Supplies	33	8,495	8,495	
34 Telephone	34	4,421	4,421	
35 Postage and shipping	35	1,266	1,266	
36 Occupancy	36	10,081	10,081	
37 Equipment rental and maintenance	37	2,866	2,866	
38 Printing and publications	38	3,748	3,748	
39 Travel	39	44	44	
40 Conferences, conventions, and meetings	40	37	37	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule) 108 - 4562	42	907	907	
43 Other expenses not covered above (itemize): STM167	43a	144,525	144,525	
a PET CARE COSTS	43b	4,295	4,295	
b JANITORIAL	43c	1,969	1,969	
c INSURANCE	43d	2,369	2,369	
d ADVERTISING	43e	861	861	
e BANK CHARGES	43f	304	304	
f REGISTRATION FEES	43g	3,203	3,203	
g DEVELOPMENT COSTS				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	191,664	144,525	47,139
				0

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **PET ADOPTION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a See SERVICES

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
--	--	--

(Grants and allocations \$) If this amount includes foreign grants, check here ►

b	
---	--

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c	
---	--

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d	
---	--

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

EEA

Form 990 (2006)

Originally
Filed

Part IV Balance Sheets (See the Instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing		45	11,711
46	Savings and temporary cash investments		46	850
47 a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b		47c
48 a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51 a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54 a	Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b	Investments - other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a	Investments - land, buildings, and equipment: basis	55a	4,715	
b	Less: accumulated depreciation (attach schedule)	55b	907	55c 3,808
56	Investments - other (attach schedule)			56
57 a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule)	57b		57c
58	Other assets, including program-related investments (describe ►)			58
59	Total assets (must equal line 74). Add lines 45 through 58		0	59 16,369
60	Accounts payable and accrued expenses			60
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64 a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ►)			65
66	Total liabilities. Add lines 60 through 65		0	66 0
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		33,649	67 16,369
68	Temporarily restricted		0	68 0
69	Permanently restricted		0	69 0
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds			72
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		33,649	73 16,369
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		33,649	74 16,369

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 (See the instructions.)

a Total revenue, gains, and other support per audited financial statements	a	174,385
b Amounts included on line a but not on Part I, line 12:	b	
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4	b	
c Subtract line b from line a	c	174,385
d Amounts included on Part I, line 12, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2	d	
e Total revenue (Part I, line 12). Add lines c and d	e	174,385

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	191,664
b Amounts included on line a but not on Part I, line 17:	b	
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4	b	
c Subtract line b from line a	c	191,664
d Amounts included on Part I, line 17, but not on line a:	d	
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2	d	
e Total expenses (Part I, line 17). Add lines c and d	e	191,664

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PALI BOUCHER	PRESIDENT	0	0	0
756 ELLSWORTH SAN FRANCIS CA 94110	0	0	0	0
LAURA BECK	VP	0	0	0
1024 REGENT STRE ALAMEDA CA 94501	0	0	0	0
ILLEANA MARTINEZ	BOARD MEMBER	0	0	0
1501 8TH AVENUE SAN FRANCIS CA 94122	0	0	0	0
RAFAEL MARTINEZ	BOARD MEMBER	0	0	0
1501 8TH AVENUE SAN FRANCIS CA 94122	0	0	0	0
BEVERLY ULRICH	SECRETARY	0	0	0
642 28TH STREET SAN FRANCIS CA 94131	0	0	0	0
PAUL GIGLIOTTI	TREASURER	0	0	0
634 CORBETTE AVE SAN FRANCIS CA 94114	0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Part V-A | Current Officers, Directors, Trustees, and Key Employees

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ►

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ►

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75b	<input checked="" type="checkbox"/>
75c	<input checked="" type="checkbox"/>
75d	<input checked="" type="checkbox"/>

Part V.B. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Originally
filled

Part VI Other Information (See the instructions.)

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ►		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	and check whether it is	<input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt
b	Did the organization file Form 1120-POL for this year?	81a	
81b		81b	X

Part VI Other Information(continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X	
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to others against amounts due or received from them.)	87b		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	89a		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed ► CA	90a		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b		
91 a The books are in care of ► § PAUL GIGLIOTTI	91a		
Located at ► 634 CORBETT AVENUE SAN FRANCISCO CA ZIP + 4 ► 94114		Telephone no. ► 415-846-2023	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country ► _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? <input checked="" type="checkbox"/> 91c <input type="checkbox"/> X			
If "Yes," enter the name of the foreign country ►			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other Investment Income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purpose (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI: Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13).

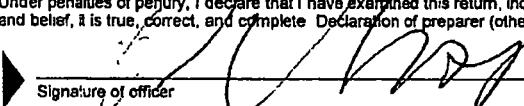
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	---	------------------------------	-----------------------------

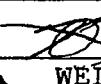
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b	Originally Filled			
c				
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	------------------------------	-----------------------------

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	
	 PAUL GIGLIOTTI, TREASURER		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst. X)
		07-14-2008	<input type="checkbox"/>	P00393405

Paid Preparer's Use Only	Firm's name (or yours if self-employed) address, and ZIP + 4	EIN	Phone no
	WEL Enterprises, Inc. 2352 Market Street Suite B San Francisco, CA 94114	94-3296226	415-252-7552

Department of the Treasury
Internal Revenue Service

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

ROCKET DOG RESCUE INC

80-0000407

Part 1 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

Total number of other employees paid over \$50,000 ►

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

NONE	(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
	Originally		
	Filled		

Total number of others receiving over \$50,000 for professional services

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or

Total number of other contractors receiving over \$50,000 for other services

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service

Name(s) shown on return

ROCKET DOG RESCUE INC

Business or activity to which this form relates

MANAGEMENT/GENERAL - 1

Identifying number

80-0000407

► See separate Instructions.

► Attach to your tax return.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see Instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see Instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see Instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See Instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	199
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see Instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,636	5	HY	200 DB	527
c 7-year property		1,265	7	HY	200 DB	181
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see Instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	907
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2006)

990

Overflow Statement

2006
Page 1

Name(s) as shown on return

ROCKET DOG RESCUE INC

FEN

80-0000407

PET CARE COSTS

Description	Amount
PET FOOD	\$ 3,645
PET SUPPLIES	5,016
VET AND MEDICAL EXPENSES	99,524
PLACEMENT FEES	22,418
PET TRANSPORTATIONS	4,196
VOLUNTEER EXPENSES	7,428
OTHER COSTS	2,298
Total:	\$ 144,525

Originally
Filed

Federal Supporting Statements**2006 PG 01**

Name(s) as shown on return

ROCKET DOG RESCUE INC

FEIN

80-0000407**FORM 990, SCH FOR PART III, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE**

Statement #108

Description	Total	Program Services	Management & General	Fundraising
DEPRECIATION	907		907	
TOTAL	907	907	907	907

**FORM 990, SCH FOR PART IV, LINE 55
INVESTMENTS LAND SCHEDULE**PG 01
Statement #114

Category or Item	Basis	Accumulated Depreciation	End of Year
COMPUTER	2,636	527	2,109
FURNITURE	2,079	380	1,699
TOTAL	4,715	907	3,808

Originally
Filed