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No statute issue

Form 990

Department of the Treasury  
Internal Revenue Service

# 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

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

A For the 2006 calendar year, or tax year beginning 08-01, 2006, and ending 07-31, 2007

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

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 460826

City or town, state or country, and ZIP + 4

SAN FRANCISCO

CA 94146

D Employer identification number

80-0000407

E Telephone number

(415) 846-2023

F Accounting method:

☒ Cash ☐ Accrual☐ 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? ☐ Yes ☐ No

(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 ☐ 527K 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 8b, 8b, 8b, 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:		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	174,385
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 174,385 noncash \$ )	1e	174,385
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
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	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
8d		8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	174,385
13	Program services (from line 44, column (B))	13	144,525
14	Management and general (from line 44, column (C))	14	47,139
15	Fundraising (from line 44, column (D))	15	0
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	191,664
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	(17,279)
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	33,649
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	16,370

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2006)

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

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

**a** See **SERVICES**

(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) ☐

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**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	54a	
b	Investments - other securities (attach schedule)	54b	
55 a	Investments - land, buildings, and equipment: basis	55a	4,715
b	Less: accumulated depreciation (attach schedule)	55b	907
56	Investments - other (attach schedule)	56	3,808
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	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	0	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	<b>Total liabilities.</b> Add lines 60 through 65	0	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	16,369
68	Temporarily restricted	0	0
69	Permanently restricted	0	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	<b>Total net assets or fund balances.</b> 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	16,369
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	33,649	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:		
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:		
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:		
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:		
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			
756 ELLSWORTH SAN FRANCIS CA 94110	0	0	0	0
LAURA BECK	VP			
1024 REGENT STRE ALAMEDA CA 94501	0	0	0	0
ILLEANA MARTINEZ	BOARD MEMBER			
1501 8TH AVENUE SAN FRANCIS CA 94122	0	0	0	0
RAFAEL MARTINEZ	BOARD MEMBER			
1501 8TH AVENUE SAN FRANCIS CA 94122	0	0	0	0
BEVERLY ULBRICH	SECRETARY			
642 28TH STREET SAN FRANCIS CA 94131	0	0	0	0
PAUL GIGLIOTTI	TREASURER			
634 CORBETTE AVE SAN FRANCIS CA 94114	0	0	0	0



**Part VI Other Information** (continued)

	Yes	No
<b>82 a</b> 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? . . . . .		<b>X</b>
<b>b</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.) . . . . . <b>82b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>N/A</b>	
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>X</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		<b>X</b>
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.		
<b>c</b> Dues, assessments, and similar amounts from members . . . . . <b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
<b>h</b> 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? . . . . . <b>85h</b>		
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88 a</b> 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 . . . . .		<b>X</b>
<b>b</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 . . . . .		<b>X</b>
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .		<b>X</b>
<b>g</b> 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? . . . . .		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed ▶ <b>CA</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) . . . . . <b>90b</b>		
<b>91 a</b> The books are in care of ▶ <b>% PAUL GIGLIOTTI</b> Telephone no. ▶ <b>415-846-2023</b> Located at ▶ <b>634 CORBETT AVENUE SAN FRANCISCO CA</b> ZIP + 4 ▶ <b>94114</b>		
<b>b</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)? . . . . .		<b>X</b>
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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .

91c

Yes ☐ No ☒

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 . . . . . ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶

92

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

Note: Enter gross amounts unless otherwise indicated.

	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 Purposes** (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? . . . . . ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . ☐ Yes ☒ 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

Yes	No

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

**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

Yes	No

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

**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?

Yes	No

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.

**Please Sign Here**

Signature of officer: PAUL GIGLIOTTI, TREASURER Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 07-14-2008 Check if self-employed: ☐

Firm's name (or yours if self-employed) address, and ZIP + 4: WEL Enterprises, Inc.  
2352 Market Street Suite B  
San Francisco, CA 94114

Preparer's SSN or PTIN (See Gen. Inst. X): P00393405  
EIN: 94-3296226  
Phone no: 415-252-7552

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Employer identification number

**ROCKET DOG RESCUE INC**

**80-0000407**

**Part I 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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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.")

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

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 firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Form 4562

# **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

▶ See separate instructions.

▶ Attach to your tax return.

ROCKET DOG RESCUE INC

Business or activity to which this form relates

MANAGEMENT/GENERAL - 1

Identifying number

80-0000407

**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 . . . . .		

**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	

**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

FEIN

ROCKET DOG RESCUE INC

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

FEIN

ROCKET DOG RESCUE INC

80-0000407

## FORM 990, SCH FOR PART II, LINE 42 DEPRECIATION AND DEPLETION SCHEDULE

Statement #108

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