Citck on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

A F	or the		ar year, or tax year beginning , 2017, and ending			, 20
B	heck if ap	oplicable	C Name of organization 2	D Emple	yer id	entification number 2
	Address c	change	Eorgotten Dogs Rescue		9	0-1020668
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	E Telep	umber	
_						9-301-6831
=						mption
=		n pending	Richland, WA 99354	Num	ber I	> 7:
G /	ccount	ting Method.	✓ Cash Accrual Other (specify) ► H (Check •	B	if the organization is not
	Vebsite		forgottendogsrescue.com			ach Schedule B
J T	ax-exen	npt status (che	ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	Form 99	30, 99	0-EZ, or 990-PF).
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
(Pai	t II, col	umn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶</u> \$	200
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	instruc	tions	s for Part I) 🔼
		Check if	the organization used Schedule O to respond to any question in this Part I	· · ·		
71	1	Contributio	ns, gifts, grants, and similar amounts received	[_1_	66311
?1	2	_	ervice revenue including government fees and contracts	[2	0
71	3	Membershi	p dues and assessments	[3	0
?1	4	Investment	ıncome	[4	0
	5a		unt from sale of assets other than inventory 5a	0		
2107	b		or other basis and sales expenses	0	_ :	
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	· ·	5c	0
	6	-	d fundraising events	l		
Revenue	a	\$15,000) .	ome from gaming (attach Schedule G if greater than	0		
Z P	b	Gross inco	me from fundraising events (not including \$ 1500 of contributions	3		
E E			aising events reported on line 1) (attach Schedule G if the			
	ĺ	sum of suc	h gross income and contributions exceeds \$15,000) 6b	3474		
.}	С	Less: direct	t expenses from gaming and fundraising events 6c	200		
2	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract		
* *V		line 6c) .		[6d	3274
3	7a	Gross sales	s of inventory, less returns and allowances	0		
\mathcal{C}	b	Less: cost	of goods sold	0		
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	[7c	0
	8		nue (describe in Schedule O)	[8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, 即任80日VFD · · · · · · ·	. ▶	9	69505
	10	Grants and	similar amounts paid (list in Schedule 0)	· ·	10	0
	11	Benefits pa	her compensation, and employee benefits 29.2018.		11	0
Expenses	12	Salaries, ot	her compensation, and employed benefits 2	}	12	0
SU.	13	Professiona	al fees and other payments to independent contractors		13	0
ğ	14	Occupancy	, rent, utilities, and maintenance OGDEN, UT		14	1310
úÌ	15		blications, postage, and shipping	[15	360
	· 16		nses (describe in Schedule O) 🌃		16	66505
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	68175
হ	18		deficit) for the year (Subtract line 17 from line 9)		18	1410
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			_
As		•	r figure reported on prior year's return)	L	19	0
let	20		ges in net assets or fund balances (explain in Schedule O)	-	20	0
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	1410

Cat. No 10642I

	990-EZ (2017) rt II Balance Sheets (see the instructions for Part II)				Page
Pa	rt II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question	in this Par	+ II		_
	t and organization about contours to to respond to any question		Beginning of year		(B) End of year
22	Cash, savings, and investments	. 🗀	-2,855	22	-366
23	Land and buildings			23	
24	Other assets (describe in Schedule O)	.	C		
25	Total assets		-2855	25	-366
26	Total liabilities (describe in Schedule O)		0	26	(
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .		-2855	27	-3668
	Check if the organization used Schedule O to respond to any question			/Par	Expenses
Desc as m	Check if the organization used Schedule O to respond to any question it is the organization's primary exempt purpose? Rescue unwanted dogs from the tribe the organization's program service accomplishments for each of its three landeasured by expenses. In a clear and concise manner, describe the services proofs benefited, and other relevant information for each program title.	in this Part Washington gest progr	State shelter am services,	501	quired for section (c)(3) and 501(c)(4) inizations, optional fo
Desc as m	t is the organization's primary exempt purpose? Rescue unwanted dogs from the tribe the organization's program service accomplishments for each of its three large heasured by expenses. In a clear and concise manner, describe the services program is the tribe tribe.	in this Part Washington gest progr	State shelter am services,	5010 orga	quired for section (c)(3) and 501(c)(4) inizations, optional for
Desc as m pers	t is the organization's primary exempt purpose? Rescue unwanted dogs from the tribe the organization's program service accomplishments for each of its three lar neasured by expenses. In a clear and concise manner, describe the services proofs benefited, and other relevant information for each program title.	in this Parl WashIngton gest progr rovided, th	am services, e number of	5010 orga	quired for section (c)(3) and 501(c)(4) inizations, optional fo ers)

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

(Grants \$

Part IV

31 Other program services (describe in Schedule O)

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable ? (d) Health benefits, (b) Average compensation ntributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Katharine Farrington 30 President 0 0 Ellen Marett 20 VP, Treasurer, Secretary 0 0 **Justyne Corso** 10 Board Member 0

?1

68175

30a

31a



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u> </u>
	1	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	, v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Out the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		<i>y</i>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	500		
a b 40a	Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		L
41	List the states with which a copy of this return is filed ▶			
42a	relephone no.	20681		
b	Located at ▶ 9046 36th Ave SW, Seattle, WA ZIP + 4 ▶ 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)?	981	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	.00	<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\Box	<u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	i - Ì	~

Form 990	0-EZ (2	017)							F	age 4
46	Did t	he organization engage, directly or in ndidates for public office? If "Yes," o	idirectly, in political c	campaign activities	on behal	f of or in oppos	sition	,	Yes	No
Part·\	/1	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch	s only s must answer que	estions 47-49b ar	ıd 52, ar	nd complete t		les f	or line	es
		Oncok ii tile organization used oci	reduie o to respond	rto any question i	1111316		<u> </u>	<u> </u>	Yes	No
		he organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) elec	tion in e	ffect during the	∍ tax	47	163	- NO
48	s the	organization a school as described in	section 170(b)(1)(A)(i	ı)? If "Yes." comple	te Sched	ule E		48		1
		ne organization make any transfers to		•				49a	ļ —	~
b	If "Ye	es," was the related organization a se	ction 527 organizatio	on?				49b		
		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganizatio	n. If there is no	ne, ent	ter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrit	Health benefits, butions to employee plans, and deferred compensation			d amou	
none										
							İ			
							-			
			** .			·	+-			
							1			
							 			
		number of other employees paid over				· ·				
		plete this table for the organization's ,000 of compensation from the orga			nt contra	actors who eac	:h rece	eived	more	than
	φ100,	,000 of compensation from the organ	nization. Il there is no	nie, enter None.		1				
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(4	c) Comp	ensati	on	
none						·····				
										
		•••••								
				1						
ď	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. >					
		the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	•		ha . ⊳⊠	Yes		 Vo
Under pe	nalties	of periury. I declare that I have examined this re	eturn, including accompan	ying schedules and state	ments, and	to the best of my l				
true, corre	ect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any i	knowledge				
		1 Elwalatt				(230	18			
Sign		Signature of officer				Date	•			
Here	?;	Ellen W. Marett, Vice President								
		Type or print name and title	Preparer's signature		Date	· · · · · · · · · · · · · · · · · · ·	7 1 6	PTIN		
Paid		Print/Type preparer's name	. Toparor 3 signature		Juio	Check L self-empl	J # [•		
Prepa	1 =			<u> </u>		Firm's EIN ▶	-,			
Use C	עומי	Firm's address ►		· · · · · · · · · · · · · · · · · · ·		Phone no				
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions			N 🗌	Yes	<u> </u>	No OF

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	of the organization otten Dogs Rescue					Employer identification 90-10	n number 020668
Pa	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	organization is not a private founda	ition because it i	s (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of churc					· · · · · · · · · · · · · · · · · · ·	
2	A school described in section						•
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity.	ization described nt college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	erated in r the nan	conjunction with a line, city, and state of	and-grant college the college or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	ກ 33¹/ລ% of its
11	An organization organized and	operated exclus	sively to test for public	c safety S	See sect i	ion 509(a)(4).	
12	An organization organized and	•	-	•			• • •
	of one or more publicly support Check the box in lines 12a thro						
а	Type I. A supporting organ the supported organization	•		•		•	
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b	☐ Type II. A supporting orgal control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	□ T	rated. A support	ting organization oper	rated in co			ally integrated with,
d	Type III non-functionally in that is not functionally integreguirement (see instructional see instruct	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	— — · · · · · · · · · · · · · · · · · ·	zation received	a written determination	on from th	e IRS tha	at it is a Type I, Type	e II, Type III
f	Enter the number of supported of	• •	tionally integrated suf	oporting t	nganizati	OH.	
, q		•	orted organization(s)	•			· · L
	(i) Name of supported organization	(ii) EIN	(nii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							·

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
•	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and]			
	membership fees received (Do not include any "unusual grants.")	5740	47030	29723	51534	66311	200338
•		3740	47030	23723	31334	00311	200336
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	o	o	0	o	0
3	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3.	5740	47030	29723	51534	66311	200338
5	The portion of total contributions by	- 1 17 474		1 4			
_	each person (other than a		19 X X X	,			
	governmental unit or publicly			10	r s		
	supported organization) included on		, .	, ,	•		
	line 1 that exceeds 2% of the amount	·	,				_
	shown on line 11, column (f)	t		` ,		*	0
6	Public support. Subtract line 5 from line 4	, ,			`	,	200338
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(a) 2015	(4) 2016	(a) 2017	40 Total
7	Amounts from line 4	(a) 2013 5740	47030	(c) 2015 29723	(d) 2016 51534	(e) 2017 66311	(f) Total 200338
8	Gross income from interest, dividends,						
·	payments received on securities loans,			i			
	rents, royalties, and income from						
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets		4074	4705	4405		44004
	(Explain in Part VI.)	559	1371	1765	4195	3474	11364
11	Total support. Add lines 7 through 10	*	*.)	, -		1	211702 190
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d theed fourth	or fifth tox w	12	
10	organization, check this box and stop her	•		a, uma, iourui	, or militax ye	sai as a section	· · ► 🗹
Secti	on C. Computation of Public Suppor			<u> </u>			<u> </u>
14	Public support percentage for 2017 (line 6			1, column (f))		14	<u></u> %
15	Public support percentage from 2016 Sch		-			15	%
16a	331/3% support test-2017. If the organi	zation did not	check the box	k on line 13, ar	id line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	lifies as a publ	icly supported	organization			> 🗆
b	331/3% support test—2016. If the organiz					is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me					•	•
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation qualifies	as a publicly	supported
	organization .						▶ 🛚
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization in Part VI how the organization in						
	supported organization				· · · · ·		>

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			\overline{f}
•	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nızation failed	d to qualify un	der Pårt II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	II.)	
Secti	on A. Public Support						<i>y</i> '
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					, _/ 1	
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise					4	
~	sold or services performed, or facilities					4	
	furnished in any activity that is related to the););	
3	organization's tax-exempt purpose Gross receipts from activities that are not an					-	
•	unrelated trade or business under section 513					11	
4	Tax revenues levied for the					1	
	organization's benefit and either paid to		1		<i>,</i> #		
	or expended on its behalf				//]	
5	The value of services or facilities				lj'		
	furnished by a governmental unit to the				1/	Ì	
_	organization without charge						
6	Total. Add lines 1 through 5				//		
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
h	Amounts included on lines 2 and 3				<u>//</u>		
b	received from other than disqualified				,		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	on B. Total Support	% D17, 7 *Q48 4"]	C 4.78 (\$1.50 C)	7 1 100	Sect of the Section of	18 1 1 18 18 18 18 18 18 18 18 18 18 18	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	//(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	(10) 2014	// (6) 2013	(u) 2010	(e) 2017	(i) rotai
10a	Gross income from interest, dividends,		//	7			
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	,	<i>"</i>				
	loss from the sale of capital assets	/]	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	//	la finak anan	al Alphaal Carrowkla	au fifth have ve		- F04/a\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop he			a, tnira, tourtn 	, or tilth tax ye		1 50 I(C)(3)
Secti	on C. Computation of Public Suppor	"		<u> </u>		· · · · ·	<u> </u>
15	Public support percentage for 2017 (line 8			3. column (fl)		15	%
16	Public support percentage from 2016 Sch					16	
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017					17	%
18	Investment income percentage from 2016					18	<u>%</u>
19a	331/3% support tests – 2017. If the organ						
L	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organiz		_			-	_
b	line 18 is not more than 33½%, check this l	ox and stop h	ere. The organ	inte 14 of lifte t	as a publicly si	upported organi	zation ► 🗆
20	Private foundation. If the organization di		-				=

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	-	_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	_	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	- •	75.
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Part	Supporting Organizations (continued)			
1			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	-	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	:
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	-	-
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		•
Secti	ion E. Type III Functionally Integrated Supporting Organizations		·	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	 s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		- •
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		,

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
.1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		1	
instructions for short tax year or assets held for part of year)	<u> </u>	·	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).		,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	,	
5 Income tax imposed in prior year	5	`	
6 Distributable Amount Subtract line 5 from line 4, unless subject to		• \	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v int	tegrated Type III support	ng organization (see

Part V , Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Şect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted			
	Administrative expenses paid to accomplish exempt purp	noses of supported orga	enizations			
4	Amounts paid to acquire exempt-use assets	occoo or capported orge	a neather to			
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions	ch the organization is res	sponsive			
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Zino damount divided by into damount		(ii)	(iii)		
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017		
	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.	,				
3	Excess distributions carryover, if any, to 2017					
	×* ^					
b	From 2013					
С	From 2014 .					
d	From 2015					
e	From 2016 .					
f	Total of lines 3a through e					
9	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount	1				
i	Carryover from 2012 not applied (see instructions)					
	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from		4			
	Section D, line 7 \$					
a	Applied to underdistributions of prior years					
<u> </u>	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.			· · · · · · · · · · · · · · · · · · ·		
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	ð				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	,				
7	Excess distributions carryover to 2018 Add lines 3j and 4c.					
8	Breakdown of line 7:	/ ,				
a	Excess from 2013	. '				
b	Excess from 2014					
	Excess from 2015	>				
d	Excess from 2016	и				
е	Excess from 2017 .					
						

Scriedule A (r	Page C
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Sec	tion B, Line 10
2013 - \$559	from fundraising auction, 2014 - \$1371 from fundraising auction, 2015 - \$1765 from fundraising auction
2016 - \$419	95 from fundraising auction, 2017 - \$3474 from fundraising auction

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•••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Forgotten Dogs Rescue	90-1020668		
Other expenses per Part I, Line 16			
Vet Bills \$45,087, Dog Care Supplies \$2,458, Dog Training/Boarding \$10,292, Admin Costs (minus shipping, printing, etc.) \$3,031			
Transport \$4727, Licenses, \$910 Total expenses (other than those listed in Part I) = \$66,505			

Chedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
	•••••••••••••••••••••••••••••••••••••••
······	
	
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