

Return of Organization Exempt from Income Tax

2001

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

RHODESIAN RIDGEBACK RESCUE, INC. 1601 SHERMAN AVENUE #400 EVANSTON, 60201-5011

D Employer Identification Number 36-4239382 E Telephone number 847-316-1040 F Accounting method: Cash, Accrual

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? H (b) If 'yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group GEN. M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 147,363.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RHODESIAN RIDGEBACK RESCUE, INC.	Employer Identification Number 36-4239382
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions 1601 SHERMAN AVENUE #400	
	City, Town or Post Office. For a foreign address, see instructions. EVANSTON, IL 60201-5011	State ZIP Code

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶

5/17/02

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization	Employer Identification Number	
	RHODESIAN RIDGEBACK RESCUE, INC.		36-4239382
	Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions.		For IRS Use Only
	1601 SHERMAN AVENUE #400		
File by the extended due date for filing the return. See instructions.	City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions.		
	EVANSTON, IL 60201-5011		

Check type of return to be filed (file a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (Section 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2002.

5 For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension... ADDITIONAL INFORMATION IS NEEDED FROM THIRD PARTY TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ 0

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title CPA Date 8/16/02

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or Print	Name
	LINDA FORMAN CPA, P.C.
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number
	1601 SHERMAN AVENUE STE 400
City or Town, Province or State, and Country (including postal or ZIP code)	
EVANSTON, IL 60201-5011	

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.

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 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	444.		444.	
33 Supplies	33	82.			82.
34 Telephone	34	3,404.		3,404.	
35 Postage and shipping	35	4,630.		3,666.	964.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	772.	772.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	798.		798.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	132.		132.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 4	43a	90,877.	82,258.	8,122.	497.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	101,139.	83,030.	16,566.	1,543.

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

What is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 6</u> _____ _____ _____ (Grants and allocations \$ _____)	83,030.
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	83,030.

Part IV Balance Sheets (See 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
A S S E T S	45 Cash – non-interest-bearing	50,476.	45	54,870.
	46 Savings and temporary cash investments	12,000.	46	
	47 a Accounts receivable	171.		
	b Less: allowance for doubtful accounts		47 c	171.
	48 a Pledges receivable		48 c	
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)		51 c	
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use	14,159.	52	15,622.
	53 Prepaid expenses and deferred charges	300.	53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment: basis		55 c	
	b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment: basis		57 c		
b Less: accumulated depreciation (attach schedule)		57 c		
58 Other assets (describe ► <u>SEE STATEMENT 7</u>)	595.	58	462.	
59 Total assets (add lines 45 through 58) (must equal line 74)	78,133.	59	71,125.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	19,003.	60	2,447.
	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)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ►		65	
66 Total liabilities (add lines 60 through 65)	19,003.	66	2,447.	
O R G A N I Z A T I O N A L A S S E T S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	59,130.	72	68,678.
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)	59,130.	73	68,678.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	78,133.	74	71,125.	

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.

BAA

Part VI Other Information (See specific instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	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?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?		X
82b	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	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.		
85c	Dues, assessments, and similar amounts from members.	85c	N/A
85d	Section 162(e) lobbying and political expenditures.	85d	N/A
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 <u>0.</u> ; Section 4912 <u>0.</u> ; Section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. 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.		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <u>FLORIDA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions).	90b	0
91	The books are in care of <u>LINDA FORMAN CPA</u> Telephone number <u>847-316-1040</u> Located at <u>1601 SHERMAN AVE. STE 400 EVANSTON IL</u> ZIP + 4 <u>60201-5011</u>		
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.	92	N/A

Part VII Analysis of Income-Producing Activities (See 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 DOG ADOPTION FEES					55,969.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & 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 pers prop.					
99 Other investment income					417.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					10,513.
102 Gross profit or (loss) from sales of inventory					5,904.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					72,803.
105 Total (add line 104, columns (B), (D), and (E))					72,803.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
1	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

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

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: *[Signature]* Date: 11/13/02

LINDA FORMAN, TREASURER
Type or Print Name and Title

Paid Preparer's Use Only

Preparer's Signature: _____ Date: _____

Firm's name (or yours if self-employed) and address, and ZIP + 4: _____

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): _____

EIN: _____

Phone no: _____

COPY

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information — (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization

RHODESIAN RIDGEBACK RESCUE, INC.

Employer Identification Number

36-4239382

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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 ▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,059.				11,059.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	97,207.				97,207.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	118.				118.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	108,384.				108,384.
24 Line 23 minus line 17	11,177.				11,177.
25 Enter 1% of line 23	1,084.				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. N/A. ...	26 a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26 b
c Total support for Section 509(a)(1) test: Enter line 24, column (e)	26 c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26 b _____	26 d
e Public support (line 26c minus line 26d total)	26 e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26 f %

27 Organizations described on line 12:	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ 0. (1999) _____ 0. (1998) _____ 0. (1997) _____ 0.	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ 0. (1999) _____ 0. (1998) _____ 0. (1997) _____ 0.	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 97,207. 20 _____ 21 _____	27 c 108,266.
d Add: Line 27a total. 0. and line 27b total. 0.	27 d 0.
e Public support (line 27c total minus line 27d total)	27 e 108,266.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...	27 f 108,384.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27 g 99.89 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27 h 0.11 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

RHODESIAN RIDGEBACK RESCUE, INC.

36-4239382

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

INTEREST INCOME.....	\$	417.
TOTAL	\$	<u>417.</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
RESCUE CALENDAR PHOTO SUBMISSION INCOME	10,428.	0.	10,428.	0.	10,428.
MISC. SPECIAL EVENT INCOME	85.	0.	85.	0.	85.
TOTALS	<u>\$ 10,513.</u>	<u>\$ 0.</u>	<u>\$ 10,513.</u>	<u>\$ 0.</u>	<u>\$ 10,513.</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

DOG/RESCUE RELATED SALES.....	\$	42,580.
GROSS SALES.....	\$	42,580.
LESS RETURNS & ALLOWANCES.....		<u>0.</u>
NET SALES.....	\$	42,580.
LESS COST OF GOODS SOLD.....		<u>36,676.</u>
GROSS PROFIT FROM SALES OF INVENTORY.....	\$	<u>5,904.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CREDIT CARD PROCESSING FEES	1,097.		1,097.	
DOG FOOD & SUPPLIES	6,456.	6,456.		
DONATIONS	88.		88.	
DUES AND SUBSCRIPTIONS	250.		250.	
EVENT EXPENSE	218.			218.
FILING FEES	150.		150.	
GENERAL INSURANCE	1,708.		1,708.	
OFFICE EXPENSE	4,708.		4,429.	279.
SHELTER FEES	2,540.	2,540.		
TRANSPORTATION COSTS - DOGS	3,031.	3,031.		
VETERINARY AND BOARDING COSTS	70,231.	70,231.		
WEB/COMPUTER EXPENSES	400.		400.	
TOTAL	<u>\$ 90,877.</u>	<u>\$ 82,258.</u>	<u>\$ 8,122.</u>	<u>\$ 497.</u>

RHODESIAN RIDGEBACK RESCUE, INC.

36-4239382

**STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

RESUE AND REHABILITATION OF RHODESIAN RIDGEBACK DOGS AND CAREFUL PLACEMENT INTO PERMANENT HOMES.

**STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
FOOD AND SUPPLIES FOR RESCUED DOGS WHILE IN FOSTER CARE BEING RESTORED TO PHYSICAL AND BEHAVIORAL HEALTH.		6,456.
TRANSPORTATION COSTS FOR VOLUNTEERS PICKING UP AND CARING FOR RESCUED DOGS. REIMBURSEMENT IS AT 14 CENTS PER MILE. IF DOGS ARE TO BE TRANSPORTED BETWEEN STATES, COST OF AIR FARE IS REIMBURSED. TRANSPORTATION IS NEEDED FOR SPECIAL NEEDS DOGS OR ADOPTORS LIVING A DISTANCE AWAY FROM RESCUED DOG'S LOCATION.		3,031.
VETERINARY AND SHELTER COSTS TO BRING RESCUED DOGS BACK TO HEALTH AND TO HOUSE DOGS FOR SHORT PERIODS WHEN FOSTER HOMES ARE NOT IMMEDIATELY AVAILABLE.		72,771.
PRINTING AND NEWSLETTER TO PROMOTE RESCUE OF SPECIFIC DOGS AND ASSIST LOCAL DOG RESCUE GROUPS.		772.
	<u>\$ 0.</u>	<u>\$ 83,030.</u>

**STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS**

NET INTANGIBLE ASSETS.....		462.
	TOTAL \$	<u>462.</u>

RHODESIAN RIDGEBACK RESCUE, INC.

36-4239382

**STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BARBARA SAWYER BROWN 651 WEST BELMONT CHICAGO, IL 60657	EXECUTIVE DIREC 40	\$ 0.	\$ 0.	\$ 0.
DEB WELCH 116-18TH SRREET S.E. WASHINGTON, DC 20003-1613	DIRECTOR 30	0.	0.	0.
JUDY CATO 50 CHATTAN LANE TROY, MO 63379-4547	DIRECTOR 30	0.	0.	0.
CAROLE BRADLEY-KENNEDY 6092 LEESIDE CRES MISSISSAUGA ONTARIO, CA L5M5K6	DIRECTOR 30	0.	0.	0.
GREGG DETKOS 3971 LANGLEY COURT N.W. F-600 WASHINGTON, DC 20016-5541	SECRETARY 20	0.	0.	0.
ELISE LEWIS 6526 HARRISON PIKE CHATTANOOGA, TN 37416-1200	SECRETARY 20	0.	0.	0.
LINDA FORMAN CPA 1601 SHERMAN AVENUE EVANSTON, IL 60201-5011	TREASURER 20	0.	0.	0.
BARBARA FERGUSON 5 SHORT WAY SANDWICH, MA 02563	DIRECTOR 30	0.	0.	0.
KIMBERLY LEANOS 621 CITADEL AVENUE CLAREMONT, CA 91711	DIRECTOR 40	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93A	ADOPTION FEES FOR DOGS THAT HAVE BEEN RESCUED AND REHABILITATED - COVERS PART OF THE COST OF VETERINARY AND SHELTER FEES.
99	INTEREST ON SHORT TERM CERTIFICATE OF DEPOSIT HOLDING FUNDS NEEDED FOR DOG RESCUES REQUIRING LARGE OUTLAYS OF CASH FOR VETERINARY AND REHABIITATION EXPENSES.

RHODESIAN RIDGEBACK RESCUE, INC.

36-4239382

STATEMENT 9 (CONTINUED)
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
101	RESCUE CALENDAR FEES FOR PHOTO SUBMISSIONS OF RHODESIAN RIDGEBACK RESCUE DOGS AND OTHER RHODESIAN RIDGEBACKS. CALENDAR DEPICTS SUCCESSFUL RESCUED DOGS AS WELL AS OTHER RHODESIAN RIDGEBACKS AND PROMOTES RESCUED DOGS AS PETS TO CONSIDER. FEES FOR THE PHOTO SUBMISSIONS ARE USED TO DEFRAY COSTS OF OPERATING THE ORGANIZATION.
102	SALES OF DOG-RELATED ITEMS AND THE RESCUE CALENDAR ARE SOLD TO PROMOTE THE ORGANIZATION'S DOG RESCUE ACTIVITIES AND ALLOW INTERESTED INDIVIDUALS TO PURCHASE ITEMS IN A CONVENIENT WEB-BASED LOCATION.

RHODESIAN RIDGEBACK RESCUE, INC.

36-4239382

SCHEDULE A - SUPPORT SCHEDULE PART IV-A

2000 IS THE INITIAL YEAR FOR THE ORGANIZATION

	AMOUNT	%
DIRECT CONTRIBUTIONS WERE	\$11,059	
DOG ADOPTION FEES WERE	41,492	
SPECIAL EVENT - CALENDAR FEES	11,281	
INTEREST INCOME	118	
TOTAL OF INCOME OTHER THAN MERCHANDISE SALES	\$63,950	59%
THE ABOVE INCOME (EXCEPT INTEREST) WAS RECEIVED FROM THE GENERAL PUBLIC.		
TOTAL GROSS REVENUE FROM MERCHANDISE WAS	\$ 44,434	41%
TOTAL - ABOVE	\$108,384	100%

INVESTMENT INCOME WAS INSIGNIFICANT AT \$118