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CLIENT'S COPY

# \* MFB \*

# MARKOWITZ, FENELON & BANK, LLP

### **CERTIFIED PUBLIC ACCOUNTANTS**

DECEMBER 9, 2015

LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969

DEAR WHITNEY:

ENCLOSED ARE THE 2014 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2014 FORM 990

2014 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

JOSEPH R. MAMMINA, JR., CPA MARKOWITZ, FENELON & BANK, LLP

# TAX RETURN FILING INSTRUCTIONS

## FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	
	LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969
Prepared by	MARKOWITZ, FENELON & BANK, LLP 78 WHITE STREET SOUTHAMPTON, NY 11968
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form	887	'9-	E	0
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## IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury

ear 2014, or fiscal year beginning	, 2014, and ending	

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.jrs.gov/form8879eo

2014

Internal Revenue Service Name of exempt organization

Employer identification number

### LAST CHANCE ANIMAL RESCUE FUND, INC.

For calendar ve

26-4301077

,20

#### Name and title of officer WHITNEY KNOWLTON PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	643,196.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		-	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X I authorize MARKOWITZ, FENELON & BANK, ERO firm name	
	y filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforementioned ERO to
	ure on the organization's tax year 2014 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State creen.
Officer's signature	Date
Part III         Certification and Authentication           ERO's EFIN/PIN. Enter your six-digit electronic filing identification           number (EFIN) followed by your five-digit self-selected PIN.	11410505101 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on t confirm that I am submitting this return in accordance with the requirement <i>e-file</i> Providers for Business Returns.	he 2014 electronically filed return for the organization indicated above. I
ERO's signature	Date > 12/09/15
	Form - See Instructions PIRS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14	Form <b>8879-EO</b> (2014)

15381209 795706 05101

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A	or th	e 2014 calendar year, or tax year beginning and	ending		
Ba	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre	B   LAST CHANCE ANIMAL RESCUE FUND, INC.			
	Name	Doing business as LASI CHANCE ANIMAL RESCUE,	INC.	26-4	301077
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	PO BOX 1661		631-	793-8980
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	643,196.
	Amer	SOUTHAMPTON, NI 11909		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: WILLING I KNOWDION		for subordinates	? Yes 🗶 No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c)() () () 4947(a)(1)$	or 🛄 527		list. (see instructions)
		te: WWW.LCARF.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2009 N	State of legal domicile: NY
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO R	ESCUE	ANIMALS FROM	M "KILL"
anc		SHELTERS THAT ARE DEEMED ADOPTABLE, PROV			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more		
202	3				3
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $% \left( 1-\frac{1}{2}\right) =0$		3	
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) $\hfill \ldots$		0	
ivit	6	Total number of volunteers (estimate if necessary)		175	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		795,802.	642,946.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	250.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		795,802.	643,196.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		-	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		40,992.	20,543.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Щ		······································		733,074.	602,517.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		774,066.	623,060.
					20,136.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		21,736.	
ts or inces				ginning of Current Year 167,233.	End of Year 163,097.
Net Assets ( Fund Balance	20	Total assets (Part X, line 16)		95,086.	70,814.
let A ind	21	Total liabilities (Part X, line 26)			
		Net assets or fund balances. Subtract line 21 from line 20		72,147.	92,283.
1 Pa	II Th	Signature Block			

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.

Sign Here	Signature of officer         WHITNEY KNOWLTON, PRES         Type or print name and title	IDENT	Date	
Paid	Print/Type preparer's name JOSEPH MAMMINA	Preparer's signature	Date 12/09/15	Check PTIN if self-employed P00515630
Preparer	Firm's name 🕒 MARKOWITZ, FENEL	ON & BANK, LLP	Firm's	EIN 11-3452093
Use Only	Firm's address 78 WHITE STREET SOUTHAMPTON, NY	11968	Phone	no.631-283-4955
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4 **Open to Public** Inspection

	Form <b>990</b>
4e	Total program service expenses ► 507, 501.
4d	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
-	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
ŀb	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	TRANSPORT AND FOOD ASSOCIATED WITH EACH ANIMAL.
4a	(Code:) (Expenses \$ 507,501. including grants of \$) (Revenue \$) (R
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	COMMITTED PERMANENT HOMES.
	TO RESCUE ANIMALS FROM "KILL" SHELTERS THAT ARE DEEMED ADOPTABLE, PROVIDE MEDICAL CARE AND TEMPORARY FOSTER HOMES WHILE SEEKING SAFE AN
1	Check if Schedule O contains a response or note to any line in this Part III

	000	(0014)
FOUL	990	(2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>л</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

432003 11-07-14

LAST	CHANCE	ANIMAL	RESCUE	FUND,	INC.

	1990 (2014) LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301	.077	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
~7	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
20	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>-</u> -
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
250	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l I
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			[
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

432004 11-07-14

	990 (2014) LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301	077	P	age <b>5</b>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	_		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		_ <u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .	7-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
Ь	to file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g b	If the organization received a contribution of qualined intellectual property, did the organization life rorm 6059 as required r If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
٥	Sponsoring organizations maintaining donor advised funds.	0		
a a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_ <u>-</u>
			000	

LAST CHANCE ANIMAL RESCUE FUND, INC.

Form **990** (2014)

26 - 4301077

Page 5

432005 11-07-14

Form 990 (2014)	1)
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15

LAST CHANCE ANIMAL RESCUE FUND, INC.

26 - 4301077Page 6

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio	'n			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done		12c		х
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright\mathrm{NY}$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website       Another's website       X       Upon request       Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, and	l finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
	WHITNEY KNOWLTON - 631-793-8980				
	61 SHORE ROAD, SOUTHAMPTON, NY 11968				
432006	3 11-07-14		Form	990	(2014)
	6			-	/
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Ch	neck this box if neith	ner the organization nor a	ny related organization com	pensated any current	officer, director, or trustee
----	------------------------	----------------------------	-----------------------------	----------------------	-------------------------------

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				l than	one	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week				l a director/trustee)			from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	id ual 1	Institutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Individual trustee or director	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JOSEPH MESSINA	5.00									
BOARD MEMBER		Х						0.	0.	0.
(2) WHITNEY KNOWLTON	40.00									
PRESIDENT				X				20,543.	0.	0.
(3) JUDITH LANGMAID	40.00									
TREASURER				X				0.	Ο.	0.
432007 11-07-14										Form 990 (2014)

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2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

	1990 (2014) LAST CHAN									26-4	3010	077	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	ompensated Emp	loyees (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do box		(C Posi heck i ss per	<b>c)</b> ition more rson i	) than is bot	one h an	(D) Reportable compensation from	<b>(E)</b> Reportable	n	an	(F) timate nount o	
	week     introm     from     from     from related       (list any hours for related     introm     introm     introm     introm       introm     introm     introm								s	com fr orga and	other pensati om the anizati d relate anizatio	e on ed		
			-											
	Sub-total Total from continuation sheets to Part VI								20,54	3.	0.			0.
	Total (add lines 1b and 1c)								20,54 eceived more than	3.	0.			0.
	compensation from the organization						·						Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any parson listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual	-		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-			5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								npensa			
	(A) Name and business	address	NC	ONE	2					<b>B)</b> of services	C	(C omper	;) nsatior	1
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		iot lii	mite	d to		se li: )	sted	l above) who receiv	ed more than				
43200 11-07	8 14										I	Form	<b>990</b> (2	2014)

<sup>8</sup> 2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

for the second	Form 99	90 (2	2014) LAST	CHANCE A	NIMAL RE	SCUE FUND,	INC.	26-4301	L077 Page <b>9</b>
Total revenue     (A) Total revenue     (B) Pelated or compt Lincon     (C) Unelate Ducked weenue     Reput Ducked Ducked Weenue       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1     1     1       1     1     1     1	Part	VII	Statement of Rever	nue					
Total revenue     Refated or evenue     Unrelated business revenue     Unrelated business revenue     Unrelated business revenue     Unrelated business revenue       1     1     1     1     1       0     1     1     1     1       1     1     1     1     1       0     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1			Check if Schedule O cont	tains a response	or note to any li				
generative       2 a b c c c c c c c c c c c c c c c c c c							Related or exempt function	Unrelated business	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
generative       2 a b c c c c c c c c c c c c c c c c c c	it i	1 a	Federated campaigns	1a					
generative       2 a b c c c c c c c c c c c c c c c c c c									
generative       2 a b c c c c c c c c c c c c c c c c c c	Å Å								
generative       2 a b c c c c c c c c c c c c c c c c c c									
generative       2 a b c c c c c c c c c c c c c c c c c c	<u>i</u> <u>i</u>	е	Government grants (contribut	tions) <b>1e</b>		]			
generative       2 a b c c c c c c c c c c c c c c c c c c	5 S	f	All other contributions, gifts, gran	its, and					
generative       2 a b c c c c c c c c c c c c c c c c c c	2 E		similar amounts not included abo	ve 1f	642,946.				
generative       2 a b c c c c c c c c c c c c c c c c c c		g	Noncash contributions included in lines	s 1a-1f: \$					
generative       2 a	<u> </u>	h	Total. Add lines 1a-1f		🕨	642,946.			
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18					Business Code				
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18	2 2	2 a							
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18	e e	b							
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18	e je	С							
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18	e a	d							
g       Total. Add lines 2a.2t         3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royatties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See         Part IV, line 18									
3       Investment income (including dividends, interest, and other similar amounts)       Image: Similar amounts)       Image: Similar amounts)         4       Income from investment of tax exempt bond proceeds       Image: Similar amounts)       Image: Similar amounts)         5       Royalties       Image: Similar amounts)       Image: Similar amounts)       Image: Similar amounts)         6       a Gross rents       Image: Similar amounts)       Image: Similar amounts)       Image: Similar amounts)         6       a Gross rents       Image: Similar amount from sales of assets other than inventory       Image: Similar amounts)       Image: Similar amount from sales of assets other than inventory       Image: Similar amount from sales of assets other than inventory       Image: Similar amount from sales of assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Similar amount from sales other than inventory       Image: Similar amount from sales ot assets other than inventory       Image: Si	-								
other similar amounts) <ul> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> <li>Royalties</li> <li>Royalties</li> <li>Royalties</li> <li>Rental income or (loss)</li> <li>Rental income or (loss)</li></ul>	-								
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         7 a       Gross amount from sales of assets other than inventory         b       Less: cost or other basis and sales expenses         c       Gain or (loss)         d       Net gain or (loss)         e       Of contributions reported on line 1c). See Part IV, line 18         part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities         10       <	3	3							
5       Royalties       (i) Real       (ii) Personal         6       a Gross rents       (ii) Personal       (iii) Personal         b Less: rental expenses       (iii) Other       (iii) Other         c       Rental income or (loss)       (ii) Other         d       Net rental income or (loss)       (ii) Other         assets other than inventory       (ii) Securities       (ii) Other         b Less: cost or other basis and sales expenses       (ii) Other       (iii) Other         c       Gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Net gain or (loss)       (iii) Other       (iii) Other         d       Gross income from fundraising events (not including \$									
G a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses									
6 a Gross rents		5	Royalties						
b Less: rental expenses		• -	0		(II) Personal	-			
c       Rental income or (loss)						-			
d Net rental income or (loss)						-			
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       (iii) Other       (iii) Other         c Gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         including \$									
assets other than inventory	-								
b       Less: cost or other basis and sales expenses	_   '	/ d		(i) Securities		-			
and sales expenses		h	•			-			
e       Gain or (loss)		b							
d       Net gain or (loss)		c				1			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a       a         b Less: direct expenses b       c Net income or (loss) from fundraising events b       a         9 a Gross income from gaming activities. See Part IV, line 19 a       b       a         b Less: direct expenses b       c       b         10 a Gross sales of inventory, less returns and allowances a       b       c         b Less: cost of goods sold b       b       c         c Net income or (loss) from gaming activities a       c       c         10 a Gross sales of inventory, less returns and allowances a       c       c         c Net income or (loss) from sales of inventory       c       c					· · · · · · · · · · · · · · · · · · ·				
including \$of       of         contributions reported on line 1c). See       Part IV, line 18         Part IV, line 18       a         b Less: direct expenses       b         c Net income or (loss) from fundraising events       >         9 a Gross income from gaming activities. See       a         Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       >         c Net income or (loss) from gaming activities       >         d Gross sales of inventory, less returns       a         and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >									
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	nu i								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   b b	eve								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	Ϋ́		-	-					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a b   b Less: cost of goods sold   c Net income or (loss) from sales of inventory	ţ	b							
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   b Less: cost of goods sold	<u>ا</u> ۲								
b       Less: direct expenses       b	ç								
b       Less: direct expenses       b			Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       ▶		b							
and allowances a   b b   c Net income or (loss) from sales of inventory		с	Net income or (loss) from gam	ning activities	►				
b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory       b	10	0 a	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory									
		b	Less: cost of goods sold	b					
Miscellaneous Revenue Business Code		С							
							0.5.0		
11 a         CASH BACK FROM PAYPAL         900099         250.         250.	11		CASH BACK FROM	PAYPAL	900099	250.	250.		ļ
b		b							
c									
d All other revenue									
e Total. Add lines 11a 11d								0	
12         Total revenue. See instructions.         ►         643,196.         250.         0.           432009 11-07-14         Form 99	32009		i otal revenue. See instructions.		····· <b>&gt;</b>	043,190.	⊿30•	0.	Form <b>990</b> (2014)

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Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	20 542		20 542	
-	trustees, and key employees	20,543.		20,543.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	F	10,544.		10,544.	
с С		10,544.		10,3440	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch 0.)	1,621.		1,621.	
12	Advertising and promotion	4,601.	4,577.		24.
13	Office expenses	5,440.		5,440.	
14	Information technology	- ,			
15	Royalties				
16	Occupancy	21,045.		21,045.	
17	Travel	25,657.	25,657.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,431.		5,431.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,377.		7,377.	
23	Insurance	10,977.		10,977.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	176,044.	176,044.		
a ⊾	SUBCONTRACTORS	79,858.	79,858.		
b	FOOD & SUPPLIES	72,602.	72,602.		
c c	ANIMAL TRANSPORTATION	61,333.	61,333.		
d		119,987.	87,430.	30,206.	2,351.
е 25	All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e	623,060.	507,501.	113,184.	2,331.
<u>25</u> 26	Joint costs. Complete this line only if the organization	023,000.		<u> </u>	4,515.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

432010 11-07-14

15381209 795706 05101

10 2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

Form **990** (2014)

15381209 795706 05101

LAST CHANCE ANIMAL RESCUE FUND, INC. Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors,

92,283.

92,283. 163,097.

(B) End of year

15,808.

147,289.

163,097. 1,485.

69,329.

70,814.

(A)

Beginning of year

27,979.

1

2

3

4

Form 990 (2014)

1

2

3

4

5

		trustees, key employees, and highest compensation	loyees. Complete				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ed perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(d	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	170,404. 23,115.			
	b	Less: accumulated depreciation		23,115.	139,254.	10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa		167,233.	16		
	17	Accounts payable and accrued expenses		2,517.	17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV of	Schedule D		21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelate	ted third	parties	92,569.	23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			95,086.	26	
		Organizations that follow SFAS 117 (ASC 958)		here ► LX and			
Ses		complete lines 27 through 29, and lines 33 and			70 147		
and	27	Unrestricted net assets			72,147.	27	
Bal	28	Temporarily restricted net assets				28	
Fund Balances	29	Permanently restricted net assets		······		29	
		Organizations that do not follow SFAS 117 (AS	SC 958),	check here ▶			
2 Q		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ			31		
Net Assets or	32	Retained earnings, endowment, accumulated inc			70 147	32	
-	33	Total net assets or fund balances			72,147.	33	
	34	Total liabilities and net assets/fund balances		167,233.	34		

Form	1990 (2014) LAST CHANCE ANIMAL RESCUE FUND, INC.	26-43	01077	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			96.
2	Total expenses (must equal Part IX, column (A), line 25)	2			60.
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	<u>2,1</u>	47.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	2,2	83.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2014)

432012 11-07-14

SCHEDULE A	Dublic Charity Statu
(Form 990 or 990-EZ)	Public Charity Statu Complete if the organization is a sect
	4947(a)(1) nonexen

# tion 501(c)(3) organization or a section

7(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	۱
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Department of the Treasury

Internal Revenue Service

Employer	ider	ntification	number
	-		

				IMAL RESCUE					6-4301077
Pa	nrt I	Reason for Public	Charity Status (	All organizations must o	omplete th	is part.) Se	ee instructions	-	
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 11,	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	ed in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E.)					
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	al described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9		An organization that norma				contributi	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of i	ts suppor	t from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) f	rom busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a		ively to test for public s	afety. See	section 50	09(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of,	o perform	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section 5	<b>09(a)(3)</b> . (	Check the box in
		lines 11a through 11d that							
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s), t	pically by	giving
		the supported organization		-	• •				
		organization. You must o							
b		<b>Type II.</b> A supporting org	-		ction with it	s support	ed organizatio	n(s), by ha	ving
		control or management o	-				-		-
		organization(s). You mus			1			5	
с		Type III functionally inte			l in connec	tion with.	and functional	v integrate	ed with.
		its supported organizatio						, ,	,
d		Type III non-functionally						ted oraani	zation(s)
		that is not functionally int						-	
		requirement (see instruct		• •	-		-		
е		Check this box if the orga	,					II. Type III	
-		functionally integrated, or						,	
f	Ente	er the number of supported of		inan) integratea capper					
a		vide the following information	•	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i aoverning (	n your document?	support	see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructio	ons)	Instructions)
					1				
					1				

Form 990 or 990-EZ. 432021 09-17-14

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2014

13 2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

#### Schedule A (Form 990 or 990 EZ) 2014 LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301077 Page 2 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	346,221.	529,168.	563,290.	795,802.	642,946.	2877427.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	346,221.	529,168.	563,290.	795,802.	642,946.	2877427.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2877427.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011 529,168.	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	346,221.	529,168.	(c) 2012 563,290.	795,802.	642,946.	2877427.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		400.	100.		250.	750.
11	Total support. Add lines 7 through 10						2878177.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	bhere			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.97 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	99.98 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
	<u></u>			. /		dulo A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

r i 2 (	Gifts, grants, contributions, and membership fees received. (Do not						
i 2 (							
2 (							
	include any "unusual grants.")		<b></b>				
f	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3 (	Gross receipts from activities that						
á	are not an unrelated trade or bus-						
i	iness under section 513						
i	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
			+				
f	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5		<b> </b>				
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>				
f	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the very						
	amount on line 13 for the year Add lines 7a and 7b		1				
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 20 <sup>-</sup>	14 (f) Tota
	Amounts from line 6	(0) 2010		(0) 2012	(4) 2010	(0) 20	
10a ( (	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
(	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		1				
11   2 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 (	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	organization.
	check this box and stop here	-			-		-
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2014 (li			column (f))		15	
	Public support percentage from 2013					16	
	tion D. Computation of Inves						
	Investment income percentage for 20					17	
	Investment income percentage from 2						
	33 1/3% support tests - 2014. If the						
		-					
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2013. If the						
		-					
	line 18 is not more than 33 1/3%, che		· •	-		-	
<u> 20  </u>	Private foundation. If the organization	I UIU NOT CHECK A	box on line 14, 19	a, or 190, check ti			
00- ·	3 09-17-14				SC	nequie A (FC	orm 990 or 990-EZ

1

2

3a

3b

3c

4a

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **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.*
- **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* **P***art* **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) 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**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

16

4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

## Schedule A (Form 990 or 990-EZ) 2014 LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301077 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
	tion 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 <b>Part VI</b> 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		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	
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			
<u></u>	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
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 (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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.			
a				
d	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U		Зb		
42000	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. 5 09-17-14 Schedule A (Form 9		0-22	2014
43202	5 09-17-14 Schedule A (Form 9 17	JU UI 99	J-L∠)	2014

15381209 795706 05101

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

# Schedule A (Form 990 or 990-EZ) 2014 LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301077 Page 6

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		(optional)
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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	Minimum 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	y-integr	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

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# Schedule A (Form 990 or 990-EZ) 2014 LAST CHANCE ANIMAL RESCUE FUND, INC. 26-4301

1 01	Type in Non-Functionally integrated 50s	allo supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
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 which t	the organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
 b				
 c				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Schedule A	(Form 990	or 990-EZ	) 2014	LAST	CHANCE	ANIMAL	RESCUE	FUND,	INC.	26-43010	77 Page 8
Dout VI											

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).


<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Employer identification number

	LAST	CHANCE	ANIMAL	RESCUE	FUND,	INC.	26-4301077
Organization type (che	ck one):						
Filers of:	Sec	tion:					

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

L For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (F	<sup>-</sup> orm 990,	990-EZ,	or 990-PF)	(2014)
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Name of organization

15381209 795706 05101

Employer identification number

26 - 4301077

### LAST CHANCE ANIMAL RESCUE FUND, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIDEWALK ANGELS, INC. C/O STUART A. DITSKY CPA 475 PARK AVE SOUTH - 24TH FL NEW YORK, NY 10016	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOSEPH SCOTT CONSULTING LLC 61 SHORE ROAD SOUTHAMPTON, NY 11968	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JUDITH LANGMAID 80-2 NEWBERN AVE MEDFORD, MA 02155	\$19,713.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Noncash (Complete Part II for
	Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)

Page **2** 

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

Part II

Employer identification number

LAST CHANCE ANIMAL RESCUE FUND, INC.

26 - 4301077

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 EZ ~ 000 PE
3453 11-05-14	23	Schedule B (Form	990, 990-EZ, or 990-PF

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

аят сна	NCE ANIMAL RESCUE FU		26	-4301077
art III I	Exclusively religious, charitable, etc., cor he year from any one contributor. Complete	ntributions to organizations describ	d in section 501(c)(7), (8), or (10) tha	t total more than \$1,0
c	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.)	
a) No.	Jse duplicate copies of Part III if addition			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
		(e) Transfer of g		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
		e) Transfer of g	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
_[=				
		(e) Transfer of g	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
Part I				
		(e) Transfer of g	 ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee

~~		Cumplement	ol Financial Otatomanta			OMB No. 15	545-0047
SCHEDULE D (Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,						20	11
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t	<b>)</b> .		Open to	
	tment of the Treasury al Revenue Service	Information about Schedule D (For Information about Schedule D)	Attach to Form 990. rm 990) and its instructions is at <sub>www.irs</sub>	aov/f	orm00		
Nam	e of the organizati		, , , , , , , , , , , , , , , , , , , ,	.govn		ployer identificatio	n number
		LAST CHANCE ANIMAL	-			26-43010	
Pa		ations Maintaining Donor Advise		or A	ccol	unts.Complete if th	ie
	organizatio	on answered "Yes" to Form 990, Part IV, lin					<u> </u>
			(a) Donor advised funds	(	b) Fun	ids and other accou	Ints
1		nd of year					
2		of contributions to (during year)					
3 4		of grants from (during year)					
5		on inform all donors and donor advisors in		ed fun	ds		
č	-	on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
	for charitable purp	poses and not for the benefit of the donor of	or donor advisor, or for any other purpose	confer	ring		
	impermissible priv	ate benefit?	· · · · · · · · · · · · · · · · · · ·			Yes	No No
Pa	rt II Conserv	ration Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV,	line 7.		
1		servation easements held by the organizat					
		n of land for public use (e.g., recreation or e		-	•		
		of natural habitat	Preservation of a certi	fied hi	storic	structure	
•		n of open space					
2	•	through 2d if the organization held a quali	fied conservation contribution in the form of	of a co	nserv	ation easement on	ine last
	day of the tax yea	r.		1		Held at the End of th	e Tax Vear
а	Total number of c	onservation easements			2a		
b					2b		
с		vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired					
	listed in the Natior	nal Register			2d		
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the	organ	izatior	n during the tax	
	year 🕨						
4		where property subject to conservation ea					
5		tion have a written policy regarding the pe					
e		forcement of the conservation easements i					└── No
6 7		er hours devoted to monitoring, inspecting, ses incurred in monitoring, inspecting, and					
8	-	vation easement reported on line 2(d) abov		-		Ŧ	-
		i)(4)(B)(ii)?				Yes	No No
9		be how the organization reports conservat					and
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes t	the org	ganiza	tion's accounting fo	or
_	conservation ease						
Pa		ations Maintaining Collections o		ther \$	Simil	ar Assets.	
		f the organization answered "Yes" to Form				· · · ·	
та		elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public ex tnote to its financial statements that descr		ICE OF	րսուն	service, provide, ir	rait Alli,
b		elected, as permitted under SFAS 116 (AS		and h	alance	e sheet works of art	historical
5		r similar assets held for public exhibition, e					
	relating to these it		,				J
		Ided in Form 990, Part VIII, line 1				\$	
						\$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial	gain,	provid	le	
	•	unts required to be reported under SFAS 1					
а		l in Form 990, Part VIII, line 1				\$	
b	Assets included in	n Form 990, Part X				\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. <sup>432051</sup> <sup>10-01-14</sup>

Schedule D (Form 990) 2014

25 2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_2

		ANCE ANIMA			-			6-43			age <b>2</b>
Par	t III   Organizations Maintaining C										
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ls, check an	ly of the f	following that	at are a s	ignificant u	se of its	collectio	n item:	S
а	Public exhibition	d	I 🗌 Loa	n or excł	nange progr	ams					
b	Scholarly research	е			0 1 0						
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiza	tion's co	llection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	ganizatior	n answered	"Yes" to	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for con	tribution	s or other a	ssets not	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:			· · · · ·				
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t	Ending balance								Yes		
	Did the organization include an amount on F										」No │
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>			1
		(a) Current year	(b) Prior		(c) Two yea	1		ars back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourront your		you	(0) 1110 you	ilo buon	<b>(u)</b> 11100 ye		(0) + 0 u	youro	Juon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	re held ar	nd administe	ered for t	he organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ii), are the related organizations								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment fund	ds.							
1 0	Complete if the organization answere		) Dart IV lin	0 1 1 0 S	o Eorm 000	Dort V	lino 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulated	4	(d) Boo	e volue	
	Description of property	basis (investr		basis (			preciation	1	( <b>u)</b> D00	value	
1a	Land	100	,		,				10	0,0	00.
	Buildings		804.				2,04	0.		8,70	
	Leasehold improvements						,				
	Equipment	0.0	600.				21,07	′ <b>5</b> .		8,52	25.
	Other						•			-	
	Add lines 1a through 1e. (Column (d) must e		X, column (	B), line 1	0c.)	•			14	7,28	89.
		,	· · ·		,				_ /_		

Schedule D (Form 990) 2014

432052 10-01-14

Part VII				hart V, line 10	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value		art X, line 12. Iluation: Cost or end-of-year market v	alue
	al derivatives				
	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990. Part IV. I	ine 11c. See Form 990. P	art X. line 13.	
	(a) Description of investment	(b) Book value		luation: Cost or end-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11d. See Form 990, P	art X, line 15.	
	(a)	Description		(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<u></u>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, I		990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	eral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin				
2. Liability	for uncertain tax positions. In Part XIII, provide	e the text of the footno	te to the organization's fir	nancial statements that reports the	
	ation's liability for uncertain tax positions under				

LAST CHANCE ANIMAL RESCUE FUND, INC.

26-4301077 Page 3

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

	UE FUND, INC.	26-43	301077 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu		
Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1 Total revenue, gains, and other support per audited financial statements			643,196.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			643,196.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4b		_
c Add lines <b>4a</b> and <b>4b</b>			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			643,196.
Part XII Reconciliation of Expenses per Audited Financial Sta	•	ses per Return	<b>).</b>
Complete if the organization answered "Yes" to Form 990, Part IV, line			
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			623,060.
			623,060.
a Donated services and use of facilities	2a		623,060.
			623,060.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> </ul>	2b 2c		623,060.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> </ul>	2b 2c 2d		
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2b 2c 2d	2e	0.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> </ul>	2b 2c 2d	2e	
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2b 2c 2d	2e	0.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	2b 2c 2d 2d	2e	0.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2b 2c 2d 2d	2e	0. 623,060.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> </ul>	2b 2c 2d 2d 4a 4b	2e 3 4c	0. 623,060. 0.
<ul> <li>a Donated services and use of facilities</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2b 2c 2d 2d 4a 4b	2e 3 4c	0. 623,060.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fit	<b>ZU14</b> Open to Public
Name of the organization	LAST CHANCE ANIMAL RESCUE FUND, INC.	Employer identification number $26-4301077$
FORM 990, PAF	T I, DOING BUSINESS AS:	
LAST CHANCE A	NIMAL RESCUE, INC.	
FORM 990, PAF	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS:	SION:
TEMPORARY FOS	TER HOMES WHILE SEEKING SAFE AND COMMITTED P	ERMANENT
HOMES.		
FORM 990, PAF	T VI, SECTION B, LINE 11:	
THE PRESIDENT	REVIEWS FORM 990 BEFORE SUBMITTING IT.	
FORM 990, PAF	T VI, SECTION B, LINE 15A:	
THE EXECUTIVE	COMMITTEE MEETS AND DISCUSSES THE SALARY FO	R THE DIRECTOR.
FORM 990, PAF	T VI, SECTION C, LINE 18:	
THE ORGANIZAT	ION'S GOVERNING DOCUMENTS AND FINANCIAL STAT	EMENTS ARE
AVAILABLE UPC	N REQUEST.	
FORM 990, PAF	T VI, SECTION C, LINE 19:	
THE ORGANIZAT	ION'S GOVERNING DOCUMENTS AND FINANCIAL STAT	EMENTS ARE
AVAILABLE UPC	N REQUEST.	
FORM 990, PAF	T IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE:	5:
BOARDING AND	CARETAKING:	
PROGRAM SERVI	CE EXPENSES	32,175.
MANAGEMENT AN	D GENERAL EXPENSES	0.
FUNDRAISING E	XPENSES	0.
LHA For Paperwork Re	Juction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedu	ule O (Form 990 or 990-EZ) (2014)
	29	

15381209 795706 05101

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

LAST CHANCE ANIMAL RESCUE FUND, INC.	Employer identification numb 26-4301077
TOTAL EXPENSES	32,175
CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	20,22
FUNDRAISING EXPENSES	
TOTAL EXPENSES	20,22
REIMBURSEMENTS:	
PROGRAM SERVICE EXPENSES	16,36
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	16,36
SPONSOR:	
PROGRAM SERVICE EXPENSES	14,50
MANAGEMENT AND GENERAL EXPENSES	
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	
FUNDRATSING EXPENSES	14 50
FUNDRAISING EXPENSES	14,50
FUNDRAISING EXPENSES TOTAL EXPENSES	14,50
FUNDRAISING EXPENSES TOTAL EXPENSES DOG TRAINING:	14,50
FUNDRAISING EXPENSES TOTAL EXPENSES DOG TRAINING: PROGRAM SERVICE EXPENSES	14,50 11,00
FUNDRAISING EXPENSES TOTAL EXPENSES DOG TRAINING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	14,50
FUNDRAISING EXPENSES TOTAL EXPENSES DOG TRAINING: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES FARM SUPPLIES:	14,50 11,00 11,00

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization LAST CHANCE ANIMAL RESCUE FUND, INC.	Page 2 Employer identification number 26-4301077
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,638.
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,440.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,440.
MEALS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,444.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,444.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,351.
TOTAL EXPENSES	2,351.
LAUNDRY:	
PROGRAM SERVICE EXPENSES	2,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,000.

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization LAST CHANCE ANIMAL RESCUE FUND, INC.	Employer identification numbe 26-4301077
GROOMING:	
PROGRAM SERVICE EXPENSES	1,335
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,335
CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	411
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	411
GIFTS:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	97
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	97
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 119,987

 32

 15381209 795706 05101
 2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

Form	4562
	ment of the Treasury

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

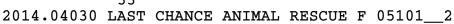
990

Attach to your tax return. Information about Form 4562 and its separate instructions is at <u>www.irs.gov/form4562</u>. Business or activity to which this form relates

	2014
	Attachment Sequence No. <b>179</b>
	Identifying number

OMB No. 1545-0172

	ST CHANCE ANIMAL R			M 990 PZ			26-4301077
Pai	rt I Election To Expense Certain Pro	perty Under Section 1	79 Note: If you have any lis	ted property, c	omplete Part	V before yo	
<b>1</b> N	Aaximum amount (see instructions)					1	500,000
<b>2</b> T	otal cost of section 179 property p	laced in service (see	instructions)				
<b>3</b> T	hreshold cost of section 179 prope	erty before reduction	in limitation				2,000,000
<b>4</b> F	Reduction in limitation. Subtract line	3 from line 2. If zero	o or less, enter -0-				
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from	line 1. If zero or less, enter	-0 If married filing separately, see	instructions	<u></u>	5	
6	(a) Description c	f property	(b) Cost (busin	ess use only)	(c) Electe	d cost	
7 L	isted property. Enter the amount fr	om line 29		7			
<b>8</b> T	otal elected cost of section 179 pro	operty. Add amounts	s in column (c), lines 6 and	7		8	
<b>9</b> T	entative deduction. Enter the smal	ler of line 5 or line 8				9	
1 <b>0</b> C	Carryover of disallowed deduction fi	rom line 13 of your 2	013 Form 4562			10	
11 E	Business income limitation. Enter the	e smaller of busines	s income (not less than zer	o) or line 5		11	
1 <b>2</b> S	Section 179 expense deduction. Ad	d lines 9 and 10, but	do not enter more than lir	ne 11		12	
	Carryover of disallowed deduction to			🕨 13			
lote	: Do not use Part II or Part III below	for listed property. I	nstead, use Part V.				
Par	rt II Special Depreciation Allo	wance and Other D	epreciation (Do not inclue	de listed prope	rty. <b>)</b>		
<b>14</b> S	Special depreciation allowance for q	ualified property (otl	ner than listed property) pl	aced in service	during		
ti	he tax year					14	
<b>15</b> F	Property subject to section 168(f)(1)	election				15	
	Other depreciation (including ACRS)					16	
Par	rt III MACRS Depreciation (Do	not include listed p	roperty.) (See instructions.)	)			
			Section A				
17 N	ACRS deductions for assets place	ed in service in tax ye	ears beginning before 2014	1		17	6,607
<b>18</b> If	you are electing to group any assets placed in	service during the tax year	into one or more general asset acco	ounts, check here	►		
	Section B - Asse	ets Placed in Servic	e During 2014 Tax Year I	Jsing the Gene	eral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and	(c) Basis for depreciation				
		year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a b	3-year property 5-year property		(business/investment use	(d) Recovery period	(e) Convention	(f) Method	
			(business/investment use only - see instructions)				
b	5-year property		(business/investment use only - see instructions)				
b c	5-year property 7-year property 10-year property		(business/investment use only - see instructions)				
b c d	5-year property 7-year property 10-year property 15-year property		(business/investment use only - see instructions)				
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property		(business/investment use only - see instructions)	5		200DB	
b c d e	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property		(business/investment use only - see instructions)	5 25 yrs.	MQ	200DB	
b c d e f	5-year property 7-year property 10-year property 15-year property 20-year property	in service	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs.	MQ	200DB	
b c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property		(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs.	MQ MQ MM MM	200DB 	
b c d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	in service	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs.	MQ MQ MM MM MM	200DB S/L S/L S/L S/L S/L	
b c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	/ / / / /	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MQ MQ MM MM MM MM	200DB S/L S/L S/L S/L S/L S/L	771
b c f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset	/ / / / /	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MQ MQ MM MM MM MM	200DB S/L S/L S/L S/L S/L S/L S/L ciation Sys	771
b c d f f h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life	/ / / / /	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MQ MQ MM MM MM MM	200DB S/L S/L S/L S/L S/L S/L S/L ciation Sys S/L	771
b c f f g h i 20a b	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year	/ / / / s Placed in Service	(business/investment use only - see instructions)	<b>5</b> 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. <b>sing the Altern</b> 12 yrs.	MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L Ciation Sys S/L S/L S/L	771
b c d f f g h i 20a c	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year	in service	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MQ MQ MM MM MM MM	200DB S/L S/L S/L S/L S/L S/L S/L ciation Sys S/L	771
b c d f g h i 20a b c Par	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year <b>t IV</b> Summary (See instructions	/ / / / s Placed in Service / s.)	(business/investment use only - see instructions)	<b>5</b> 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. <b>sing the Altern</b> 12 yrs.	MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	771
b c d f g h i 20a c Par 21 L	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year <b>Summary</b> (See instructions isted property. Enter amount from	/ / / / / S.) / / / / / / / / / / / / /	(business/investment use only - see instructions)	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L Ciation Sys S/L S/L S/L	771
b c f f g h i 20a c Par 21 L 22 T	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year t IV Summary (See instructions isted property. Enter amount from Total. Add amounts from line 12, lin	/ / / / s Placed in Service / s.) line 28 	(business/investment use only - see instructions) 15,412. During 2014 Tax Year Us es 19 and 20 in column (g	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MQ MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L S/L	771
b c f f g h i 20a b c Par 21 L 22 T	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year t IV Summary (See instructions isted property. Enter amount from Total. Add amounts from line 12, lin Enter here and on the appropriate lin	/ / / / s Placed in Service / s.) line 28 	(business/investment use only - see instructions) 15,412. During 2014 Tax Year Us es 19 and 20 in column (g artnerships and S corporation	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MQ MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L S/L	771
b c f f g h i 20a b c Pai 21 L 22 T E 23 F	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Asset Class life 12-year 40-year t IV Summary (See instructions isted property. Enter amount from Total. Add amounts from line 12, lin	/ / / / s Placed in Service / s.) line 28  es 14 through 17, lin nes of your return. P l in service during th	(business/investment use only - see instructions) 15,412. During 2014 Tax Year Us es 19 and 20 in column (g artnerships and S corporate e current year, enter the	5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 39 yrs. ing the Altern 12 yrs. 40 yrs. 40 yrs. 0, and line 21. tions - see instr	MQ MQ MM MM MM MM ative Depree	200DB S/L S/L S/L S/L S/L S/L S/L S/L	771



Part V         Listed Property (include automobiles, certain other whicks, certain aircraft, certain computers, and property used or methainment, the stimulant mission part or related the sequence, complete gay 24a, 24b, columes (p) through (c) discontine and Other information (Cautomos to finalistic for sameling and the sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24a, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, 24b, columes (p) list of the same sequence, complete gay 24b, columes (p) list of the same sequence, complete gay 24b, 24b, 24b, 24b, 24b, 24b, 24b, 24b,	For	rm 4562 (2014)		T CHANC										4301			
Note: For any whick for which you are using the standard misege rate or deducting lasse expense, complete	Pa				ertain ot	her vehic	cles, cer	tain airc	raft, ce	ertain com	puters, a	and prop	perty use	ed for en	tertainme	ent,	
Section A - Depreciation and Other Information (Caution: See the instructions for Instructing for Instructions for Instructions for Instructi		Note: For any	vehicle for w	hich vou are u	ising the and Sec	standar	d mileag f applica	je rate o ble.	r dedu	cting leas	e expens	se, comp	oleteonly	, 24a, 24	4b, colun	nns (a)	
See 0 by put have exidence to support the business/investment use cuinned?       Yes       No       26 bit '1'way, 'is the evidence with the low of the									instruc	tions for l	imits for	oasseng	er autor	nobiles.)			
(a)       (b)       (c)       (	24:								_	-					Ves	No	
Type Property (15) vehicles         Date property (15) vehicles         Vehicles         Vehicles         Vehicles         Vehicles </td <td>2-10</td> <td></td> <td><u></u></td> <td></td> <td></td> <td></td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2-10		<u></u>				<u> </u>										
25       Special deprociation allowance for qualified business use:       25         27       Property used more than 50% in a qualified business use:       26         27       Property used for0% or less in a qualified business use:       26         27       Property used 50% or less in a qualified business use:       51         28       Add amounts in column (h), lines 25 through 27. Enter here and n line 21, page 1       28         28       Add amounts in column (h), lines 25 through 27. Enter here and n line 21, page 1       28         29       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         29       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         20       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         20       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         20       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         20       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         21       Add amounts in column (h), lines 26 through 27. Enter here and n line 21, page 1       28         21       Total lines diven during the yaar.       40       40       40       40       40		(a) Type of property (list vehicles first)	Date placed in	Business, investmen	t o	Cost or	(bu	sis for depr siness/inve	estment	Recovery	Me	thod/	Depre	eciation	Elec sectio	cted n 179	
used more than 50% in a qualified business use:       25         26       Property used more than 50% in a qualified business use:	25	Special depreciation all			*	v placed	in servi	co durin	a tha t	l av vear ar	u Dd				00		
26       Property used more than 50% in a qualified business use:         27       Property used 50% or less in a qualified business use:         27       Property used 50% or less in a qualified business use:         28       Add amounts in column (h), line 25 through 72. Enter here and on line 21, page 1         28       Add amounts in column (h), line 26. Enter here and on line 21, page 1       28         29       Add amounts in column (h), line 26. Enter here and on line 21, page 1       28         29       Add amounts in column (h), line 26. Enter here and on line 21, page 1       28         20       Total business/investment miles driven during the year (do not include formuling miles) (and on during the year (do not include formuling miles) (and on during the year (do not include formuling miles) (and on during the year (do not include formuling miles) (and on during the year (do not include formuling miles) (and on during the year (do not include for personal use (the less of the	25	• •			• • •				•	-		25					
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i         %         S/L           28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1         28           29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1         29           Section B - Information on Use of Vehicles           Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles           (a) Total business/investment miles driven during the year.           30 Total business/investment miles driven during the year.         (a) (b) (c) (d) (e) (f)         (d) (e) (f)           (yehicle           31 Total commuting miles driven during the year.           32 Total other personal inconcommuting) miles driven during the year.           Add amounts in columon muting miles driven during the year.           32 Total other personal inconcommuting miles driven during the year.           34 Was the vehicle available for personal use during of during the year.           Add amounts in columon during the year.           36 is another vehicle available for personal use during the year.           36 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees           Answer these questions to determine If you meet an exception to completing Section B for vehicles used by emproves who are not more than 5%											-						
28       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         29       Add amounts in column (h), lines 25. Enter here and on line 7, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         (c)         (c) <td colsp<="" td=""><td></td><td></td><td> : :</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td> : :</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>			: :		-						-					
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35       Was the vehicle used primarily by a more than 5% owner or related person?	34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
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36 Is another vehicle available for personal use?       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: Complete Section B for the covered vehicles.       Image: Complete Section B for the covered vehicles.         41 Do you meet the requirements concerning qualified automobile demonstration use?       Image: Complete Section B for the covered vehicles.       Image: Code Section Sectin Section Section Section Section Section S	35	Was the vehicle used p	rimarily by a	more													
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# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

## FOR THE YEAR ENDING

DECEMBER 31, 2014

LAST CHANCE ANIMAL RESCUE FUND, INC. PO BOX 1661 SOUTHAMPTON, NY 11969
MARKOWITZ, FENELON & BANK, LLP 78 WHITE STREET SOUTHAMPTON, NY 11968
NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
PLEASE MAIL AS SOON AS POSSIBLE.
NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$75 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

2014.04030 LAST CHANCE ANIMAL RESCUE F 05101\_\_2

Open to Public Inspection

1.General Informat		<u>01/01/</u>		<u> </u>	014		
For Fiscal Year Beginning	<u> </u>		2014 and Ending (	mm/dd/yyyy) 12/31/2			
Check if Applicable:	Name of Org LAST C		IMAL RESCUE F	UND, INC.	Employer Identification Number (EIN): 26-4301077		
Name Change	Mailing Add				NY Registration Number: $41 - 74 - 32$		
Final Filing Amended Filing	City / State /	ZIP: MPTON, N	Y 11969		Telephone: 631 793-8980		
Reg ID Pending	Website:		1 11909		Email:		
		CARF.ORG			WHITNEY@LCARF.ORG		
Check your organization' registration category:	s	nly 🗌 EPTL o	only X DUAL (7A &		nd your registration category in the harities Registry at <u>www.CharitiesNYS.com</u>		
2. Certification							
	fication requir	ements. Improper	certification is a violation	of law that may be subject	to penalties.		
they ar	re true, correc			of the State of New York ap WHITNEY KNC	, ,		
President or Authorized	Officer:			PRESIDENT	and Title Date		
	_	Signature	Signature Print Name and Title JUDITH LANGMAID				
Chief Financial Officer o	r Treasurer:	Signature	ignature Print Name and Title Date				
3. Annual Reporting	a Exempti	on					
			organization is claiming a	n oxomption under the cate	gory (7A and EPTL only filers) or both		
,			с с	•	ied Char500. No fee, schedules, or		
					e exemption, you must file applicable		
schedules and attachme	-	•	In all exemption of are a L	OAL MEI THAT CIAILIS ONLY OF	le exemption, you must lie applicable		
	onto ana pay						
3a. 7A filir	na exemption:	Total contribution	ns from NY State includin	a residents. foundations. ao	vernment agencies, etc, did not		
	<u> </u>				aising counsel (FRC) to solicit		
contributio	ons during the	e fiscal year. Or th	e organization qualifies fo	r another 7A exemption (see	e instructions).		
_							
	<b>e</b> .	on: Gross receipts	did not exceed \$25,000	and the market value of ass	ets did not exceed \$25,000 at any time		
during the	e fiscal year.						
4. Schedules and A	ttachmon	te					
See the following page		15					
for a checklist of	Yes 🛛	🕻 No 4a. Did yo	ur organization use a pro	fessional fund raiser fund ra	aising counsel or commercial co-venturer		
schedules and				? If yes, complete Schedule			
attachments to			along activity in the Otate	in yes, complete concoule	τα.		
complete your filing.	Yes 🛛	No 4b Did th	e organization receive go	vernment grants? If yes, cor	mplete Schedule 4b		
			o organization receive ge	voliment grante. Il yee, eel			
5. Fee							
See the checklist on the	7A filing	g fee:	EPTL filing fee:	Total fee:	Make a single-check or money order		
next page to calculate yo					payable to:		
fee(s). Indicate fee(s) you		25	ф F0		"Department of Law"		
are submitting here:	\$	25.	\$50.	\$ <u>75.</u>			

<sup>468451</sup> 12-29-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014) 2

### LAST CHANCE ANIMAL RESCUE FUND, INC.

	HEDOOD FOND, E
	Simply submit the certified (
CHAR500	- Your organization is registe
Annual Filing Checklist	- Your organization is registe

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- LII you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- X Audit Report if you received total revenue and support greater than \$500,000

l No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

#### **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- X \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you marked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
$\fbox$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
50,000,000 or more \$1500,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at <a href="http://www.charitiesNYS.com">www.charitiesNYS.com</a>

#### Where do I find my organization's NET WORTH?

- NET WORTH for fee purposes is calculated on:
- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

<sup>468461</sup> <sup>12-29-14</sup> 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014)

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3