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SCANNED NAR 25

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2012 Open to Public

Inspection

Form 990-

A For the 2012 calendar year, or tax year beginningOCTOBER 01 , 2012, and ending SEPTEMBER 30 **.20** 13 Check if C Name of organization D Employer identification number CALEDONIA ANIMAL RESCUE 030354573 Address change Room/ Number & street (or P.O. box, if mail is not delivered to street addr.) E Telephone number Name change Initial return PO BOX 4054 (802) 535-0255 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Application pending SAINT JOHNSBURY VT 05819 Number > H Check ► X if the organization is not G Accounting Method: X Cash Other (specify) ▶ Accrual I Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) -- X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check ▶ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 4,052 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part i Check if the organization used Schedule O to respond to any question in this Part I 1,852 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts . . 2 3 Membership dues and assessments 2,200 Δ Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c R Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) C Less, direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold......................... Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ... 7с 8 Other revenue (describe in Schedule O) 4,052 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 10 Grants and similar amounts paid (list in Schedule O) · · · 10 11 11 12 12 Salaries, other compensation, and employee benefits ... 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 56 Printing, publications, postage, and shipping 15 15 16 16 Other expenses (describe in Schedule O) 56 17 17 3,996 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 NET 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 18,535 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) · · · · · 22,531 21

Part II Balance Shee		NIMAL RESCUE				Page Page
	ets (see the instruct	ions for Part II)				
' Check if the organ	iization used Schedi	ule O to respond to any	question in this Part II .	<u> </u>	<u></u> .	<u> </u>
			(A) Beg	inning of year		(B) End of year
2 Cash, savings, and inves	stments			18,535	22	21,35
B Land and buildings				0	23	
Other assets (describe in	n Schedule O)			0	24	·
5 Total assets				18,535	25	21,35
5 Total liabilities (describe	e in Schedule O),			0	26	
7 Net assets or fund bala	ances (line 27 of col	umn (B) must agree wit	h line 21)	18,535	27	21,35
	•	•	ents (see the instructions question in this Part III	· · · · · ·		Expenses (Required for section 501(c)(3) and 501(c)(4)
What is the organization's promesone the organization's prossured by expenses. In a ersons benefited, and other resons the action of the second of the secon	ogram service accon a clear and concise elevant information (nplishments for each of i	ts three largest program s rvices provided, the numl	pervices,		organizations and section 4947(a)(1) trusts; optional for others.)
(Grants \$) If this am	ount includes foreign gra	ınts, check here		28a	1
(Grants \$) If this am	ount includes foreign gra	unts, check here		29a	
(Grants \$) If this am	ount includes foreign gra	ants, check here		30a	
Other program services (de	escribe in Schedule	O)		_		
(Grants \$) If this am	ount includes foreign gra	ints, check here	<u> ▶ Ù</u>	31a	<u> </u>
32 Total program service ex				<u> </u>	32	
			List each one even if not	•	the II	nstructions for Part IV)
Check if the orga	ınızation used Sched	1 413	question in this Part IV.	146 4 44	<u></u>	······································
(a) Name and title		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-	(d) Health benefits contributions to employee benefit pl	i, *	(e) Estimated amount of other compensation
TEL AMERICAN	"0	devoted to position	(if not paid, enter -0-)	deferred compensa	LTION.	Other compensation
SEE ATTACHMENT	# 2			1		
		ļ				
						
				-		

Pa	Utner Information (Note the Schedule A and personal benefit contract statement requirements in the			г
<u></u>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	55	 	 ^
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		1	ļ
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u> </u>		 ``
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	i	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	36	Ì	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		ļ	1
b	Did the organization file Form 1120-POL for this year?	37b	İ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		l	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter.	7		
а	Initiation fees and capital contributions included on line 9	1		{
b	Gross receipts, included on line 9, for public use of club facilities	7		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		}
	section 4911 ▶; section 4912 ▶; section 4955 ▶	1	}	1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	7		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	}		1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		}	1
	reimbursed by the organization	1]	1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1	1	
_	and Financial Accounts.	1	1	١
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	X
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ~- Check here			_ [
43				• [
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
440	Did the expensation mentals any departed funds during the year? If "Yes," Form 000 must be		163	110
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	ĺ	l v
h	·	4-70		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	aah	l	
c	completed instead of Form 990-EZ	44b 44c	 	X
_	Did the organization receive any payments for indoor tanning services during the year?	440	 	┝┸
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	ł	{
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	754	 	 ^
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions).	45b	1	x
	<u></u>			

JVA

<u>Form</u>	990-EZ	(2012)								age 4
	5 (4)								Yes	No
46 `		organization engage, directly or indirectly,							ļ	1,,
Ďa	rt Vi	dates for public office? If "Yes," complete		<u> </u>	<u></u>	· · · · · ·	 	. 46		X
<u> </u>	· ·	Section 501(c)(3) organization All section 501(c)(3) organizations must		17_10	h and 52 and com	nlete the ta	hlee for lines			
		50 and 51	answer questions	4/-4:	ob and 52, and comp	DIELE LITE LA	bies for filles			
		Check if the organization used Schedu	le O to respond to	ลกง ต	uestion in this Part V	1				۲
				<u>u.i.j q</u>	200001111111111111111111111111111111111				Yes	No
47	Did the d	organization engage in lobbying activities	or have a section	501(h)	election in effect du	nng the ta	(
						_		. 47		X
48	Is the or	ganization a school as described in section	on 170(b)(1)(A)(iı)?	If "Ye	s," complete Schedu	le E .		48		Х
49a	Did the d	organization make any transfers to an exe	mpt non-chantabl	e relat	ed organization?			. 49a		Х
þ	If "Yes,"	was the related organization a section 52	7 organization?.					. 49b		Х
50		e this table for the organization's five high								
	employe	es) who each received more than \$100,0						·		
	(a) Name and title of each employee	(b) Average hours per we		(C) Reportable compensation (Forms		th benefits, contruib-	(e) Estima		
		paid more than \$100,000	devoted to pos		W-2/1099-MISC)	and defer	red compensation	other co	mpensa	ation
NON	1E									
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						}				
	Total nu	mber of other employees paid over \$100	.000.		 	L				
-		, , ,						_		
51		e this table for the organization's five high O of compensation from the organization.				no each r	eceived more that	п		
(a)		address of each independent contractor paid mo			(b) Type of service		(2) -			
(u)		address of each independent contractor paid ind	7e than \$ 100,000		(b) Type of service		(6) 60	mpensatior	ı 	
NON	ΙE		ľ							
			1							
										
			<u> </u>							
										
			Į.							
	Total ac-	mber of other independent contractors ea	ach receiving over	\$100.0			L			
52		organization complete Schedule A? Note	•		·	7(a)(1)	_ _			
JŽ		npt charitable trusts must attach a comple		,(0, 0,	jamzauono ana 4547	(4)(1)		▶ ∏ Ye	s V	No
		of perjury, I declare that I have examined this reti			chedules and statement	e and to th	hest of my knowles			
		complete. Declaration of preparer (other than of						190 0110 001		
		1 (1000 Santa						12/16	113	,
Sigr	1	Signature of officer						Date		
Here	•	WANDA SENTER			VICE P	RESID	ENT			
	1	Type or print name and title				<u> </u>				
	'	Print/Type preparer's name	parer's signature	101	Date	1	Check of	PTIN		
Paid	,	JENNIFER WEBSTER	LIKKI	10 K	104 2/11	0115		P0122	852	6
Pre	parer	Firm's name HAND R BLOC	K	~~				33794		
-	Only	Firm's address ▶ 364 RAILR@AD	ST				Phone no. 802	-748-	5319	,
May t	he IRS d	scuss this return with the preparer showi	above? See instr	uction	3			▶ Ye		No
AVL	12 90	30FZ4 TWF 990 Cooverant Forms (So	ftware Only) = 2012 T	w			Fo	m 990 -	EZ (2	2012)

12 990EZ4

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

CALEDONIA ANIMAL RESCUE 030354573

<u>Pa</u>	rt l	Reason	for Public Chari	ty Status (All organi	izations mu	est comple	te this par	t.) See inst	ructions.				
he o	orga			cause it is: (For lines 1									
1		A church, conv	ention of churches, or	association of churche	s describe	dın sect i	on 170(b)	(1)(A)(i).					
2				(1)(A)(ii). (Attach Sche									
3				ervice organization des									
4	L	A medical resea	arch organization opera	ated in conjunction with	h a hospita	describe	din secti	on 170(b)	(1)(A)(iii).	Enter the	e hospita	i's nar	ne,
	_	city, and state.											
5	L		operated for the bene). (Complete Part II.)	efit of a college or unive	ersity owne	d or opera	ated by a g	overnmen	tal unit de	scribed in	n seçti	On	
6		A federal, state	, or local government o	or governmental unit de	escnbed in	section	170(b)(1)(A)(v).					
7	Ц		i that normally receives (1)(A)(vi). (Complete P	a substantial part of it art II.)	s support f	rom a gov	ernmental	unit or fro	m the gen	eral pubi	ic descri	bed in	
8	Г	A community tr	ust described in section	on 170(b)(1)(A)(vi). (C	omplete Pa	art II.)							
9		An organization	that normally receives	r (1) more than 33 1/3°	% of its sup	oport from	contributio	ons, memb	ership fee	s, and gi	ross		
		support from gi	ross investment income	empt functionssubje e and unrelated busine le 30, 1975. See secti	ss taxable	ıncome (le	ess section	511 tax) f			•		
0	П	An organization	organized and operat	ed exclusively to test for	or public sa	afety. See	section 5	i09(a)(4).					
1		purposes of on	e or more publicly sup	ed exclusively for the be ported organizations desired type of supporting the sup	escribed in	section 5	09(a)(1) or	section 50	09(a)(2). S	ee sect	tion		
		a Type I	b ∏ Type II		I-Function		•	а Г	Type III-		atio pally	integra	ated
е		By checking the	s box, I certify that the	organization is not cor ers and other than one	ntrolled dire	ectly or ind	lirectly by o		e disquali	fied		mogre	100
f		If the organizati	on received a written o	determination from the	IRS that it	ıs a Type I	, Type II, c	r Type III :	supporting	1			_
		organization, cl	neck this box				•••						. [
9		Since August 1 following perso	_	ization accepted any g	ift or contri	button from	m any of th	ie					
		(i) A person w	ho directly or indirectly	controls, either alone	or togethe	r with pers	ons descn	bed ın (iı)		_		Yes	No
		and (iii) bel	ow, the governing bod	y of the supported org	anization?				• •	[11g(i)		<u>X</u>
		(ii) A family me	ember of a person desc	cribed in (i) above?						ļ	11g(ii)		<u>X</u>
		(iii) A 35% con	trolled entity of a perso	n described in (i) or (ii)) above?	• •				·· · [1 1g (iii)		<u>X</u>
<u>h</u> _	_	Provide the following	owing information abou	ut the supported organ	zation(s).								
(i) N		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		sted in your	organizatio		organizatio organiz	Is the in in col. (i) ed in the S?		Amoun	
	_				Yes	No	Yes	No	Yes	No			
							<u> </u>						
Pa4													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Name of the organization

CALEDONIA ANIMAL RESCUE

Employer identification number

030354573

VET EXPENSES 618.00 FEED 993 SUPPLIES 688

990 PROGRAM SERVICE ACCOMPLISHMENT

For calendar year 2012 or tax period beginning $10-01-2012$, and ending $09-30-2013$	TTACHMEN'	<u>r 1: PAGI</u> I¢	E 1 - 990-EZ	PAGE 3,	PART III	<u> </u>	
f Organization DONIA ANIMAL RESCUE Statement of Program Service Accomplishments and allocations Amount includes foreign grants Employer Identification Number 03 0 3 5 4 5 7 3 Program service expenses Exempt Purpose Achievements	SPECTION	1	year 2012 or tax period	beginning	10-01-20	12, and ending	09-30-2013
DONIA ANIMAL RESCUE - Statement of Program Service Accomplishments and allocations Amount includes foreign grants Exempt Purpose Achievements	e of Organizati		, <u> </u>	<u></u>	<u> </u>		
- Statement of Program Service Accomplishments and allocations Amount includes foreign grants Exempt Purpose Achievements	LEDONIA	ANIMAL E					
Exempt Purpose Achievements	t III - Stateme	ent of Program S	Service Accomplishmo				
TER PROVIDING HOMES TO ANIMALS, FOOD AND VET CARE	ints and allocat	ions	A				xpenses
TEA PROVIDING HOMES TO ANIMALS, FOOD AND VEL CARE	בוחבט טו	POUTDING	HOMEC TO AN	Exempt Pun	oose Achieveme	nts	
	ETIEK L	ROVIDING	HOMES TO AN	ITMALS, FO	י שמא שטכ	ET CARE	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT OPEN TO PUBLIC	2: PAGE 1 - 9	90-EZ PAGE 2,	PART IV		
INSPECTION	For calendar year 2012 or to	ax penod beginning	10-01-2012, and	ending 09-30-	2013 [.]
Name of Organization		<u> </u>			fication Number
CALEDONIA	ANIMAL RESCUE			03035457	
(A) (Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
DON MCCAFF PRESIDENT	REY	24.00	0	0	0
WANDA SENT VICE PRESI	ER DENT TREAS	24.00	0	0	0
PATRICIA J SECRETARY	AUCH	24.00	0	0	0
MARK SMITH MEMBER		0.00	0	. 0	0
MELISSA PO	TTER	0.00	0	0	0
LAURA JEAN STEWART MEMBER		24.00	0	0	0
JOHN COFFI	N	0.00	0	0.	0

990 BOOKS ARE IN CARE OF

ATTA	CHMENT	3 - 990-E	Z PAGE 3, PART	CV, LINE 42	?A	
OPEN	TO PUBLIC					
INSPE	CTION	For calendar year 2	012 or tax period beginning	10-01	, and ending	09-30-2013
	Organization				E	mployer Identification Number
		ANIMAL RES	CUE		0	30354573
Part V -	Line 42a					
Individua or Business	al Name .			· · · WANDA	SENTER	
Street Ac	ddress .			<u>70 f</u> I	FTH AVENUE	
U.S. Add	iress.					
	D r	05819	City <u>SAINT</u>	JOHNSBURY	State	<u>VT</u>
(City .		<u> </u>			
ş	Province or	State				
(Country					· · · · · · · · · · · · · · · · · · ·
ı	Postal code					
F	Phone Num	ber				·
F	Fax Number					· · ·