Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	For the 2019 calendar year, or tax year beginning NA , 2019, and ending				, 20				
B Check if applicable:		oplicable:	C Name of organization D Emp	loyer identi	fication number				
	Address c	change	Build A Rescue Kennel, Inc.	2617	759463				
	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	E Telephone number					
=	Initial retur	rn n/terminated	28 Highway 95A North	(775)	463-1842				
=	Amended		City or town, state or province, country, and ZIP or foreign postal code F Gro	F Group Exemption					
=		n pending	Yerington, NV 89447 Nur	nber ▶ [na				
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H Check	If the limit is a second control of the limit is a second	e organization is not				
I V	Vebsite	e: ► www			Schedule B				
J T	ax-exen	npt status (che	ck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form 9)	90, 990-E	Z, or 990-PF).				
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets						
(Pai	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	> \$					
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions fo	r Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I		🗆				
	1	Contributio	ns, gifts, grants, and similar amounts received	1	45,144.00				
	2	Program se	ervice revenue including government fees and contracts	2					
	3	Membersh	ip dues and assessments	3					
	4	Investment	income	4					
	5a	Gross amo	unt from sale of assets other than inventory 5a						
	b	Less: cost	or other basis and sales expenses						
	С 6	Gain or (los Gaming an	5c						
ē	а								
Revenue	b	Gross inco	-						
ě	~								
ш			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b 3,461.00	,					
	С	Less: direc	t expenses from gaming and fundraising events 6c 2,018.00	_					
	d		-						
			e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	6d	1443.00				
	7a	Gross sale	s of inventory, less returns and allowances 7a						
	b	Less: cost of goods sold		-					
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c					
	8		nue (describe in Schedule O)	8	4000.00				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,587.00				
Expenses	10		similar amounts paid (list in Schedule O)	10					
	11		uid to or for members	11					
	12		her compensation, and employee benefits	12					
	13	Professional fees and other payments to independent contractors			10,690.00				
	14	Occupancy, rent, utilities, and maintenance			13,356.00				
	15		iblications, postage, and shipping	15	•				
	16		nses (describe in Schedule O)	16	24,081.00				
	17		nses. Add lines 10 through 16	17	48,127.00				
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	2460.00				
	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with						
		end-of-yea	r figure reported on prior year's return)	19	60,988.00				
	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20	·				
z	21	Net assets	21	63,448.00					

Form 990-EZ (2019) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 6328.00 22 5525.00 23 54,660.00 23 Land and buildings 54,660.00 24 Other assets (describe in Schedule O) 24 3263.00 25 Total assets 60,988.00 25 63,488.00 Total liabilities (describe in Schedule O) 26 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 60988.00 27 63,488.00 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any guestion in this Part III (Required for section What is the organization's primary exempt purpose? **Animal Rescue** 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Build a Rescue Kennel, Ic runs Safe Haven Rescue Kennel. A substantial part of the budget goes to care of the dogs and running the facility. **4,500.00**) If this amount includes foreign grants, check here . 28a 33,876.00 Veterinary care includes both general care(vaccinations, spay/neuter) and extraordinary care. We take in seniors and special needs dogs with urgent medical needs. Vet care runs high, even with discounted services. (Grants \$ 29a 11,696.00 **2200.00**) If this amount includes foreign grants, check here . . . 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 45,572.00 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Kristine Brown Director 25 0

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>/</u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ► NA			
42a		'	63-184	
	Located at ► 28 Highway 95A North, Terington, NV ZIP + 4 ►	89447	7-2317	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country •	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ 0 No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		/
150	·	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		

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										Yes	No
46		he organization engage, directly or in									
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I					46		
Part \	VI	Section 501(c)(3) Organizations	Only								_
		All section 501(c)(3) organizations	s must answer que	stions 47-49b ar	nd 52, an	d com	plete t	he ta	bles f	or lin	es
		50 and 51.	•				•				
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					. Г
		9								Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect du	ırina th	e tax		1.00	110
		id the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II							47		
48	-	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48		-
									49a		-
									49a		-
b 50		"Yes," was the related organization a section 527 organization?									
30		oyees) who each received more than									
	empi	oyees) who each received more than	\$100,000 of comper			lealth be		711C, CI	ilei iv	ione.	
	(a)	Name and title of each employee	(b) Average	(c) Reportable			employe	e (e) E	Estimate	ed amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS			d deferre	ed ot	ther con	npensat	tion
			<u>'</u>	,	, C(mpensa	ation				
None											
f	Total	number of other employees paid over	er \$100.000	. •	0						
51		plete this table for the organization'			-	— ctors v	who ea	ch rec	reived	more	thai
٥.	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0.0		011 100	201700	111010	· ci iai
	(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation				
None											
				-							
				†							
				†							
	Total	number of other independent contra	otore each receiving	Over \$100 000				^			
		-	_		· • —			0			
52		the organization complete Schedu	ie A? Note: All se	ection 501(c)(3) or	ganization	is mu	st atta		¬ v		NI.
		oleted Schedule A				• •			_ Yes		No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						knowle	dge and	belief,	it is
	1001, al	Journal of preparer (other than	omoci, is based on all lillo	mation of willon prepar	or mas arry K	Towneug	···				
Ci~											
Sign		Signature of officer Da									
Here											
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check [☐ if	PTIN		
Prepa	arer							oloyed			
Use (Firm's name ▶					Firm's EIN ▶				
		Firm's address ▶				Phone	no.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions				▶	Yes		No