••	-			rt Form		- <b>T</b>		OMB No. 1545-1150
For	990-EZ Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							0014
								2014
	Do not enter social security numbers on this form as it may be made public.						lic.	a a company and a company and a company
Depa Inter	Department of the Treasury Information about Form 990-EZ and its instructions is at www.irs.gov/form990.						990.	Open to Public Inspection
A	For t	he 2014 calendar year, or ta	x year beginning	, 2014,	and ending			,
B	Addres	if applicable: C					D Employer	identification number
П	Name	change 3R RESCUE						913265
	Initial	return PO BOX 608					E Telephone	e number
	Final rel	urn/terminated WINTERS, CA	A 95694				707-	529-4643
		led return ation pending					F Group E	Exemption
		unting Method: X Cash	Accrual Other (specify) >			H Check		e organization is <b>not</b>
		site: • 3RRESCUE.COM				requir	ed to attack	n Schedule B
				sert no.) 4947(a)	(1) or 52	7 (Form	1 990, 990-E	EZ, or 990-PF).
ĸ	Form		pration Trust Associati	on Other				
					t000 000 -		6 4 - 4 - 1	
L	asse	ts (Part II. column (B) below	Ho determine gross receipts. If g are \$500,000 or more, file Form	1 990 instead of F	\$200,000 o orm 990-E2	r more, or i		50,646.
			and Changes in Net Asset					00/0101
			used Schedule O to respond to ar					
	1		and similar amounts received					49,770.
	2	Program service revenue ir	ncluding government fees and cor	ntracts			2	
	3		essments					
	4	Investment income					4	
	5 a	Gross amount from sale of	assets other than inventory		5 a			
			nd sales expenses	ł				
	c		other than inventory (Subtract line 5b from	L	"l		<b>5</b> c	
R			(attach Schedule G if greater that	an \$15,000)	6a			
۲ ۲		b Gross income from fundraising events (not including \$ of contributions						
REVENUE		from fundraising events rep	ported on line 1) (attach Schedule contributions exceeds \$15,000)	G if the sum	6b		376.	
E	6		gaming and fundraising events.		6c	C	570.	
				L				
	d	b and subtract line 6c)	gaming and fundraising events (a	dd lines 6a and			6d	876.
	7 a		ess returns and allowances		7a		18 J. N.	070.
		•			7 b	·····		
	с	Gross profit or (loss) from s	sales of inventory (Subtract line 7	b from line 7a)			7c	
	8	Other revenue (describe in	Schedule O)				8	
	9	Total revenue. Add lines 1,	2, 3, 4, 5c, 6d, 7c, and 8				► 9	50,646.
	10		s paid (list in Schedule O)					
	11	Benefits paid to or for mem	nbers				11	
E	12	Salaries, other compensation	on, and employee benefits				12	
P	13	Professional fees and other	r payments to independent contra	ctors	•••••	•••••	13	825.
Ñ	14		nd maintenance					
EXPESSES	15	Printing, publications, posta	age, and shipping					3,702.
-	16	Other expenses (describe in	n Schedule O)	S.	₹Ë SCHEI	NTE O	16	26,741.
	17	Total expenses. Add lines	10 through 16	<u></u>	••••••			31,268.
۸	18	Excess or (deficit) for the y	ear (Subtract line 17 from line 9).			••••		19,378.
A NS EE TT	19	Net assets or fund balances	s at beginning of year (from line 2	27, column (A)) (i	nust agree	with end-of	-year	
ΕĔ	•		ar's return)					6,333.
Ś	20		s or fund balances (explain in Scl					
	21		s at end of year. Combine lines 1			<u> </u>	► 21	25,711.
BA/	A Fo	Paperwork Reduction Act	Notice, see the separate instructi	ons.				Form <b>990-EZ</b> (2014)

	990-EZ (2014) 3R RESCUE			46-0	913265 Page <b>2</b>
Par	<b>Balance Sheets</b> (see the ins Check if the organization used Sch	tructions for Part II)	estion in this Part II.		
	oncontrate organization dood out			Beginning of year	(B) End of year
22	Cash, savings, and investments		· · · · · · · · · · · · · · · · · · ·		2 25,711.
23	Land and buildings				20,711.
24	Other assets (describe in Schedule O).				24
25	Total assets		J		<b>5</b> 25,711.
	Total liabilities (describe in Schedule O				
27	Net assets or fund balances (line 27 of				
	t III Statement of Program Service A			0,333.14	25,711. Expenses
rai	Check if the organization used Sc	chedule O to respond to any o	puestion in this Part III.	X	equired for section 501
What i	s the organization's primary exempt purpose? SE	E SCHEDULE O			(3) and 501(c)(4)
Desc	ribe the organization's program service a	accomplishments for each of	its three largest program		janizations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	e manner, describe the service	ces provided, thé numb	er of persons for	others.)
	SEE SCHEDULE O		······································		
20	SEE SCHEDOFE O				
	(Grants \$ ) If th	nis amount includes foreign g	rants check here	28	2 22 002
29		ins amount mendes foreign g		ZC	<u>a</u> 23,083.
23					
	(Grants \$) If the	nis amount includes foreign g	rants check here	29	
30		as amount includes toreigh g			a
50					
	(Grants \$) If the	nis amount includes foreign g	ropta obcok bara		_
21	Other program services (describe in Sch				a
21		nis amount includes foreign gi			
22	Total program service expenses (add li				
	IV. List of Officers, Directors,				20,000.
rai	Check if the organization used So				
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	
		position	(If not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
LIN	DA PALAGI LYNN				
PRE	SIDENT	20	0.	0	. 0.
THO	MAS ANDERSON				
DIR	ECTOR	10	0.	0	. 0.
JOH	N R LYNN				
SEC	RETARY	20	0.	0	. 0.
SAN	DRA JOYCE				
	ASURER	10	0.	0	. 0.
	A GAYNES				
DIR	ECTOR	10	0.	0	. 0.
	······································				
					······································
				······································	
BAA		TEEA0812L 05	5/00/14		
DAA		TEEA08121 0	5/28/14		Form 000 E7 (2014)

Forn	n <b>990-EZ</b> (2014) 3R RESCUE	46-091326	5	Р	age 3
Pa	<b>rt V</b> Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any que				X
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	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				
25	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		34		X
55 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year from busin (such as those reported on lines 2, 6a, and 7a, among others)?		35 a		x
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an expl		35 b		<u>^</u>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section is reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		x
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		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37	<b>a</b> 0.			
	b Did the organization file Form 1120-POL for this year?		37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emp any such loans made in a prior year and still outstanding at the end of the tax year covered by the	bloyee <b>or</b> were his return?	38 a	A Ch	X
ł	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	/			
	Section 501(c)(7) organizations. Enter:				
a	a Initiation fees and capital contributions included on line 9	a <u>N</u> /A			
ł	b Gross receipts, included on line 9, for public use of club facilities	b N/A			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year	ir under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ►	0.	$\{N_{ij},N_{ij}\}$		
ł	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	ection 4958 excess ear that has not been	N 12		35 3
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
C	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizatior • managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
C	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.		Survey Survey	
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited ta shelter transaction? If 'Yes,' complete Form 8886-T	x	40 e	and the	X
41	List the states with which a copy of this return is filed <b>CA</b>				

42 a The organizati books are in c	on's are of	▶ ]	LINDA	PALAGI	LYNN
Located at <	<u>P0</u>	BOX	608	WINTERS	<u>CA</u>

Telephone no. ► 707-529-4643

Located at PO BOX 608 WINTERS CA	ZIP + 4 🏲 95694			
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			Yes	No
financial account in a foreign country (such as a bank account, securities account, or other fir	nancial account)?	2 Ь		Х
If 'Yes,' enter the name of the foreign country:		1.45	an in it	1.12
				)e
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
c At any time during the calendar year, did the organization maintain an office outside the U.S.	?	2c		Х
If 'Yes,' enter the name of the foreign country:►	L			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 :	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 a	n tradi Ar e tradis	x
I	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.	. 44 b	Page 1997 - No	X
	c Did the organization receive any payments for indoor tanning services during the year?	. 44 c		Х
(	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d		al star
45 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		X
ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	17. A.C.	X
			0 57 /	2014

Form 990-	EZ (2014) 3R RESCUE			46-091	13265	F	age 4
-						Yes	No
<b>46</b> Did t	he organization engage, directly or indire	ctly, in political campa	ign activities on behalf o	of or in opposition to		l	
	lidates for public office? If 'Yes,' complete				46		X
Part VI			17 47				
	All section 501(c)(3) organization for lines 50 and 51.	ins must answer q	uestions 47-49b and	d 52, and complete	the table	es	
		0.1					
	Check if the organization used Schedul	e U to respond to any	question in this Part VI.		<u> </u>	1	
47 Did t	he organization engage in lobbying activities	or have a section 501/h	) election in effect during :	the tax year? If 'Yes '		Yes	No
	plete Schedule C, Part II				47		х
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		X
<b>49 a</b> Did t	he organization make any transfers to an	exempt non-charitable	e related organization?		49a		X
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?			49b		
	plete this table for the organization's five high				ey 🛄		
empl	oyees) who each received more than \$100,00	00 of compensation from	the organization. If there	is none, enter 'None.'			
	(a) Name and title of each ampleuse	(b) Average hours per week devoted	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate	d amour	nt of
	(a) Name and title of each employee	to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensatio	n
NONE		· · · · · · · · · · · · · · · · · · ·					
<u>NONE</u>							
f Tota	I number of other employees paid over \$1	00.000					
			andant contractors who as		100 000 of		
com	plete this table for the organization's five high pensation from the organization. If there is	s none, enter 'None.'	childent contractors who ea		100,000 01		
	(a) Name and business address of each independent co		(b) Type of		(c) Comp	ensation	 1
NONE							
NONE							
					····	·	
····.			· · · · · · · · · · · · · · · · · · ·				
·····		<del></del>					
d Tota	I number of other independent contractors	each receiving over \$	5100.000	▶			
	he organization complete Schedule A? No	-		ttach a			
	pleted Schedule A			· · · · · · · · · · · · · · · · · · ·	► X Yes	L	No
Under penaltie	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying sche	dules and statements, and to the	e best of my knowledge and bel	ief, it is		
	and complete. Declaration of preparer (other than onice	) is based of an information of	or which preparer has any known				
Cian	Signature of officer			Date			
Sign Here	SANDRA TOYCE			TREASURER			
	SANDRA JOYCE   Type or print name and title			IKEASUKEK			
	Print/Type preparer's name	Preparer's sonature		P آت ا	ΓIN		
		emean	proja/	Check I if			
Paid	PAMELA A. MAININI, CPA Firm's name ► PAMELA A MAININI, (	PAMELA A. MAININI	CPA	- sen-empioyeu P	00177905	t	
Preparer Use Only			₩IJ₩—	Firm's EIN	20-256211	6	
Use only			<del>ル    -   </del>		20-356312		
	DAVIS, CA 95616			(530	<u>) 758-365</u>	<u> </u>	