

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C

SALUKI TREE OF LIFE ALLIANCE
 3701 SACRAMENTO STREET #345
 SAN FRANCISCO, CA 94118

D Employer Identification Number

91-2045806

E Telephone number

415/387-7613

G Gross receipts \$ 29,816.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates?

Yes ☐ No ☒

H(b) Are all subordinates included?

Yes ☐ No ☐

If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.STOLA.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2000

M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION'S SPECIFIC PURPOSES ARE THE PROTECTION, PRESERVATION, AND RESCUE OF THE SALUKI, AN ANCIENT DOG BREED.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a).....	3
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	0
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	0
	6	Total number of volunteers (estimate if necessary).....	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	0.
	b	Net unrelated business taxable income from Form 990-T, line 34.....	0.
Revenue	8	Contributions and grants (Part VIII, line 1h).....	
	9	Program service revenue (Part VIII, line 2g).....	29,812.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	4.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	29,816.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
	14	Benefits paid to or for members (Part IX, column (A), line 4).....	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,012.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	28,380.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	28,380.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12.....	1,436.
	20	Total assets (Part X, line 16).....	34,320.
	21	Total liabilities (Part X, line 26).....	0.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	34,320.

Part II 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	Date			
	CHERIE FEHRMAN Type or print name and title	VP, SEC/TR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARK A. MORRIS		4/28/14		P00548834
	Firm's name ▶ MORRIS & MORRIS, CPA'S				
	Firm's address ▶ 2200 POWELL STREET, SUITE 990 EMERYVILLE, CA 94608-1821	Firm's EIN ▶ 94-1524909 Phone no. (510) 658-9080			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐

1 Briefly describe the organization's mission:

THE ORGANIZATION'S SPECIFIC PURPOSES ARE THE PROTECTION, PRESERVATION, AND RESCUE OF
THE SALUKI, AN ANCIENT DOG BREED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,194. including grants of \$) (Revenue \$)
THE COSTS OF VETERINARY SERVICES ARE THE ONLY SIGNIFICANT EXPENDITURES. THESE
EXPENSES ARE PAID FOR THE PROTECTION, PRESERVATION, AND RESCUE OF THE SALUKI.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 26,194.

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 3

SALUKI TREE OF LIFE ALLIANCE

91-2045806

4/28/14

02:44PM

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	1,419.
BANK FEES.....		174.
FUNDRAISING.....		1,012.
INSURANCE.....		1,000.
OFFICE EXPENSES.....		1,758.
SALES TAX.....		33.
VETERINARY EXPENSE.....		22,371.
TOTAL	\$	27,767.

THE ORGANIZATION'S SPECIFIC PURPOSE
CONSERVATION, AND RESCUE OF THE SALUKI, AN ANCIENT DOG BREED.

CLIENT'S COPY

MARK A. MORRIS

Preparer's signature

4/28/14

Date

Preparer's ID number

P00548834

Firm name MORRIS & MORRIS, CPA'S

Firm address 2700 FOWELL STREET, SUITE 990
EMERYVILLE, CA 94608-1821

Firm EIN 94-1524909

Phone no (510) 658-9080

Preparer has prepared this return with the preparer shown above? (see instructions)

Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112 11/2013

Form 990 (2013)