Form **990-EZ**

Short Form 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.

OMB No. 1545-1150

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 2	2017 calenda	r year, or tax year beginning 01-01, 2017, and	ending		12-31 ,201	7			
В	Check if ap	applicable: C Name of organization D Emp					n number			
	Address ch	nange	THE BOXER RESCUE OF OKLAHOMA SOCIETY	73-	73-1497716					
	Name chan	nge	one number							
Χ	Initial return	n								
	Final return	n/terminated	10026 A S MINGO RD	269	(91	L8)724-2132				
	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption				
	Application	pending	Tulsa, OK 74133		Numbe	er ►				
G	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ►		H Check ►	X if the organi	zation is not			
I	Website	: ► <u>www</u> .	TBRO.ORG		required to	attach Schedule	В			
J	Tax-exe	empt status (check only one) -	527	(Form 990,	990-EZ, or 990-	PF).			
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other							
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tot	al assets					
(Pa	art II, colu	umn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	79,123			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see t	he instructio	ns for Part I)				
		Check if t	he organization used Schedule O to respond to any question in th	is Part I			<u>x</u>			
	1	Contributions	s, gifts, grants, and similar amounts received			1	35,829			
	2	Program ser	vice revenue including government fees and contracts			2				
	3	Membership	dues and assessments			3				
	4	Investment in	ncome			4				
	5a	Gross amou	nt from sale of assets other than inventory							
	b	Less: cost or								
	С	Gain or (loss		5c						
	6	Gaming and fundraising events								
	а	Gross incom								
ne		\$15,000)								
Revenue	b	Gross incom	ions							
8		from fundrais	sing events reported on line 1) (attach Schedule G if the	1						
		sum of such	gross income and contributions exceeds \$15,000) 6b		43,294					
	С	Less: direct of	expenses from gaming and fundraising events 6c		22,136					
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act						
		line 6c) .				6d	21,158			
	7a	Gross sales	of inventory, less returns and allowances			-				
	b	Less: cost of	goods sold							
	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8	Other revenu	ue (describe in Schedule O)			8				
			ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	56,987			
	10		imilar amounts paid (list in Schedule O)			10				
	11	•	I to or for members			11				
S	12		er compensation, and employee benefits			12				
nse	13		fees and other payments to independent contractors			13	1,206			
Expenses	14		rent, utilities, and maintenance			14	17,802			
ш	15		lications, postage, and shipping			15	2,213			
	16		ses (describe in Schedule O)			16	33,605			
	17	•	ses. Add lines 10 through 16		▶	17	54,826			
رم	18		eficit) for the year (Subtract line 17 from line 9)			18	2,161			
sets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree							
Net Assets		-	igure reported on prior year's retum)			19	9,434			
	20	_	es in net assets or fund balances (explain in Schedule O)			20				
_	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20		▶	21	11,595			

Form 990-EZ (2017) THE BOXER RESCUE OF OKLA	AHOMA SOCIETY			73-1	497	716 Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to resp	oond to any question	n in this Par				
		-	(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments	• • • • • • • • • • •	• • • • • •		9,434	22	11,595
23 Land and buildings		H-		0	23	0
24 Other assets (describe in Schedule O)	• • • • • • • • • •			0	24	0
25 Total assets		· · · · · · ·		9,434	25	11,595
,		F		0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree				9,434	27	11,595
Part III Statement of Program Service Accomplishme	·		-			Expenses
Check if the organization used Schedule O to res	•		rt III		(Rec	uired for section
What is the organization's primary exempt purpose? ANIMAL PROT	rection & welfa	RE			,	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title		nizations; optional for				
28 An event hosted by volunteers to educate t	he community a	bout				
animal welfare and the impotance of spayin	g and neutring					
their pets due to over-population.						
(Grants \$) If this amount inc	cludes foreign grants, cl	heck here .		▶ 🔲	28a	0
29 Bark Walk & Pet Fest in an event hosted by	volunteers to					
bring community animal welfare organization	ns together in	one				
setting for pet adoptions.				<u> </u>		
(Grants \$) If this amount inc	cludes foreign grants, cl	heck here .		▶ 🔲	29a	0
30 Microchipping events hosted by volunteers	to provide the					
community with the opportunity to have the						
microchipped.						
(Grants \$) If this amount inc	cludes foreign grants, cl	heck here .		▶ □	30a	0
· · · · · · · · · · · · · · · · · · ·						
, ,	cludes foreign grants, cl				31a	
32 Total program service expenses (add lines 28a through 31a)					32	0
Part IV List of Officers, Directors, Trustees, and Key Emplo					ructio	ns for Part IV)
Check if the organization used Schedule O to respond to						
		(c) Reportab	nle	(d) Health benefits,		
(a) Name and title	(b) Average hours per week	compensati		contributions to empl		(e) Estimated amount of
(-)	devoted to position	(Forms W-2/109 (if not paid, e		benefit plans, and deferred compensa		other compensation
NICOLE HUNSAKER		STMA01	11101 -0-)	dererred compensa	illori	
TREASURER	5.00		0		o	0
AMY GRETEMAN	3.00	STMA02				
PRESIDENT	20.00	5111102	0		o	0
MARILYN MAXWELL	20.00	STMA03				
	20.00	SIMAUS	0		0	0
VICE PRESIDENT NICHOLE BROWNE	20.00	STMA04				0
	20.00	SIMAU4	•			0
SECRETARY	20.00	GM343.0.E	U		0	0
KACEE CRAWFORD	F 00	STMA05	•			•
BOARD MEMBER	5.00	G TT 1 0 C	U		0	0
KARRI JONES		STMA06	_			
BOARD MEMBER	5.00		0		0	0
	I				- 1	

Form 9	90-EZ (2017) THE BOXER RESCUE OF OKLAHOMA SOCIETY 73-14977	16	Р	age
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
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		X
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		X
35 a	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		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		
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		Х
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
. . u	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	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		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		21
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
E	transportion 2 If IIVan II complete Forms 2000 T	40e		v
41	and the second s	400		Χ
		24 2	122	
+2 a	The organization's books are in care of ► Nicole Hunsaker Located at ► 10026-A S. Mingo Rd 269, Tulsa, OK Telephone no. ► 918-7 74133	4 4-2.	134	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	420		- 25
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
_	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
·	If "Yes," enter the name of the foreign country:	420		Λ
12				
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	L	Vac	Al-
11 -	Did the organization maintain any depart advised funds during the year? If "Vee " Form 000 must be		Yes	No
+4 d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		v
L	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	116		v
_	completed instead of Form 990-EZ	44b		X

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 44d **45 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a **b** 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) 45b

73-1497716

to candidates for public office? If "res," complete Schedule C, Part I 46 X											Yes	No
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Ves No	46	Did the	organization engage, directly or indirectly, in	n political campaign activi	ties on beha	lf of or in opp	osition					
All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Total full the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 48 is the organization as acholo as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 is the organization as cholo as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 49 bid the organization and the organization of the related organization? 49 bid the organization and the organization of the independent composition of the organization. 49 bid the organization in this part organization of the independent composition of the organization. 49 bid the organization and the organization of the organization. 49 bid the organization of the organization of the organization of possible or the organization. 49 bid the organization of the organization in the organization of the organiza	_								<u> </u>	46		X
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 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 The organization and school as described in section 170(h)(h)(h)(h) if Yes, complete Schedule E But the organization and the part part part part part part part part	Par				000 17 1	IOb and EC) and so	malata tha	toble	o for	linaa	
Check if the organization used Schedule O to respond to any question in this Part V			, , , , <u> </u>	musi answei quesii	0115 47 - 4	19D and 52	i, and co	inpiete trie	lable	55 101	III IES	'
47 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 47 X X X X X 48 Is the organization as carbool as described in section 170(h)(1/(h)(i))? If "Yes," complete Schedule E 48 X X X X X X X X X				edule O to respond	to any qu	estion in t	his Part	VI				П
to the organization engage in lotibying activities or have a section 501(h) election in effect during the tax year? If Year, complete Schedule C, Part II			oneon ii ale organization acea est		to any qu		ino i ait	** * * * * *	• • •	• • •	Yes	No
year? If "Yes," complete Schedule C, Part II ### Is the organization a school as described in section 1700)(1)(A)(ii)? II "Yes," complete Schedule E ### If "Yes," was the related organization as eacino 1827 organization? ### If "Yes," was the related organization as section 527 organization? ### If "Yes," was the related organization as section 527 organization? ### If "Yes," was the related organization as section 527 organization? ### If "Yes," was the related organization as section 527 organization? ### If "Yes," was the related organization from the organization. ### If "Yes," was the related organization from the organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. ### If "Yes," was the related organization from the organization. ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization. If there is none, enter "None." ### If "Yes," was the related organization from the organization	47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in eff	ect during the	e tax					
49a Did the organization make any transfers to an exempt non-charitable related organization? 49b X 49b						_				47		X
b If "Yes," was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Name and title of each employee (c) Reportable compensation (Porree W-211999-MiSC) 1 Total number of other employees paid over \$100,000 NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (c) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation NONE 4 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A complete Sche	48	Is the o	organization a school as described in section	170(b)(1)(A)(ii)? If "Yes,	" complete S	chedule E				48		X
So Carplete this table for the organization's five highest compensated emptoyees (other than officers, directors, frustees and key emptoyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Nerse and till of each employee (b) Average hours per veek devoted to position (c) Reportation (Forms W-2/1998-MSC) (b) Reportation (Forms W-2/1998-MSC) (c) Reportation (Forms W-2/1998-MSC) (d) Hattin brantis, encourage estation of more compensation of more compensation of more compensation of more received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors (b) Type of sentce (c) Compensation (c) Compensation (d) Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors (b) Type of sentce (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ► (e) Type of sentce (f) Total number of other independent contractors each receiving over \$100,000 ► (b) Type of sentce (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ► (e) Type of sentce (f) Total number of other independent contractors each receiving over \$100,000 ► (b) Type of sentce (c) Compensation (c) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 ► (e) Type of sentce (f) Total number of other independent contractors each receiving over \$100,000 ► (g) Type of sentce (h) Type of sentce (h	49 a	Did the	organization make any transfers to an exem	npt non-charitable related	organization	1?				49a		X
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f Total number of other employees paid over \$100,000					(, , , , , , , , , , , , , , , , , , ,				+			
f Total number of other employees paid over \$100,000	NON	E										
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 > 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 > 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		-		100								
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete. Section 501(c)(3) organizations must attach a complete. Section 501(c)(3) organization of which preparer has any 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 Nicole Hunsaker, TREASURER Type or pint name and title Primt Type preparer's name Preparer's signature Date Other Other Information Check if PTIN Signature of officer Primt Sadress Firms address Primt's name Preparer's signature Primt's name Primt's name Preparer's signature Primt's name Primt's name Preparer's signature Primt's name Primt's n			• • •	-	ant controcto	ra wha aaah		aara thaa				
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a compl	ÐΙ	•	· ·	•		is who each	received ii	iore trian				
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No 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 Nicole Hunsaker, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Oheck □ if print self-employed Firm's name ▶ Firm's self ▶ Firm's address ▶ Phone no.		ψ100,00	00 of compensation from the organization. If	there is none, enter mon								
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independent contra	ctor	(b) Type of service)	((c) Com	pensatio	n	
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NON	E										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total n	umber of other independent contractors each	receiving over \$100.000) !	-						
Completed Schedule A	52		•	•		ust attach a						
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer				() ()					▼ X	Yes		No
Sign Here Nicole Hunsaker, TREASURER Type or print name and title Print/Type preparer's name Preparer Use Only Pirm's address Phone no.	Unde	r penalties	s of perjury, I declare that I have examined this reti	urn, including accompanying	schedules an	d statements,	and to the b	est of my knowl	edge aı	nd belie	f, it is	
Here Nicole Hunsaker, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date 04-26-2019 Firm's name Firm's address Prim's address Phone no.	true, d	correct, ar	nd complete. Declaration of preparer (other than o	fficer) is based on all informa	ation of which	preparer has a	ny knowled	ge.				
Here Nicole Hunsaker, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date 04-26-2019 Firm's name Firm's address Prim's address Phone no.												
Type or print name and title Print/Type preparer's name Preparer Preparer Firm's name Firm's address Phone no.	_		Signature of officer				Date					
Print/Type preparer's name Preparer's signature Date O4-26-2019 Firm's name Firm's address Phone no.	Her	е		ER								
Paid Preparer Use Only Firm's address Phone no.			, , ,	Propararia ajanatura		Date			DT.	INI		
Preparer Use Only Firm's address Firm's address Firm's EIN Phone no.	Da:	4	Find Type preparet 8 flame	reparer s signature			1.0	_		II N		
Use Only Firm's address ▶ Phone no.	_		Final			01 20 2019						
Phone no.		•	T IIII C Name				Firm's	SEIN F				
	J36	City	i iiii s auuicss				Phon	e no.				
	May	the IRS	discuss this return with the preparer shown a	bove? See instructions					<u> </u>	Yes		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017

Open to Public Inspection

Name of the organization

Employer identification number

_	_	XER RESCUE OF OKLAHOMA SO					73-14977				
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	is.			
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the				
		hospital's name, city, and state:	,	·		` '					
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a d	overnmen	tal unit described in				
·	ш	section 170(b)(1)(A)(iv). (Complete		anivorony emilia er opere	alou by a s	,0 1011111011	ar arm accombac in				
				nit described in eastles	470/b\/4\	(A)()					
6	<u></u>	A federal, state, or local government	=				and the management and the				
7	X	An organization that normally receive	•		/ernmentai	unit or fro	m the general public				
_		described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	님	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
9		An agricultural research organization						ege			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or				
	_	university:									
10		An organization that normally receives	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS			
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	1511 tax) f	rom businesses				
		acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)					
11		An organization organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).					
12		An organization organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpos	es			
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or sectio	n 509(a)(2). See section 509(a)(3).			
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.			
	а	☐ Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by gi	ving			
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the o	lirectors or	trustees of the				
		supporting organization. You mu	st complete Part	IV, Sections A and B.	•						
	b	Type II. A supporting organization	•		ith its supr	orted orga	anization(s), by havin	q			
		control or management of the sup	•			•	• • •	~			
		organization(s). You must comp		•				-			
	С	Type III functionally integrated			nection w	ith, and fu	nctionally integrated	with			
	•	its supported organization(s) (see		•				*******			
	d	Type III non-functionally integr	•	•				ion(s)			
	u	that is not functionally integrated.						. ,			
		requirement (see instructions). Y		•		•	it and an attentivenes	5			
	_		•	·	•		Tune II. Tune III				
	е	Check this box if the organization				a Type I,	туре п, туре ш				
		functionally integrated, or Type III			anization.						
	T	Enter the number of supported organi						• • • • •			
	g	Provide the following information about	''	` ,							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the c	rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docum		instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
											
(E)											
\ - /											
Tota	I										

73-1497716

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	tion A. Public Support			· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,829	43,621	41,476	39,315	35,289	199,530
2	Tax revenues levied for the organization'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	39,829	43,621	41,476	39,315	35,289	199,530
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						199,530
Sec	tion B. Total Support		'			•	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	39,829	43,621	41,476	39,315	35,289	199,530
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.)						
11	Total support. Add lines 7 through 10 .						199,530
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	•		th, or fifth tax year	as a section 501(c)(3)	▶ 🏻
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, o	. ,	•	•		14	%
15	Public support percentage from 2016 Scheo					<u> </u>	%
16a	33 1/3% support test - 2017. If the organi						. \Box
	box and stop here. The organization quali						▶ ⊔
b	33 1/3% support test - 2016. If the organia						. \square
	this box and stop here. The organization of					. 	▶ ⊔
17a	10%-facts-and-circumstances test - 201 10% or more, and if the organization meets Part VI how the organization meets the "fac	s the "facts-and-circ	cumstances" test, c	check this box and	stop here. Explai	n in	
b	organization	6. If the organization	n did not check a b	pox on line 13, 16a, test, check this box		line	▶ □
	supported organization			-		-	▶ □
18	Private foundation. If the organization did instructions	I not check a box or	n line 13, 16a, 16b,				▶ □
	HIGHUUUUUIO						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Employer identification number

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

THE BOXE	R RESCUE OF OKLAHOMA	SOCIETY					73-149	7716	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
	Form 990-EZ filers are not	•		•					
_	te whether the organization rais	ed funds through		-					
	il solicitations				of non-government gra	ants			
	ernet and email solicitations				of government grants				
	one solicitations		g 🗵	Special fund	draising events				
	person solicitations								
	e organization have a written or								
-	employees listed in Form 990,				_		∐ Yes	s 🗵 No	
	s," list the 10 highest paid individ	•	ındraisers) p	oursuant to a	greements under whi	ch the fundraise	er is to be		
compe	ensated at least \$5,000 by the o	rganization.							
						(v) Amount p	oid to		
(i) Na	me and address of individual	(ii) A ativity		draiser have r control of	(iv) Gross receipts	(or retained		(vi) Amount paid to (or retained by)	
	or entity (fundraiser)	(ii) Activity		utions?	from activity	fundraiser lis	ted in	organization	
			Yes	No		col. (i)			
1									
2									
3									
4									
7									
5									
6									
7									
8									
9									
10									
Total									
					tions or has been not	find it is avams	t from		
	tion or licensing.	is registered or it	censeu to sc	ilcit contribu	lions of has been hou	ned it is exemp	t IIOIII		
All Stat	=								
AII Stat	CD								

73-1497716 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		g. coo . coo.p.c g. ca.ca	(a) Event #1	(b) Event #2	(c) Other events	
			BARK WALK	FALL GALA	9,153	(d) Total events (add col. (a) through
				(event type)	(total number)	col. (c))
Φ			(event type)	(eveni type)	(total number)	
Revenue	4	Cross respirts	10 600	02.400	0.153	42.064
e Ke	1	Gross receipts	10,629	23,482	9,153	43,264
ľ	_					
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	10,629	23,482	9,153	43,264
	4	Cash prizes				
	_					
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
pen						
Ж	7	Food and beverages				
ect						
چ	8	Entertainment				
	9	Other direct expenses	5,941	9,870	6,326	22,137
	10	Direct expense summary. Add lines	22,137			
	11	Net income summary. Subtract line				21,127
Pa	rt II		~	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990)-EZ, line 6a.			
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(b) Carlot garming	col. (a) through col. (c))
Rev						
_	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xbe	3	Noncash prizes				
ш Ħ						
irec	4	Rent/facility costs				
	5	Other direct expenses				
				Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ No	☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		▶ │	
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)	▶	
9	En	ter the state(s) in which the organiza	tion conducts gaming activi	ties:		
а	ls	the organization licensed to conduct (gaming activities in each of	f these states?		🗌 Yes 🗌 No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming	licenses revoked, suspend	ed or terminated during the	tax year?	🗌 Yes 🗌 No
b	If "	Yes," explain:				

SCHEDULE 0 (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.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

THE BOXER RESCUE OF OKLAHOMA SOCIETY 73-1497716 01. Description of other expenses (Part I, line 16) Description Amount MEDICAL EXPENSE 33,605