## 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.

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OMB No. 1545-1150

2011

Open to Public Inspection

| A          | For the                | 2011 calenda  | ar year, or tax year beginning   |                          |             |             |   |  |  |
|------------|------------------------|---|--|--------------------------|-------------|-------------|---|--|--|
| В          | Check if a             | applicable:   | C Name of organization   | 2011, and ending         |             |             | , 20  |  |  |
|            | Address                | s change SECOND CHANCE GREYHOUNDS   |  |                          |             |             | ntification number                            |  |  |
|            | Name cha               | ange  |  | 26-                      | -4036169    |             |   |  |  |
| H          | Initial retu           |   | E Telep  | hone nun                 | mber        |             |   |  |  |
| H          | Terminate              |   |  | 877                      | -674-7397   |             |   |  |  |
| H          | Amended<br>Application |   | City or town, state or country, and ZIP + 4  DOUGLASVILLE, GA 30134  |                          | F Grou      | p Exem      | ption   |  |  |
| G          |                        | iting Method:   |  |                          | Nun         | nber >      |   |  |  |
|            |                        |   | Cash   | H                        | Check I     | ► ☐ if t    | the organization is not                       |  |  |
| J.         | Tax-exer               | mnt status (che   | sk only one) [] sou( )(a)  |                          | required    | to attac    | ch Schedule B                                 |  |  |
| K          | Check D                | : states  | (insert no.) 4947(a)   | (1) or 527               | /Form Q     | 000 000     | E7 ~ 000 DE                                   |  |  |
|            | STATES OF THE          | ro than \$50.00   | e organization is not a section 509(a)(3) supporting organization or a sec<br>0. A Form 990-EZ or Form 990 return is not required though 5 | ction 527 organization   |             |             | MILES AND |  |  |
|            | the oras               |   |  | N (e-postcard) ma        | y be red    | uired (se   | e instructions) But if                        |  |  |
| L          | Add lines              | s 5h 6c and 7   | ses to file a return, be sure to file a complete return.   |                          |             |             | - manualionaj. But il                         |  |  |
|            | ine 25 c               | column (P) hale   | p, to line 9 to determine gross receipts. If gross receipts are \$200,000 or n   | nore, or if total assets | s (Part II, |             |   |  |  |
|            |                        | relatitit (B) Delo  | w) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |                          |             | <b>▶</b> \$ |   |  |  |
| L          | art I                  | Revenu  | e, Expenses, and Changes in Net Assets or Fund Bal   | lances (see the          | instruc     | ctions f    | or Part I )                                   |  |  |
|            | 1.                     | OTTOOK II   | the organization used Schedule O to respond to any quest   | tion in this Part I      |             |             | o a ,   |  |  |
|            | 1                      |   | ino, giras, grants, and similar amounts received.  |                          |             | 1           | 7325  |  |  |
|            | 2                      | Program se  | ervice revenue including government fees and contracts   |                          |             | 2           | 21255   |  |  |
|            | 3                      | Membershi   | p dues and assessments   |                          |             | 3           | 21200   |  |  |
|            | 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  | 5h                       |             |             |   |  |  |
|            | C                      | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |  |                          |             |             |   |  |  |
|            | 6                      | darining arr  |  |                          |             |             |   |  |  |
| -          | a                      | Gross inco  | ome from gaming (attach Schedule G if greater than   |                          |             |             |   |  |  |
| an.        |                        | \$15,000) .   |  | 6a                       |             |             |   |  |  |
| Revenue    | b                      | Gross inco  | me from fundraising events (not including \$   | of contribution          | c           |             |   |  |  |
| Re         |                        | from fundra   | aising events reported on line 1) (attach Schedule G if the  | or contribution          | 3           |             |   |  |  |
|            |                        | sum of suc  | h gross income and contributions exceeds \$15,000)   | 6b                       | 7006        |             |   |  |  |
|            | C                      |   | t expenses from gaming and fundraising events  | 6c                       | 7000        |             |   |  |  |
|            | d                      | Net income  | e or (loss) from gaming and fundraising events (add lines 6  | and 6h and sul           | otract      |             |   |  |  |
|            |                        | line 6c) .  |  | and ob and sur           | Juan        | 6d          | 700/  |  |  |
|            | 7a                     | Gross sales   | s of inventory, less returns and allowances  | 7a                       |             | ou          | 7006  |  |  |
|            | b                      | Less: cost  | of goods sold  | 7b                       |             |             |   |  |  |
|            | C                      |   | t or (loss) from sales of inventory (Subtract line 7b from line 7a   |                          |             | 7c          |   |  |  |
|            | 8                      | Other rever   | nue (describe in Schedule O)   |                          |             | 8           |   |  |  |
|            | 9                      | Total reve  | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |                          |             | 9           | 35586   |  |  |
|            | 10                     | Grants and  | similar amounts paid (list in Schedule O)  |                          |             | 10          | 30300   |  |  |
|            | 11                     | Benefits pa   | aid to or for members  |                          |             | 11          |   |  |  |
| S          | 12                     | Salaries, of  | her compensation, and employee benefits  |                          |             | 12          |   |  |  |
| nse        | 13                     | Profession  | -1 f 1 -11   |                          |             | 13          |   |  |  |
| Expenses   | . 14                   | Occupancy   | r, rent, utilities, and maintenance  |                          |             | 14          | 120   |  |  |
| E          | 15                     | Printing, pu  | iblications, postage, and shipping   |                          |             | 15          | 1018  |  |  |
|            | 16                     | ()ther expe   | nses (describe in Schedule O)  |                          |             | 16          | 27731   |  |  |
|            | 17                     | Total expe  | enses. Add lines 10 through 16   |                          |             | 17          | 28869   |  |  |
|            | 40                     | Excess or   | deficit) for the year (Subtract line 17 from line 9)   |                          |             | 18          | 6717  |  |  |
| ets        | 19                     | Net assets  | or fund balances at beginning of year (from line 27, column  | (A)) (must agree         | with        | 10          | 0/1/  |  |  |
| ASS        |                        | end-of-year   | r figure reported on prior year's return)  |                          | · WILL      | 19          | 8472  |  |  |
| Net Assets | 20                     |   | ges in net assets or fund balances (explain in Schedule O) .   |                          |             | 20          | 04/2  |  |  |
| Ž          | 21                     | Net assets  | or fund balances at end of year. Combine lines 18 through 20   |                          |             | 21          | 18189   |  |  |
| _          |                        |   | Talantos at one of your. Combine lines to through 20   |                          |             | 41          | 10107   |  |  |

| Pa   | rt II Balance Sheets. (se                                       | e the instruction | ons for Part II )                     |                            |                  |  |       |  |
|------|---|-------------------|---------------------------------------|----------------------------|------------------|--|-------|--|
|      |   |                   | dule O to respond to a                | ny questic                 | n in this        | Part II  |       | П  |
|      | oncon il the organiza   | tion dodd done    | date of to respond to a               | irly questic               | Section 1997     | (A) Beginning of year  |       | (B) End of year  |
| 22   | Cash, savings, and investme                                     | ents              |                                       |                            |                  | 8472   | 22    | 15189  |
| 23   | Land and buildings  |                   |                                       |                            |                  |  | 23    |  |
| 24   | Other assets (describe in So                                    |                   |                                       |                            |                  |  | 24    |  |
| 25   | Total assets  |                   |                                       |                            |                  | 8472   | 25    | 15189  |
| 26   | Total liabilities (describe in                                  |                   |                                       |                            |                  |  | 26    |  |
| 27   | Net assets or fund balance                                      | s (line 27 of col | umn (B) <b>must</b> agree wit         | h line 21)                 |                  | 8472   | 27    | 15189  |
| Par  | t III Statement of Progra                                       |                   |                                       |                            |                  |  |       | Expenses   |
|      | Check if the organiza   | tion used Sched   | dule O to respond to a                | ny questic                 | n in this        | Part III $\square$   | (Regi | uired for section  |
| Wha  | t is the organization's primary of                              | exempt purpose    | ? GREYHOUND ADOR                      | PTION                      |                  |  |       | (3) and 501(c)(4)  |
| as n | cribe the organization's progra<br>neasured by expenses. In a c | lear and concis   | e manner, describe th                 | of its three<br>e services | largest provided | rogram services,<br>, the number of                                      | 4947( | nizations and section<br>(a)(1) trusts; optional<br>hers.)   |
| -    | ons benefited, and other releva                                 |                   |                                       |                            |                  |  |       |  |
| 28   | FIFTY-EIGHT GREYHOUNDS W<br>FOSTER CARE AT STATE PRIS           |                   |                                       |                            |                  |  |       |  |
|      | (Grants \$  | ) If this amo     | ount includes foreign gra             | ants check                 | here             | ▶□   | 28a   | 18187  |
| 29   |   | y in this diffe   | varie inolades foreign gri            | arito, oricor              | TICIC .          |  | 200   | 10107  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      | (Grants \$  | ) If this amo     | ount includes foreign gra             | ants, check                | here .           | ▶ □  | 29a   |  |
| 30   |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      | (Cranta \$  | , w.i.            |                                       |                            |                  |  |       |  |
| 31   | (Grants \$ Other program services (descri                       |                   | ount includes foreign gra             |                            |                  |  | 30a   |  |
| 31   | (Grants \$  |                   |                                       |                            |                  |  | 21-   |  |
| 32   | Total program service exper                                     | ses (add lines 2  | unt includes foreign gra              | ants, check                | nere .           |  | 31a   |  |
| Par  | t IV List of Officers, Director                                 | rs Trustees and   | Key Employees List ear                | ch one even                | if not com       | nenested (see the in   |       | tions for Part IV.)  |
|      | Check if the organizat  | ion used Sched    | dule O to respond to a                | nv auestio                 | n in this f      | Part IV  |       | The state of the s |
|      |   |                   | (b) Title and average                 | (c) Rep                    | ortable          | (d) Health benefits,   |       |  |
|      | (a) Name and addres   | s                 | hours per week<br>devoted to position | (Forms W-2/                | 1099-MISC)       | contributions to employed<br>benefit plans, and<br>deferred compensation | ot    | estimated amount of<br>her compensation  |
|      | TIPETERSON  |                   | CHAIR                                 |                            |                  |  |       |  |
|      | AUSTIN DRIVE, DOUGLASVILLE,                                     | GA 30134          |                                       |                            | 0                |  |       |  |
|      | VE NECK   |                   | CO-CHAIR                              |                            |                  |  |       |  |
|      | AUSTIN DRIVE, DOUGLASVILLE, BARKER                              | GA 30134          |                                       |                            | 0                |  |       |  |
|      |   | CA 20124          | TREASURER                             |                            |                  |  |       |  |
|      | AUSTIN DRIVE, DOUGLASVILLE,<br>E NIDA                           | GA 30134          | SECRETARY                             |                            | 0                |  |       |  |
|      | AUSTIN DRIVE, DOUGLASVILLE,                                     | GA 30134          | SECRETARY                             |                            | 0                |  |       |  |
|      | , COOLINGTIELL,   | 07130134          |                                       |                            | U                |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  |       |  |
|      |   |                   |                                       |                            |                  |  | 1     |  |

| Part    |   |            |        | _   |
|---------|---|------------|--------|-----|
|         | instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi   | s Part     |        | NIa |
| 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   | 22         | Yes    |     |
| 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  | 33         |        | ~   |
| 35a     | change on Schedule O (see instructions)   | 34         |        | V   |
| b       | activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a        |        | V   |
| c       | 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        |        | V   |
| 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     | Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a   Did the organization file Form 1130 POI for this word.  |            |        |     |
| 38a     | Did the organization file <b>Form 1120-POL</b> for this year?   | 37b<br>38a |        | v   |
| b<br>39 | If "Yes," complete Schedule L, Part II and enter the total amount involved  |            |        |     |
| a<br>b  | Initiation fees and capital contributions included on line 9  |            |        |     |
| 40a     | Gross receipts, included on line 9, for public use of club facilities   |            |        |     |
|         | Section 501(c)(3) and 501(c)(4) 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        |        | ~   |
| 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, 4955, and 4958   |            |        |     |
| d       | Section 501(c)(3) and 501(c)(4) 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. ▶  |            |        |     |
| 42a     |   | 877-67     | 4-7397 | 7   |
| h       | Located at \$\infty\$ 445 AUSTIN DRIVE DOUGLASVILLE, GA 30134 ZIP + 4 \$\infty\$  | 301        |        |     |
| 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)?  | 42b        | Yes    | No  |
|         | If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |            |        |     |
| С       | At any time during the calendar year, did the organization maintain an office outside the U.S.?   | 42c        |        | V   |
| 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   |            | . •    | • 🗆 |
| 44a     | Did the organization maintain any completed instead of Form 990-EZ  | 44a        | Yes    | No  |
| 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   |            |        |     |
| c       | Did the organization receive any payments for indoor tanning services during the year?  | 44b<br>44c |        | V   |
| 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        |        |     |
| 45a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a        |        | V   |
| 45b     | 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)  | 45h        |        | ~   |

| to candidates for public office? If "Yes," complete Schedule C, Part I  | 46                       | Did the orga                           | nization angage                                  | directly                     | ar indirectly                        | , in malisiant                     |                                  |  | babalf of ou                     | in annasi                | tian I              | Yes       | No      |
|---|--------------------------|--|--|------------------------------|--------------------------------------|------------------------------------|----------------------------------|--|----------------------------------|--------------------------|---------------------|-----------|---------|
| S01(c)(3) organizations and section 4947a(1)1 nonexempt charitable trusts 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  47 Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III  48 Is the organization as complete Schedule C, Part III  49 Is the organization as a described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     | 100       | V       |
| 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  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  48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49. If "Yes," was the related organization a section 527 organization?  50. Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and ke omployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  6) Name and saddress of each employee paid over \$100,000  Forms W-2/1098-MSC)                               | Part V                   |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III  Is the organization asked on a selection 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   |                          |  |  |                              |                                      |                                    |                                  | aritable tri   | usts must a                      | nswer qu                 | estions 4           | 17-49     | D       |
| Ves   No   No   Ves   No   Ves   No   Ves   No   Ves   No   Ves   No   Ves                                    |                          |  |  |                              |                                      |                                    |                                  | uestion in t   | his Part VI                      |                          |                     |           | . 🗆     |
| year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     | Yes       | No      |
| 48   Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   48   V   49a   Uit the organization make any transfers to an exempt non-charitable related organization?  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           | .,      |
| Did the organization make any transfers to an exempt non-charitable related organization?  ### Bit  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          | -                   |           | V       |
| Complete this table for the organization's five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization. If the some, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If the organization of the period post of the post of the organization of the period of the post of the organization of the period of the post of the organization of the period of the post of the organization of the period of the period of the post of the organization of the period of the post of the organization of the period of the post of the period of the period of the post of the period of th                              | 49a                      | Did the organ                          | nization make ar                                 | ny transfe                   | rs to an exe                         | empt non-ch                        | aritable rela                    | ated organiz   | zation?                          |                          | . 49a               |           | V       |
| employees) who each received more than \$100,000 of compensation from the organization. (If there is none, enter "None."  (a) Name and address of each employee paid over \$100,000 .   |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           | 1.1     |
| (a) Name and address of each employee paid more than \$100,000  In Total number of other employees paid over \$100,000  Total number of other independent contractor paid more than \$100,000  Total number of other independent contractor paid more than \$100,000  Total number of other independent contractor paid more than \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each rec |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| NOT APPLICABLE    Total number of other employees paid over \$100,000   Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A' note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A' note: All section 501(c)(4) organization                                |                          | (a) Name and a                         | address of each emp                              |                              | (b) Titl                             | e and average<br>rs per week       | (c) Re                           | eportable<br>ensation  | (d) Health contributions         | benefits,<br>to employee | (e) Estimat         | ed amo    | unt of  |
| f Total number of other employees paid over \$100,000 ▶  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 address of each independent contractor paid more than \$100,000   |                          |  |  |                              | devot                                | ed to position                     | (Forms W-2                       | 2/1099-MISC)   |                                  |                          |                     |           |         |
| 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NOT APPLICABLE  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 and 4947(a)(1) nonexempt charitable trusts 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  Print/Type preparer's name  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278   | NOT AP                   | PLICABLE                               |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NOT APPLICABLE  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 and 4947(a)(1) nonexempt charitable trusts 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  Print/Type preparer's name  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278   |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
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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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NOT APPLICABLE  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 and 4947(a)(1) nonexempt charitable trusts 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  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Check ☐ if PTIN PO0368514  Prim's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NOT APPLICABLE  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 and 4947(a)(1) nonexempt charitable trusts 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  Print/Type preparer's name  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278   | f                        | Total number                           | r of other emplo                                 | vees paid                    | over \$100.                          | .000                               |                                  |  |                                  |                          |                     |           |         |
| (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NOT APPLICABLE  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 and 4947(a)(1) nonexempt charitable trusts 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 Here  Print/Type preparer's name CHRISTIE HOREJS Firm's name Firm's EIN ▶ Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188 Phone no. 678-907-0278  | 51                       | Complete th                            | s table for the                                  | organizati                   | ion's five h                         | ighest comp                        | ensated in                       | dependent  | contractors                      | who each                 | n received          | more      | thar    |
| 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 and 4947(a)(1) nonexempt charitable trusts 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  Print/Type preparer's name  CHRISTIE HOREJS  Firm's name  Preparer's signature  Firm's lin ▶  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278   | - 5                      | \$100,000 of                           | compensation f                                   | rom the o                    | rganization                          | . If there is n                    | one, enter '                     | "None."  |                                  |                          |                     |           |         |
| d Total number of other independent contractors each receiving over \$100,000 . ▶  20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  10 nonexempt charitable trusts must attach a completed Schedule A   | (a) N                    | ame and addres                         | s of each independe                              | nt contracto                 | or paid more th                      | an \$100,000                       | (t                               | b) Type of serv  | rice                             | (c)                      | ) Compensat         | ion       |         |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  nonexempt charitable trusts must attach a completed Schedule A  | NOT AP                   | PLICABLE                               |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)  nonexempt charitable trusts must attach a completed Schedule A  |                          |  |  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
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| nonexempt charitable trusts must attach a completed Schedule A  |                          |  |  |                              |                                      |                                    |                                  |  | 1.4047(-)                        | (4)                      |                     |           |         |
| 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  Paid Preparer's name and title  Print/Type preparer's name CHRISTIE HOREJS  Firm's name ►  Firm's address ► 135 FINSBURY LANE WOODSTOCK, GA 30188  Phone no. 678-907-0278   | 32 I                     | nonexempt c                            | haritable trusts                                 | must atta                    | ch a compl                           | eted Schedu                        | le A                             | The state of the s |                                  | (1)                      | ► ☐ Yes             | 1         | No      |
| Here  Type or print name and title  Paid Preparer  CHRISTIE HOREJS  Firm's name  CHRISTIE HOREJS  Firm's name  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Preparer  Preparer's signature  Check ☐ if self-employed PO0368514  PO0368514  Phone no. 678-907-0278  | Under per<br>true, corre | nalties of perjury<br>ect, and complet | , I declare that I have<br>e. Declaration of pre | e examined t<br>parer (other | his return, incl<br>than officer) is | uding accompar<br>based on all inf | nying schedule<br>ormation of wh | es and statemenich preparer h  | ents, and to the las any knowled | best of my kn            | nowledge ar         | d belief, | , it is |
| Here  Type or print name and title  Paid Preparer  CHRISTIE HOREJS  Firm's name  CHRISTIE HOREJS  Firm's name  Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Preparer  Preparer's signature  Check ☐ if self-employed PO0368514  PO0368514  Phone no. 678-907-0278  | Sign                     | ) Cier                                 | -tt -tt  |                              |                                      |                                    |                                  |  |                                  |                          |                     |           |         |
| Paid Preparer Use Only Firm's name Firm's address ▶ 135 FINSBURY LANE WOODSTOCK, GA 30188  Preparer's signature Firm's EIN ▶ Phone no. 678-907-0278  |                          | Sign                                   | nature of officer                                |                              |                                      |                                    |                                  |  | Date                             |                          |                     |           |         |
| Preparer Use Only    CHRISTIE HOREJS  |                          | Type                                   | or print name and tit                            | le                           |                                      | ,                                  | (                                |  |                                  |                          |                     |           |         |
| Preparer Use Only Firm's name ► Firm's address ► 135 FINSBURY LANE WOODSTOCK, GA 30188  PO0368514  Po0368514  Firm's EIN ► Phone no. 678-907-0278   | Paid                     |  |  |                              | Prepare                              | s signature                        | 1) 4                             | Da   | . / .                            | Check                    | if PTIN             |           |         |
| Firm's address ► 135 FINSBURY LANE WOODSTOCK, GA 30188 Phone no. 678-907-0278   | Prepa                    | rer                                    |  |                              |                                      | 110                                | HOIDE                            | 5 69   | 14/2012                          |                          |                     | 03685     | 14      |
| M. H. IDO H.  | Use O                    | IIIy                                   |  | SBURYIA                      | NE WOODS                             | STOCK GA 2                         | 1188                             |  |                                  |                          | 679.007             | -0279     |         |
|   | May the                  |  |  |                              |                                      |                                    |                                  | s  | · · · ·                          |                          | A COLUMN CONTRACTOR |           | No      |

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| Name of the organization |      | Employer identification number |
|--------------------------|------|--------------------------------|
| SECOND CHANCE GREYHOU    | DS   | 26-4036169                     |
| OTHER EXPENSES - LINE 16 |      |                                |
| ACCOUNTING SOFTWARE      | 308  |                                |
|                          |      |                                |
| DOG SUPPLIES             | 1448 |                                |
| EVENT EXPENSES           | 403  |                                |
| FUNDRAISING              | 3465 |                                |
| INSURNACE                | 1369 |                                |
| OFFICE EXPENSE           | 374  |                                |
|                          |      |                                |
| PRISON DOG SUPPLIES      | 6118 |                                |
| PROMOTIONAL              | 2270 |                                |
| LICENSES                 | 250  |                                |
| TRANSPORTATION           | 1800 |                                |
| VETTING EXPENSE          | 8820 |                                |
|                          |      |                                |
| VEBSITE                  | 481  |                                |
| MISCELLANEOUS EXPENSE    | 625  |                                |
|                          |      |                                |
| TOTAL OTHER EXPENSE 2    | 731  |                                |
|                          |      |                                |
|                          |      |                                |

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (iv) Is the organization (v) Did you notify (ii) EIN (iii) Type of organization (vii) Amount of (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. podans col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

|       | (Complete only if you checked the Part III. If the organization fails to  |                                  |                                  |                                    | •               | •                      | alify under  |
|-------|---|----------------------------------|----------------------------------|------------------------------------|-----------------|------------------------|--------------|
| Secti | on A. Public Support  | quality und                      | er trie tests lis                | sted below, p                      | lease comple    | ete Part III.)         |              |
|       | dar year (or fiscal year beginning in)  | (a) 2007                         | <b>(b)</b> 2008                  | (c) 2009                           | (d) 2010        | <b>(e)</b> 2011        | (f) Total    |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | (a) 2001                         | (2) 2000                         | (6) 2000                           | (a) 2010        | (6) 23                 | (i) rotal    |
| 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  |                                  |                                  |                                    |                 |                        |              |
| 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.  |                                  |                                  |                                    |                 |                        |              |
|       | on B. Total Support   |                                  |                                  | 1                                  | 1               | 1                      |              |
|       | dar year (or fiscal year beginning in)  | <b>(a)</b> 2007                  | <b>(b)</b> 2008                  | (c) 2009                           | (d) 2010        | <b>(e)</b> 2011        | (f) Total    |
| 7     | Amounts from line 4   |                                  |                                  |                                    |                 |                        |              |
| 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 IV.)   |                                  |                                  |                                    |                 |                        |              |
| 11    | Total support. Add lines 7 through 10   |                                  |                                  |                                    |                 |                        |              |
| 12    | Gross receipts from related activities, etc   | . (see instructi                 | ons)                             |                                    |                 | 12                     |              |
| 13    | First five years. If the Form 990 is for the  |                                  |                                  |                                    |                 | ear as a sectio        | n 501(c)(3)  |
|       | organization, check this box and stop he  |                                  |                                  |                                    |                 |                        | 🕨 🗌          |
| Secti | on C. Computation of Public Suppor  |                                  | ·                                |                                    |                 |                        |              |
| 14    | Public support percentage for 2011 (line 6  |                                  | •                                |                                    |                 | 14                     | %            |
| 15    | Public support percentage from 2010 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organization   |                                  |                                  |                                    |                 | 15                     | %            |
| 16a   | box and <b>stop here.</b> The organization qua  |                                  |                                  |                                    |                 |                        |              |
| b     | 33 <sup>1</sup> / <sub>3</sub> % support test—2010. If the organ  |                                  |                                  | -                                  |                 |                        | _            |
|       | check this box and <b>stop here.</b> The organ  |                                  |                                  |                                    |                 |                        | . <b>▶</b> □ |
| 17a   | 10%-facts-and-circumstances test – 20   | •                                |                                  |                                    |                 | a or 16h and           | line 14 is   |
| 174   | 10% or more, and if the organization me Part IV how the organization meets the "forganization   | ets the "facts-<br>acts-and-circ | and-circumsta<br>umstances" tes  | nces" test, che<br>st. The organiz | eck this box ar | nd <b>stop here.</b> E | Explain in   |
| b     | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organizate<br>Explain in Part IV how the organization m  | ion meets the eets the           | e "facts-and-ci<br>s-and-circums | rcumstances"<br>tances" test. T    | test, check th  | nis box and <b>st</b>  | op here.     |
| 40    | supported organization  |                                  |                                  |                                    |                 |                        | . • 🗆        |
| 18    | <b>Private foundation.</b> If the organization di instructions  |                                  |                                  |                                    |                 |                        |              |

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

|         | if the organization fails to qualify   | under the te           | sts listed bei        | ow, piease co     | mpiete Part       | II.)             |                          |
|---------|--|------------------------|-----------------------|-------------------|-------------------|------------------|--------------------------|
|         | on A. Public Support   |                        |                       |                   |                   |                  |                          |
| Calen   | dar year (or fiscal year beginning in) ▶   | (a) 2007               | <b>(b)</b> 2008       | (c) 2009          | (d) 2010          | <b>(e)</b> 2011  | (f) Total                |
| 1       | Gifts, grants, contributions, and membership fees                                      |                        |                       |                   |                   |                  |                          |
| •       | received. (Do not include any "unusual grants.")                                       |                        |                       |                   |                   |                  |                          |
| 2       | Gross receipts from admissions, merchandise sold or services performed, or facilities  |                        |                       |                   |                   |                  |                          |
|         | furnished in any activity that is related to the                                       |                        |                       |                   |                   |                  |                          |
|         | organization's tax-exempt purpose  |                        |                       |                   |                   |                  |                          |
| 3       | Gross receipts from activities that are not an   |                        |                       |                   |                   |                  |                          |
|         | unrelated trade or business under section 513  |                        |                       |                   |                   |                  |                          |
| 4       | Tax revenues levied for the  |                        |                       |                   |                   |                  |                          |
| -       | organization's benefit and either paid   |                        |                       |                   |                   |                  |                          |
|         | to or expended on its behalf   |                        |                       |                   |                   |                  |                          |
| 5       | The value of services or facilities  |                        |                       |                   |                   |                  |                          |
| 3       | furnished by a governmental unit to the  |                        |                       |                   |                   |                  |                          |
|         | organization without charge  |                        |                       |                   |                   |                  |                          |
| 6       |  |                        |                       |                   |                   |                  |                          |
| 6<br>70 | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3              |                        |                       |                   |                   |                  |                          |
| 7a      | received from disqualified persons .   |                        |                       |                   |                   |                  |                          |
| _       | · ·  |                        |                       |                   |                   |                  |                          |
| b       | Amounts included on lines 2 and 3  |                        |                       |                   |                   |                  |                          |
|         | received from other than disqualified  |                        |                       |                   |                   |                  |                          |
|         | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                        |                       |                   |                   |                  |                          |
|         | •  |                        |                       |                   |                   |                  |                          |
|         | Add lines 7a and 7b  |                        |                       |                   |                   |                  |                          |
| 8       | Public support (Subtract line 7c from  |                        |                       |                   |                   |                  |                          |
|         | line 6.)   |                        |                       |                   |                   |                  |                          |
|         | on B. Total Support  |                        |                       |                   |                   |                  |                          |
|         | dar year (or fiscal year beginning in)   | (a) 2007               | <b>(b)</b> 2008       | (c) 2009          | (d) 2010          | <b>(e)</b> 2011  | (f) Total                |
| 9       | Amounts from line 6  |                        |                       |                   |                   |                  |                          |
| 10a     | Gross income from interest, dividends,   |                        |                       |                   |                   |                  |                          |
|         | payments received on securities loans, rents,  |                        |                       |                   |                   |                  |                          |
|         | royalties and income from similar sources .  |                        |                       |                   |                   |                  |                          |
| b       | Unrelated business taxable income (less  |                        |                       |                   |                   |                  |                          |
|         | section 511 taxes) from businesses   |                        |                       |                   |                   |                  |                          |
|         | acquired after June 30, 1975   |                        |                       |                   |                   |                  |                          |
| С       | Add lines 10a and 10b  |                        |                       |                   |                   |                  |                          |
| 11      | Net income from unrelated business   |                        |                       |                   |                   |                  |                          |
|         | activities not included in line 10b, whether   |                        |                       |                   |                   |                  |                          |
|         | or not the business is regularly carried on  |                        |                       |                   |                   |                  |                          |
| 12      | Other income. Do not include gain or   |                        |                       |                   |                   |                  |                          |
|         | loss from the sale of capital assets   |                        |                       |                   |                   |                  |                          |
|         | (Explain in Part IV.)  |                        |                       |                   |                   |                  |                          |
| 13      | Total support. (Add lines 9, 10c, 11,  |                        |                       |                   |                   |                  |                          |
|         | and 12.)   |                        |                       |                   |                   |                  |                          |
| 14      | First five years. If the Form 990 is for the   | e organizatior         | n's first, secon      | d, third, fourth  | , or fifth tax ye | ear as a section | n 501(c)(3)              |
|         | organization, check this box and stop he   | re                     |                       |                   |                   |                  | ▶ 🗆                      |
| Secti   | on C. Computation of Public Suppor   | t Percentag            | е                     |                   |                   |                  |                          |
| 15      | Public support percentage for 2011 (line 8   | 3, column (f) di       | ivided by line 1      | 3, column (f))    |                   | 15               | %                        |
| 16      | Public support percentage from 2010 Sch  |                        |                       |                   | <u></u> .         | 16               | %                        |
| Secti   | on D. Computation of Investment In-  | come Perce             | ntage                 |                   |                   |                  |                          |
| 17      | Investment income percentage for 2011 (  | line 10c, colun        | nn (f) divided b      | y line 13, colur  | mn (f))           | 17               | %                        |
| 18      | Investment income percentage from 2010   |                        |                       |                   |                   | 18               | %                        |
| 19a     | 331/3% support tests-2011. If the organ  |                        |                       |                   |                   |                  |                          |
|         | 17 is not more than $33^{1}/_{3}\%$ , check this box                                   | and <b>stop here</b> . | . The organizati      | on qualifies as   | a publicly supp   | orted organizat  | ion . ▶ 🗌                |
| b       | 331/3% support tests-2010. If the organize   | ation did not c        | heck a box on         | line 14 or line   | 19a, and line 16  | is more than 3   | 33 <sup>1</sup> /3%, and |
|         | line 18 is not more than 331/3%, check this I  | oox and <b>stop h</b>  | <b>ere.</b> The organ | ization qualifies | as a publicly s   | upported organ   | nization 🕨 🗌             |
| 20      | Private foundation. If the organization di   | d not check a          | box on line 14        | . 19a. or 19b. o  | check this box    | and see instru   | ctions                   |

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
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