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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.**

OMB No 1545-1150

**2009**

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>THE GREY MUZZLE ORGANIZATION</b>		<b>D</b> Employer identification number <b>26-1965495</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>14460 NEW FALLS OF NEUSE RD STE 149-269</b>		<b>E</b> Telephone number <b>919-529-0309</b>
		City or town, state or country, and ZIP + 4 <b>RALEIGH, NC 27614</b>		<b>F</b> Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: **WWW.GREYMUZZLE.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

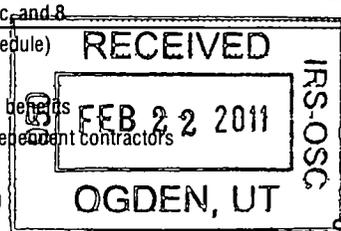
**J** Tax-exempt status (check only one) —  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 71,809.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																							61,600.			
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																							14.			
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
6b	Less: direct expenses other than fundraising expenses																											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances <b>STMT 5</b>																							10,195.				
7b	Less: cost of goods sold																							3,952.				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																							6,243.				
8	Other revenue (describe _____)																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																							67,857.				
Expenses	10	Grants and similar amounts paid (attach schedule)																							58,000.			
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																							978.			
	14	Occupancy, rent, utilities, and maintenance																							1,016.			
	15	Printing, publications, postage, and shipping																							4,042.			
	16	Other expenses (describe _____)																							4,547.			
	17	<b>Total expenses.</b> Add lines 10 through 16																							68,583.			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																							<726.>			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																							10,553.			
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																							9,827.			



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,732.	10,240.
23 Land and buildings		
24 Other assets (describe <b>SEE STATEMENT 2</b> )	6,107.	5,524.
25 <b>Total assets</b>	17,839.	15,764.
26 <b>Total liabilities</b> (describe <b>SEE STATEMENT 3</b> )	7,286.	5,937.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	10,553.	9,827.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED MAR 17 2011

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**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a</span> <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> <u>0.</u> ; section 4912 <span style="float:right">▶</span> <u>0.</u> ; section 4955 <span style="float:right">▶</span> <u>0.</u>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <span style="float:right">40b</span>		X
c	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 <span style="float:right">▶</span> <u>0.</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>		
e	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 <span style="float:right">40e</span>		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> <u>NONE</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>JULIE NOWICKI DUDLEY</u> Telephone no. <span style="float:right">▶</span> <u>919-529-0309</u> Located at <span style="float:right">▶</span> <u>14460 NEW FALLS OF NEUSE ROAD-SUITE 149-269, RAL</u> ZIP + 4 <span style="float:right">▶</span> <u>27614</u>		
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)? <span style="float:right">42b</span>		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? <span style="float:right">42c</span>		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____		
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 <span style="float:right">▶</span> <input type="checkbox"/> <span style="float:right">43</span> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">44</span>		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">45</span>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |   | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   |     | X  |
| b If "Yes," was the related organization a section 527 organization?  |     |    |

50 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer *Julie R Dudley* Date *1-10-2011*  
 Type or print name and title *Julie R Dudley PRESIDENT*

Paid Preparer's Use Only: Preparer's signature *W. Duff* Date *12-15-10* Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *ROONCE, WOOTEN & HAYWOOD, L. L. P. P. O. BOX 17806 RALEIGH, NC 27619-7806*  
 EIN: \_\_\_\_\_ Phone no. *919-782-9265*

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE GREY MUZZLE ORGANIZATION** Employer identification number **26-1965495**

**Part I 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.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  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. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  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.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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      d  Type III - Other
- 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g 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 (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				62,650.	61,600.	124,250.
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				62,650.	61,600.	124,250.
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						124,250.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				62,650.	61,600.	124,250.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				15.	14.	29.
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)				4,525.	6,243.	10,768.
11 Total support. Add lines 7 through 10						135,047.
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	92.01	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES		528.	
BANK/PROCESSING FEES		1,142.	
ANIMAL SUPPLIES		2,749.	
VOLUNTEER RECOGNITION		48.	
REGISTRATION		80.	
TOTAL TO FORM 990-EZ, LINE 16		4,547.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVENTORY	1,079.	2,502.	
RECEIVABLES	4,032.	2,026.	
MARKETABLE SECURITIES	996.	996.	
TOTAL TO FORM 990-EZ, LINE 24	6,107.	5,524.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CREDIT CARD PAYABLE	541.	9.	
GRANTS PAYABLE	6,745.	5,928.	
TOTAL TO FORM 990-EZ, LINE 26	7,286.	5,937.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ANIMALS AND PET PANTRY PROGRAMS SPCA OF WAKE COUNTY 200 PETFINDER LANE RALEIGH, NC 27603	NONE	2,000.
MEDICAL CARE FOR SENIOR DOGS DELAWARE VALLEY GOLDEN RETRIEVER RESCUE 60 VERA CRUZ ROAD REINHOLDS, PA 17569	NONE	2,000.
SENIOR SAVIORS SUNNY MEADOWS FOUNDATION 4066 NEW GETWELL RD MEMPHIS, TN 38188	NONE	3,000.
RED COLLAR SOCIETY FOR SENIORS CUMBERLAND COUNTY SPCA 1244 N DELSEA DR VINELAND, NJ 08360	NONE	4,000.
SENIORS FOR SENIORS QUAD CITY ANIMAL WELFARE CENTER 724 W 2ND AVE MILAN, IL 61264	NONE	1,000.
OWNER ASSISTANCE FOR SENIOR DOGS SERGEY FOUNDATION PO BOX 955 BELLINGHAM, WA 98227	NONE	2,500.
PERMANENT FOSTER PROGRAM GOLDEN RETRIEVER RESCUE OF NORTH TEXAS PO BOX 670031 DALLAS, TX 75367	NONE	3,000.
HOSPICE CARE CENTRAL TEXAS DACHSHUND RESCUE 7301 RR 620 N AUSTIN, TX 78726	NONE	2,000.
SENIORS FOR SENIORS ADOPTION PROGRAM MUTTVILLE PO BOX 410207 SAN FRANCISCO, CA 94141	NONE	4,000.

SENIOR THERAPY DOG PROGRAM THE SANCTUARY FOR SENIOR DOGS PO BOX 609054 CLEVELAND , OH 44109	NONE	1,500.
DEATH WITH DIGNITY PROGRAM OLD DOG HAVEN 9016 99TH AVE NE ARLINGTON, WA 98223	NONE	4,000.
MEDICAL CARE FOR SENIOR DOGS LAST HOPE PO BOX 61 SYOSSET, NY 11791	NONE	4,500.
MOMENT IN TIME PROGRAM GERMAN SHEPHERD RESCUE AND ADOPTION PO BOX 471 FUQUAY VARINA, NC 27526	NONE	6,500.
SENIOR PETS PROJECT PROGRAM COMMUNITY PET CENTER PO BOX 623 RUTHERFORDTON, NC 28139	NONE	2,500.
MEDICAL CARE FOR SENIOR SANCTUARY DALMATION RESCUE OF TAMPA BAY PO BOX 341951 TAMPA, FL 33694	NONE	2,000.
THULANI PROGRAM GERMAN SHEPHERD RESCUE OF NORTHERN CALIFORNIA PO BOX 1930 CUPERTINO, CA 95015	NONE	2,000.
DOGS AT HOME FUNDING POSH PETS 340 EAST 93 ST NEW YORK, NY 10128	NONE	1,500.
DOGS AT HOME FUNDING ST LOUIS SENIOR DOG PROJECT 7488 RIVERMONT TRAIL HOUSE SPRINGS, MO 63051	NONE	3,500.
DOGS AT HOME FUNDING HOUSE WITH A HEART 6409 STREAM VALLEY WAY GAITHERSBURG, MD 20882	NONE	3,000.

THE GREY MUZZLE ORGANIZATION

26-1965495

DOGS AT HOME FUNDING  
SOUTHWEST PENNSYLVANIA RETRIEVER RESCUE ORG  
142 STARK DR  
PLUM, PA 15239

NONE

1,500.

DOGS AT HOME FUNDING  
GREYHOUNDS PETS OF AMERICA-WISCONSIN  
PO BOX 2115  
MADISON, WI 53701

NONE

2,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

58,000.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 5

INCOME		
1. GROSS RECEIPTS . . . . .	10,195	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		10,195
4. COST OF GOODS SOLD (LINE 13) . . . . .	3,952	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		6,243
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COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	3,952	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		3,952
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		3,952
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- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE GREY MUZZLE ORGANIZATION IMPROVES THE LIVES OF AT-RISK SENIOR DOGS BY PROVIDING FUNDING AND RESOURCES TO ANIMAL SHELTERS, RESCUE ORGANIZATIONS, SANCTUARIES, AND OTHER NON-PROFIT GROUPS NATIONWIDE.