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Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	KYLE PETTY CHARITY RIDE, INC.			
	Name change			56-2	230609
	Initial		Room/suite	E Telephone number	
	Termin	·			714-4545
	Amend			G Gross receipts \$	572,733.
	Application	CHARLOTTE, NC 28262		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer.KYLE PETTY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1	Tax·exe	empt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)
		e: WWW.KYLEPETTYCHARITYRIDE.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	State of legal domicile: NC
P	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities $\ \ \underline{ ext{KPCR}}$			
Activities & Governance		BENEFIT HOSPITALS AND OTHER CHARITABLE OF	RGANIZ	ATIONS WHIC	H ASSIST
Ľ.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	3
Σ	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-1, line 34		7b	0.
		TILOLIVED	⊣اں⊏	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	RS-OSC	154,651.	144,489.
(U)Z Revenue	9	Program service revenue (Part VIII, line 2g) AUG 1 0 2012	નોજું — જું	0.	0.
⋽ é	10	Investment income (Part VIII, column (A), lines 3, 4, and 17d)	J≝I⊢	6,624.	7,501.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 140) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)	↑	<u>574,239.</u>	<u>259,751.</u>
\$∻ ≕				735,514.	411,741.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,337.	350,000.
\supseteq	14	Benefits paid to or for members (Part IX, column (A), line 4)		195,478.	188,270.
ANNIE AUG	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		193,478.	0.
-ӊ	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 170, 20	na -		
Zŭ	1 b	Total fundraising expenses (Part IX, column (D), line 25) 170, 20 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,931.	139,204.
	17			598,746.	677,474.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		136,768.	-265,733.
TE S	3 19	nevenue less expenses. Subtract line 10 mont line 12	Re	eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	00	1,125,596.	861,764.
Net Assets or	21	Total liabilities (Part X, line 16)		7,520.	8,567.
E SE	22	Net assets or fund balances Subtract line 21 from line 20		1,118,076.	853,197.
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of m	y knowledge and belief, it is
		t, and compute Decemation of presenter (other than officer) is based on all information of wh			
			- · · · · · · · · · · · · · · · · · · ·	8.8	- 19
Sig	n	Signature of officer		Date	
He		KYLE (PETTY, PRESIDENT)			
		Type or print name and title			
-		Print/Type preparer s name Preparer spignature		Date Check	PTIN
Pai	id	SAMUEL M. LEDER, CPA / My My 2014, ()	PA	7 20 12 self-employ	
Pre	parer	Firm's name POTTER & COMPANY, P.A.		Firm's EIN	<u>56-1220683</u>
Us	e Only	Firm's address 434 COPPERFIELD BLVD NE STE A			
		CONCORD, NC 28025		Phone no. 7	04-786-8189
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

<u>Form</u>	990 (2011) . KYLE PETTY CH	ARITY RIDE,	<u> </u>	<u>56-223 </u>	0609 Page 2
Par	t III Statement of Program Service Acc	omplishments			
	Check if Schedule O contains a response to a	ny question in this Par	t III		
1	Briefly describe the organization's mission:	7_1			
	KYLE PETTY CHARITY RIDE EN	GAGES IN AC	TIVITIES TO BENE	ידים אספידי	TALS AND
	OTHER CHARITABLE ORGANIZAT				
	DISEASE OR INJURY AND TO P				
				OF THE NE.	EDS OF
	CHILDREN WITH SERIOUS DISE				
2	Did the organization undertake any significant progr	am services during the	year which were not listed on		——————————————————————————————————————
	the prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services on Schedule (
3	Did the organization cease conducting, or make sign	nificant changes in hov	v it conducts, any program servi	ces?	Yes X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomp	olishments for each of	its three largest program service	s, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and se	ction 4947(a)(1) trusts	are required to report the amount	nt of grants and all	ocations to
	others, the total expenses, and revenue, if any, for e	ach program service re	eported		
4a			350,000.)(Revenue \$	7,501.)
	CONTRIBUTIONS TO VARIOUS C				,
	OUT THE TOTAL OF THE TENT OF T	<u> </u>	<u> </u>		

					· · · · · · · · · · · · · · · · · · ·
					
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code / (Expenses 9		/	116461109 \$	
					
		···-			
)
4¢	(Code) (Expenses \$	including grants of \$) (,Revenue \$	
					
					
		· · · · · · · · · · · · · · · · · · · 			
		·	 		
		·			
		·			
					
_ -	Others and the second s				
4d	Other program services (Describe in Schedule O)				,
_	(Expenses \$ including gran) (Revenue \$		
<u>4e</u>	Total program service expenses ▶	405,203.			- 000
					Form 990 (2011)

1 Is the organization described in section 501(e)(3) or 4947(a)(1) (other than a private foundation)? If "Pes," complete Schedule A 1	. ai	try Checklist of Required Scheddles	Г	,, ,	
If "Yes," complete Schedule A Schedule of Contributors*	4	le the organization described in section 501(c)(2) or 4047(c)(1) (other than a private foundation)?		Yes	No
2 Is the organization required to complete Schedule G, Schedule of Contribution? On the organization range of indexes or unifered to obtace a campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If If "Yes," complete Schedule C, Part II Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise to present open space, the environment, hatchic land areas, or halost circlures? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If the organization answer to mixely if evident organization organization and organization organization and organization organization and organization organization organization and provide schedule organization and provide schedule organization and provide schedule organization and provide schedule D, Part XVII Did the organization report an amount for investments - other securities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedul	•	· · · · · · · · · · · · · · · · · · ·	۱ ۱	$_{\mathbf{x}}$	
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 II Section 501(c)(S) organizations. 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 Is the organization a section 501(k)(4), 501(c)(6), 670(c)(6), 670(2	·	- 1		
public office? If "Yes," complete Schedule C, Part I 8 Section 50 (16)(3) organizations. Dot 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 1 Is the organization saction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 5 Did the organization manitian any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historical rad areas, or halsons curturuers? If "Yes," complete Schedule D, Part II 8 Did the organization in amount in Part X, line 12 th serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, ored th repair, or debit regotation serves or "Yes," complete Schedule D, Part IV 9 Did the organization is amount or any of the followord or self-declule D, Part V 10 Did the organization is amount or any of the followord guestions is "Yes," then complete Schedule D, Part V 11 If the organization is amount or any of the followord guestions is "Yes," then complete Schedule D, Part X 12 Did the organization report an amount for investments - other securities in Part X, line 12 flat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization organization in separate, independent audied financial statements for the tax year? 12 Did the organization organization in separate, independent audied f			_=		
4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(r) election in effect during the tax year? If "Yes," complete Schedule C, Part III as the organization ascention 301(c)(d), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III bill bill defined and a decided in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III bill bill decided and a decided in the second of t	Ū		3		X
during the tax year? If "Yes," complete Schedule C, Part II \$ Is the organization a section \$S(r)(4), \$501(5), \$cn \$501(6)), \$cn \$201(6), \$cn \$201(4				
5 Is the organization a section SOI (p(k)), Of SOI (p(k)) or SOI (p(k)) or Sol (p(k))			4		<u> </u>
similar amounts as defined in Revenue Procedure 98-19? If "yes," complete Schedule C, Part III Did the organization maintain any othors advesded funds or any sumfarfunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II Did the organization interest or any of the following questions is "Yes," the complete Schedule D, Part IV II If the organization and it is applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV II If the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV II Did the organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV II Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV II Did the organization report an amount for other liabilities in Part X, line 19? If "Yes," complete Schedule D, Part X II I	5				
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The different programation receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and Did the organization amanutic collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other seasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other seasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other seasets in Part X, line 15 that is 5 that is 5 w or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other isabilities in Part X, line 15 that is 5 that	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part V, III, IVII, IVII, IVII, IVII, IVII, IVII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, ID Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 110 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVIII 110 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVIII Did the organization is ability for uncertant is xpositions under FIN 48 (SSC 740)? If "Yes," complete Schedule D, Part X 111 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 112 Did the organization achion described in section 170(b)(1)(A)(A)(P) If "Yes," complete Schedule D, Part X 112 Did the organization achion described in section 170(b)(1)(A)(A)(P) If "Yes," complete Schedule D, Part X 114 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeste foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 112 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IXI, to Did the organization report more than \$15,000 of expenses f			7		<u> </u>
credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, XIII, and XIII X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is a X 12a X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is a X 12b Did the organization repor	8		8		x
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V 1	9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 If a late in Part X, line 15 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization clicuded in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization new aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate forein investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or centry located outside the United States? If "Yes," complete Schedule	10				
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Form 990 (2011) KYLE PETTY CHARITY RIDE, INC.

Part IV Checklist of Required Schedules (continued)

b Is the organization 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 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		- Control of the quite of control of the control of			
United States on Part IX, column (A), Ine 17 if "res," complete Schedule I, Parts I and II 20 Did the organization report more than 55,000 of grants and other assistance to individuals in the United States on Part IX, column (A), Ine 27 if "res," complete Schedule I, Parts I and III 21 Did the organization answer "res" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization is current and former officers, directors, trustess, key employees, and highest compensated employees? if "res," complete Schedule II and IVI		But the second of the second o		Yes	No
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column (A), line 27 if "Yes," complete Schedule i, Parts I and iff 2 3 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II The II			21	X	 -
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note, All Form 990 filers are required to complete Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Sch		instructions for applicable filing thresholds, conditions, and exceptions).			
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI To the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	С	·			
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			38	L _X	
			Form		(2011)

Form 990 (2011) . KYLE PETTY CHARITY RIDE, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u> _
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial		nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	action	?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit	_		v
	any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the did to the last transfer of the state of the	tions c	or giπs	CL		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	r\/1000	orousded to the payor?	7a		х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	I VICES	provided to the payor:	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uured	10		
C	to file Form 8282?	40 100	juli ou	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tir	me during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	1	}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	{		
11	Section 501(c)(12) organizations. Enter	1	1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			138	\vdash	
L	Note. See the instructions for additional information the organization must report on Schedule O					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	i			
_	Enter the amount of reserves on hand	13c	-	1		
	Did the organization receive any payments for indoor tanning services during the tax year?		J	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
	The state of the s				990	(2011)

Page 6

Form 990 (2011) . KYLE PETTY CHARITY RIDE, INC. 56-2230609 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	•		
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	.	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	_	
14	Did the organization have a written document retention and destruction policy?	_14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a.	х	
a	The organization's CEO, Executive Director, or top management official	15a.	X	
D	Other officers or key employees of the organization	130	1 22	
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion.	-	
_•	MORGAN CASTANO - (704) 714-4545			
	125 FLOYD SMITH DR. SUITE 45, CHARLOTTE, NC 28262			

orm 990 (2011)	KYLE	PETTY	CHARITY	RIDE,	INC.	56-2230609	Page 7
Part VII Compensation	of Offic	cers. Dire	ctors, Truste	ees. Kev	Employees	Highest Compensated	

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) KYLE E. PETTY			Ì							
RESIDENT	0.00	X		X	_			0.	0.	0
2) DAVID F. MARTIN										
OARD MEMBER	0.00	X			ļ			0.	0.	0
3) DON TILLEY									•	_
REASURER	0.00	X		X				0.	0.	0
4) MARK DYER										_
ECRETARY	0.00	Х		X		_		0.	0.	0
5) MORRI IRVIN						ĺ			,	_
OARD MEMBER	0.00	X	<u> </u>	-		<u> </u>		0.	0.	_0
6) JIM FRANCE				1					^	_
OARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	-		0.	0.	0
7) JON MANAFORT									•	_
OARD MEMBER	0.00	X	├	┢		 		0.	0.	0
8) DIANE HOUGH	40.00			.,				125 000	^	^
XECUTIVE DIRECTOR	40.00	-	├	X	┝	-		135,000.	0.	0
									- T- MAN-	

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours per week	(do	not c , unle	Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation	(E) Reportable compensation	,	Estin amou	F) nated unt of
	(describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MIS(compe fron organ and re	ner nsation n the ization elated zations
			}									
					ļ							
					_) 			1		
					_		_					<u> </u>
				!		ļ			4			
1b Sub-total								135,000.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	II, Section A							135,000.		0.		0.
Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed al	bov	e) w	10 r		,000 of reportable			1
											Y	es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									ŀ	3	x
For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sch	edul	e J i	for such individual	_		4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," correspond to B. Independent Contractors							eiai	ted organization or indiv			5	х
Complete this table for your five highest country the organization. Report compensation for	•	-								pensa	ation fro	m
(A) Name and business			ONI		VILII	OI W		(B) Description of s		C	(C) ompens	ation
		747	<u> </u>	<u> </u>					-			
									-			
	·· <u>··</u>							·				
 ,												-
Total number of independent contractors (\$100,000 of compensation from the organi	=	ot li	mıte	d to		se li:	stec	d above) who received n	nore than		•	
											Form 99	90 (2011)

Form **990** (2011)

Part VIII Statement of Revenue (**D)** Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 144,489. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 144,489 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,501. 7,501. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 144,489. of including \$ contributions reported on line 1c) See a 420,743. Part IV, line 18 ь 160,992. b Less direct expenses 259,751 259,751. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d 411, 741. 7,501 0. 259,751 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to governments and	350 000	350 000		
_	organizations in the United States. See Part IV, line 21	350,000.	350,000.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				· ·
3	Grants and other assistance to governments,]			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 000		65 500	65 500
	trustees, and key employees	135,000.		67,500.	67,500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		}		
	persons described in section 4958(c)(3)(B)		25 222	2 4 4 2	2 4 4 2
7	Other salaries and wages	41,608.	35,322.	3,143.	3,143
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				· · · · ·
9	Other employee benefits				
0	Payroll taxes	11,662.	2,332.	4,665.	4,665
1	Fees for services (non-employees)				
а	Management				
b	Legal			2	2 500
С	Accounting	10,529.	3,510.	3,510.	3,509
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	41,318.	· 		41,318
13	Office expenses	4,232.			4,232
4	Information technology				
15	Royalties				
16	Occupancy	27,008.	7,081.	7,081.	12,846
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87.			87
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,420.	6,210.	6,210.	
23	Insurance		<u> </u>		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INSURANCE	17,794.			17,794
b	BANK CHARGES	9,958.		9,958.	
С	EQUIPMENT LEASE	4,625.			4,625
d	WEBSITE	4,211.			4,211
е	All other expenses	7,022.	748.		6,274
25	Total functional expenses. Add lines 1 through 24e	677,474.	405,203.	102,067.	170,204
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.	ľ			
	Check here If following SOP 98-2 (ASC 958-720)				

Par	t X·	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,094,088.	1	841,906.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			146.	4	
	5	Receivables from current and former officers, dir	rectors, t	rustees, key			
		employees, and highest compensated employee	es. Comp	olete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined (under section			, ,,,,,,
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	3,883.	9	3,766.		
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	97,664. 91,905.			
	ь		10b	91,905.	18,179.	10c	5,759.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	9,300.	12	10,333.		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	1)	1,125,596.	16	861,764. 8,567.
	17	Accounts payable and accrued expenses	7,520.	17	8,567.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
Š	21	Escrow or custodial account liability. Complete	f Schedule D		21		
Liabilities	22	Payables to current and former officers, directo	es, key employees,				
api		highest compensated employees, and disqualif					
:		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17·24).	Complete Part X of			
	}	Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,520.	26	8,567.
		- Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.					
ဦ	27	Unrestricted net assets			1,118,076.	27	853,197.
ala	28	Temporarily restricted net assets				28	
<u>В</u>	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, o					
٥		complete lines 30 through 34.					
Ş	30	Capital stock or trust principal, or current funds	3			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e		it fund		31	
¥ A	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,118,076.	33	853,197.
	34	Total liabilities and net assets/fund balances			1,125,596.	34	861,764.
							Form 990 (2011)

Form	990 (2011) . KYLE PETTY CHARITY RIDE, INC.	<u> 56-22</u>	<u>30609</u>	Pag	<u>je 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>7,4</u>	
3	Revenue less expenses Subtract line 2 from line 1	3	-26	<u>5,7</u>	<u>33.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,11	<u>8,0</u>	<u>76.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>54.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6_	85	<u>3,1</u>	<u>97.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.		- -		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			İ
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Inspection

Name of t	the organizati	on	-					E	mployer ic	dentification	วก ทนเ	mber
		KYLE PE	TTY CHARITY	RIDE,	INC.				56	-2230	<u>609</u>	
Part I	Reason		ity Status (All organiz			e this part) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	1 through 1	11, check o	only one b	ox)					
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	ie,
	city, and stat	e·										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ıbed ı	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fui	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support fi	rom gross	ınvest	ment
	income and t	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon af	fter June 3	0, 197	' 5.
	See section	509(a)(2). (Complete	Part III)									
10 🖳	•	•	perated exclusively to te	•	-			•				
11 📖	_	-	perated exclusively for the									or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	?) See se c	tion 509(a)(3). Chec	ck the box	that	
			organization and compl		_						_	
 1	a L Type		_ ,,		e III · Func	-	-			Type III - C		
e			at the organization is not									ın
		-	han one or more publicly						9(a)(1) or s	ection 509	(a)(2)	
f	_		tten determination from	the IRS tha	atitisa Iy	pe I, Type	il, or Type	e III				
		rganization, check th		<u>.</u> .		_						
9	•		organization accepted ar			-		-				- NI-
	• •		lirectly controls, either a	ione or tog	jetner with	persons c	iescribea	in (ii) and (iii) below,	44 = (1)	Yes	No
	-		upported organization?	,						11g(i)	$\vdash \vdash$	
		·	n described in (i) above?		•2					11g(ii) 11g(iiı)	\vdash	
L	• •	•	person described in (i)							1 19(111)	L	Ļ
h	Provide the i	ollowing information	about the supported or	garnzation	(5)							
			(iii) Type of	Viv.) Ic tho	organization	(v) Did voi	u notify the	(vi) Is	the			
	e of supported	(ii) EIN	organization		sted in your		ion in col.	organizati	on in col.	(iiv) Am	10unt a port	
-ui g	anization		(described on lines 1-9 above or IRC section	governing	verning document? (i) of your support?		U.S	organized in the U.S.?		JUIL	-	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1	1							
												
					İ				1			
				<u> </u>		_						
		-										
								[
						ļ			ļ.			
Takal		1	I .	1	1	1	1	1	1 1			

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

(Complete only if you checked fails to qualify under the tests	the box on line 5	5, 7, or 8 of Part I	or if the organization			-
Section A. Public Support	- Clou Below, plot	- Complete Fair				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(a) 2001	(6) 2008	(6) 2003	(0) 2010	(e) 2011_	(i) Total
membership fees received (Do not		1	}		}	
include any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf]	
3 The value of services or facilities	-		 	 		
furnished by a governmental unit to					i	
the organization without charge						l
4 Total. Add lines 1 through 3						
5 The portion of total contributions	,		 			
by each person (other than a						
governmental unit or publicly			Í		[
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						
Section B. Total Support			1		· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	(a) 2001	(6) 2000	10,2000	(4) 2010	(6) 20	(1) 1012.
8 Gross income from interest,				-		·
dividends, payments received on						1
securities loans, rents, royalties				1	1	
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on		ļ				
10 Other income Do not include gain		1				***
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,	atc (see instruct	ions)	.l		12	
13 First five years. If the Form 990 is for	•	•	ird fourth or fifth t	ax vear as a sectio		
organization, check this box and stop	•	a mar, accord, m	110, 100, til, or till 1	ax your do a soone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
Section C. Computation of Publi		rcentage				
14 Public support percentage for 2011 (lii			column (f))	· · · · · · · · · · · · · · · · · · ·	14	
15 Public support percentage from 2010		•	("		15	
16a 33 1/3% support test - 2011. If the or			on line 13, and line	14 is 33 1/3% or r	nore, check this b	
stop here. The organization qualifies a						►□
b 33 1/3% support test - 2010. If the or		•		d line 15 is 33 1/3%	6 or more, check t	his box
and stop here. The organization qualit						▶□
17a 10% -facts-and-circumstances test		• • •		ne 13, 16a, or 16b.	and line 14 is 10%	or more,
and if the organization meets the "fact						
meets the "facts-and-circumstances" t			-	•	gu	▶ [_
b 10% -facts-and-circumstances test					17a, and line 15 is	10% or
more, and if the organization meets th						
organization meets the "facts-and-circ						▶□

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

Schedule A (Form 990 or 990-EZ) 2011 KYLE PETTY CHARITY RIDE, INC.

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

Se	ction A. Public Support	now, piease comp	nete Part II)					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Gifts, grants, contributions, and					(3/==		
	membership fees received. (Do not							
	include any "unusual grants.")	1018731.	664.428.	545.766.	154,651.	144.489.	2528065.	
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	1131427.			730,343.			
3	Gross receipts from activities that		7			,		
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	Ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge				_			
6	Total. Add lines 1 through 5	2150158.	1658148.	1273117.	884,994.	565,232.	6531649.	
72	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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			31,730.			31,730.	
•	Add lines 7a and 7b			31,730.			<u>31,730.</u>	
	Public support (Subtract line 7c from line 6)						6499919.	
_		(a) 2007	(F) 2009	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	endar year (or fiscal year beginning in)	(a) 2007 2150158.	<u>(b) 2008</u> 1658148.	1273117.	884,994.	565,232.	6531649.	
_	Amounts from line 6 a Gross income from interest,	2130138.	1020140.	14/311/.	004,334.	303,232.	0331043.	
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	51,591.	20,360.	11,524.	7,829.	8,355.	99,659.	
ł	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b	51,591.	20,360.	11,524.	7,829.	8,355.	99,659.	
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)	2201749.	1678508.	1284641.	892,823.	573,587.	6631308.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,	
	check this box and stop here			, .				
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage		·			
15	Public support percentage for 2011 (I	ine 8, column (f) di	ivided by line 13, o	olumn (f))		15	98.02 %	
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	<u>97.90 %</u>	
Se	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	111 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	<u>1.50 %</u>	
18	Investment income percentage from 2	2010 Schedule A, I	Part III, line 17			18	1.67 %	
19	3 33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1		
1	more than 33 1/3%, check this box at 33 1/3% support tests - 2010. If the	•					▶ X	
	line 18 is not more than 33 1/3%, che						. [
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

KYLE PETTY CHARITY RIDE. INC.

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	urting that the accets hold in depar advice	and funds
3	are the organization's property, subject to the organization's e	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad	· ·	
Ü	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	donor advisor, or for any other purpose of	Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Ves" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		art iv, inte i
•	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Freservation of a certif	led flistoric structure
2	Complete lines 2a through 2d if the organization held a qualific	and consequentian contribution in the form of	of a conseniation easement on the last
2		ed Conservation Contribution in the form C	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
_	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic stru	icture included in (a)	2c
c C	Number of conservation easements included in (c) acquired a	• • • • • • • • • • • • • • • • • • • •	
u	listed in the National Register	ner 8/17/00, and not on a matoric structu	2d
3	Number of conservation easements modified, transferred, rele	assed extinguished or terminated by the	
3	year	rased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
9	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 77 of	Yes No
9	In Part XIV, describe how the organization reports conservation	on assements in its revenue and expense	 _ : : : :
-	include, if-applicable, the text of-the-footnote to-the organization		
	conservation easements.	on a manoral statement and december t	, to organization of accounting to the first
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		., .
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under SFAS 11		3 7 1 1 1 1 1 1 1 1 1 1
a	5		▶ \$
	Assets included in Form 990, Part X		> \$

		TTY CHARIT	Y RIDE	<u>IN</u>	<u>C</u>			<u> 56-22</u>	<u> 30609</u>	Page 2
Par	t III. Organizations Maintaining C	ollections of A	rt, Historic	al Tr	easures, o	r Othe	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the	following that	are a sı	gnificant i	use of its	collection	items
	(Check all that apply)	•	•		J		•			
а	Public exhibition	c	ı 🗀 Loan	or excl	hange prograr	ns				
b	Scholarly research	•			go p.og.u.					
c	Preservation for future generations	•								
				الفيد مالحس		-1		Da	. VIV	
4	Provide a description of the organization's co							ise in Par	LAIV	
5	During the year, did the organization solicit o		•			r sımılar	assets		٦.,	
Da	to be sold to raise funds rather than to be ma								」Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the orga	ınızatıo	n answered "\	Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for conti	ibution	s or other ass	ets not	ıncluded	_	_	
	on Form 990, Part X?							L.	Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	,						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	_	arma OOO Dank V lima	010						Yes	□ No
	Did the organization include an amount on Fe	orm 990, Part A, line	1217						」 res	NO
Par	If "Yes," explain the arrangement in Part XIV			A- C-	000 Dam II					
Fai	t V Endowment Funds. Complete								T	
		(a) Current year	(b) Prior y	ear	(c) Two years	back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions	· · · · · · · · · · · · · · · · · · ·								
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		_							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				-					
	End of year balance					t				
_	· · · · · · · · · · · · · · · · · · ·	ront and balance		luman (s)) hold as				L	
2	Provide the estimated percentage of the curr	rent year end baland		iumii (a	ij) rielu as.					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	ind administer	ed for t	he organiz	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
- b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule I	٦?					3b	
4	Describe in Part XIV the intended uses of the									
	rt VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	value
	bescription of property	basis (investi		-	(other)		preciation	_	(a) Dook	
	Load	5455 (117651	,		(5001)					
	Land					-				· -
b								- -		
С	Leasehold improvements	==					04 -	٠- ا		
d	Equipment	97,	664.				91,9	U5 •	5	<u>,759.</u>
<u>e</u>	Other									
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (E). line 1	10(c))				5	759.

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 1. Sec. 16. (19. 48 (ASC 740)) 132053 01-23-12

che		IC •				230609	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ancial S	tate	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			411	<u>,741.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2				<u>,474.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			-265	,733.
4	Net unrealized gains (losses) on investments		4				854.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net) Add lines 4 through 8		9				854.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			<u>-264</u>	<u>,879.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Rev	enue p	er Re	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	1	<u>573</u>	<u>,587.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a	8.	54.			
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d .	160,9	92.	_		
е	Add lines 2a through 2d			}	2e		<u>,846.</u>
3	Subtract line 2e from line 1			1	3	411	<u>,741.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b			}	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		,741.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Ex	penses	per		<u>m</u>	1.5.5
1	Total expenses and losses per audited financial statements				1	838	,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1					
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c	1.60 0	~~			
d	Other (Describe in Part XIV.)	2d	<u>160,9</u>	92.		1.00	000
e	Add lines 2a through 2d			-	2e		<u>,992.</u>
3	Subtract line 2e from line 1			}	3	6//	<u>,474.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)	4b					0
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	677	<u>,474.</u>
ra	a vivi supplemental information						

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740-10 AS IT RELATES

TO UNCERTAIN TAX POSITIONS FOR THE TAX YEARS ENDED DECEMBER 31, 2011 AND

2010 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS.

CURRENTLY, THE 2008, 2009, AND 2010 TAX YEARS ARE OPEN AND SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE ORGANIZATION IS

NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE

INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATION'S

TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UPHELD UNDER

Schedule D (Form 990) 2011 KYLE PETTY CHARITY RIDE, INC. Part XIV Supplemental Information (continued)	56-2230609 Page 5
EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNC	ERTAIN TAX
POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31	,2011 AND 2010.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES - CHARITY RIDE	155,810.
DIRECT FUNDRAISING EXPENSES - RIDE TO VICTORY JUNCTION	5,182.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	160,992.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	155,810.
DIRECT FUNDRAISING EXPENSES - RIDE TO VICTORY JUNCTION	5,182.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	160,992.
DIRECT FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME TAX RETURN	ME FOR THE 990

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2011

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2011

Department of the Treasury
Internal Revenue Service

Department of the Treasury
Internal Revenue Service

Attach to Form 95

Name of the organization **Employer identification number** KYLE PETTY CHARITY RIDE, INC 56-2230609 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes _ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity òrganization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events RIDE TO NONE CHARITY (add col (a) through RVICTORY JUNC MOTORCYCLE col (c)) (event type) (event type) (total number) 406,634. 14,109. 420,743. Gross receipts 2 Less Charitable contributions 14,109. 420,743. 406,634. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 103,953. 103,953. Rent/facility costs 18,143. 18,143. 7 Food and beverages 8 Entertainment 5,182. 38,896. 33,714. 9 Other direct expenses 160,992; 10 Direct expense summary Add lines 4 through 9 in column (d) 259,751. 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes No No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

56-2230609 Page 2

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 KYLE PETTY CHARITY RIDE, INC.

132082 01-23-12

Sch	edule G (Form 990 or 990 EZ) 2011 KYLE PETTY CHARITY RIDE, INC. 5	6-2230609 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in:	
	The organization's facility	13a %
	An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
, ,	Terror the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	Ĺ
	of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
	Name >	
	Address >	
16	Gaming manager information	
	Name	
	Gaming manager compensation > \$_	
	Description of services provided	
		
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
h	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	the
~	organization's own exempt activities during the tax year > \$	
Pa	irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (iii) and (v) and Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	
	lines 3, 30, 100, 130, 130, 10, and 170, as applicable Also complete this part to provide any additional filloni	iation (see instructions)
		
		

Schedule I (Form 990) (2011) 2 INFLICTED WITH DISEASE OR **Employer identification number** 56-2230609 Open to Public OMB No 1545-0047 COMMUNITY AWARENESS OF INJURY AND TO PROMOTE Inspection (h) Purpose of grant 201 TO ASSIST CHILDREN or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of cash grant 350,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KYLE PETTY CHARITY RIDE 501(C)3 56-2215292 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization VICTORY JUNCTION GANG CAMP, INC. or government RANDLEMAN NC 27317 Name of the organization Department of the Treasury 4500 ADAM'S WAY Internal Revenue Service SCHEDULE (Form 990) Part Part II

Schedule I (Form 990) (2011)

29

132102 01-27-12

SCHEDULE Q

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KYLE PETTY CHARTTY RIDE TNC Employer identification number 56-2230609

RIBETHIII CHRITII RIBE, INC. 30 BESTOS	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CHILDREN INFLICTED WITH DISEASE OR INJURY AND TO PROMOTE COMMUNITY	
AWARENESS OF THE NEEDS OF CHILDREN WITH SERIOUS DISEASES, ILLNESS AND	
INJURY.	
FORM 990, PART VI, SECTION B, LINE 11: 990 ELECTRONICALLY REVIEWED BY	
BOARD MEMBERS BEFORE FINALIZED.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW.	
FORM 990, PART VI, SECTION B, DINE 12C. ANNOAD REVIEW.	
FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
FORM OLD DARM VI LINE E CHANCES IN NEW ASSEMS.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 8	
NEI UNKEAUIZED GAINS ON INVESTMENTS.	<u> </u>
FROM -990, PART XII, LINE 2C	
AUDIT OVERSIGHT	
NO CHANGE FROM PRIOR YEAR	

Form **8868** .

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			► X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	6 months for a	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically fi	ile Form 8	868 to request	an extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated Wit	h Certain
	al Benefit Contracts, which must be sent to the IRS in pap					
visit ww	w irs gov/efile and click on e-file for Chanties & Nonprofits		·	<u>.</u>		
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I or	nly					▶ ∐
	r corporations (including 1120-C filers), partnerships, REM come tax retums	IICs, and ti	rusts must use Form 7004 to reques	st an exten	ision of time	
Type or Name of exempt organization or other filer, see instructions Emp					r identification	number (EIN) or
print	KYLE PETTY CHARITY RIDE, II	NC.		\mathbf{x}	56-223	0609
File by the due date for	Northern stored and record and the DO have		tions	Social se	curity number	
filing your	125 FLOYD SMITH DRIVE SULT				,	•
return See	,		ress, see instructions			
	,	-				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ition	Return	Application			Return
<u>ls For</u>		Code	Is For			Code
Form 99	90	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	01	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	MORGAN CASTANO					
• The	books are in the care of > 125 FLOYD SMIT	H DR.	SUITE 45 - CHARLO	TTE,	NC 2826	2
Tele	phone No ▶ (704) 714-4545		FAX No. ► (704) 295-	9045		
• If the	e organization does not have an office or place of busines	s in the Ur	nited States, check this box			
• If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	or the whole gro	oup, check this
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the extens	ion is for
- 1 — H	request an-automatic 3-month (6 months for a corporation	required-	to file Form 990-T) extension of time	until		
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
ıs	for the organization's return for					
•	X calendar year <u>2011</u> or					
•	tax year beginning	, an	d ending			
0 14	Alter Account on the state of the first fi		tentral column	Final retui		
2 If	the tax year entered in line 1 is for less than 12 months, o	neck reas	on: Initial return	rinai letui		
ι	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
<u>n</u>	onrefundable credits. See instructions			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made Include any prior year over			3b	\$	0.
_	alance due. Subtract line 3b from line 3a Include your pa				1	
	y using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	<u>0.</u>
	n. If you are going to make an electronic fund withdrawal			orm 8879	EO for paymer	nt instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 88	68 (Rev. 1-2012)