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# Form **99.0-P**F

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning , 2011, and ending Employer identification number THE ROLLING DOG FARM 81-0537598 PO BOX 150 В Telephone number (see the instructions) LANCASTER, NH 03584 C If exemption application is pending, check here Initial return Initial Return of a former public charity Check all that apply D 1 Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here 2,276,642. Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) 697,042 Contributions, gifts, grants, etc, received (att sch) 2 Ck ► If the foundn is not req to att Sch B Interest on savings and temporary 137 137 137 cash investments 107 107 107 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 2.4.P -19.REVENUE 6a Net gain/(loss) from sale of assets not on line 10. **b** Gross sales price for all assets on line 6a \* 1/2 1. 246 46. X 35,285 -10 0. 10 Net short-term capital gain D Capital gain net income (from Part IV, line-2) 全餐 0 9 Income modifications

10 a Grossisales less
10 a Grossisales les APR 1 4 2012 ဈ c Gross profit (loss) (att sch) ncome-(attach schedule 11 Other SOUTH TO 697,267. 65,230. 244 244 12 Total. Add-lines 1 through 11 65,230. Compensation of officers, directors, trustees, etc SEST 8 13 29,971. 29,971 14 Other employee salaries and wages 15 Pension plans, employee benefits 4,442 4,442 16a Legal fees (attach schedule) SEE ST 1 **b** Accounting fees (attach sch) .SEE ST 2 7.751 7,751 c Other prof fees (attach sch) 17 Interest 16,108. 13,612 Taxes (attach schedule)(see instrs). SEE STM 3 18 Depreciation (attach 150,588 sch) and depletion F F Occupancy 718. 21 Travel, conferences, and meetings ,718 4,596. 22 Printing and publications. 8,192 Other expenses (attach schedule) SEE STATEMENT 4 184,552. 184,896 Total operating and administrative 24 expenses. Add lines 13 through 23 466,400 314,368. 25 Contributions, gifts, grants paid

466,400

230,867

b Net investment income (if negative, enter -0-)
C Adjusted net income (if negative, enter -0-)

BAA For Paperwork Reduction Act Notice, see instructions.

Total expenses and disbursements.

Add lines 24 and 25
Subtract line 26 from line 12:
a Excess of revenue over expenses

and disbursements

TEEA0504L 12/05/11

0

244.

0.

244

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314,368.

			Attached scriedules and amounts in the description	Degining of year	Litu	
Part	11	Balance Sheets	column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing	230,335.	2,218.	
	2		ary cash investments	5,179.	433,830.	433,830.
	I	Accounts receivable				
		Less allowance for	doubtful accounts			<u> </u>
	4	Pledges receivable	► 148,769	•		
		Less allowance for	doubtful accounts	102,560.	148,769	148,768.
,	5	Grants receivable				
	6	Receivables due from offi	cers, directors, trustees, and other	C05		
		disqualified persons (atta	ch schedule) (see instructions)	605.		
۸	7	•				
ŝ		Less allowance for	<b></b>	3,103.	2,353	2,353.
S	8	Inventories for sale		8,436.	7,623	
A S E T S	9	Prepaid expenses a		0,430.		1,023.
S	10	a Investments – US obligations (attach s	and state government schedule)			
			stock (attach schedule) STATEMENT 5	9,928.	12,580	. 12,580.
	l .	c Investments — corporate				
	11	Investments – land equipment basis	, buildings, and		· · · · · · · · · · · · · · · · · · ·	
		Less: accumulated depred (attach schedule)	ciation •			
	12	Investments - mort	gage loans.			
	13					
			equipment. basis > 2,277,936		<u> </u>	
		Less: accumulated depre- (attach schedule)	SEE STMT 6 > 518,054	. 1,776,605.	1,759,882	1,669,270.
	15 16	Other assets (descr Total assets (to be	completed by all filers -	2,136,751.	2,367,255	. 2,276,642.
			Also, see page 1, item I)	8,649.	8,714	
ī	1		nd accrued expenses	0,043.		7
A B		Grants payable Deferred revenue				
ĭ	l .		ctors, trustees, & other disqualified persons		<u> </u>	
Ļ	20	•	es payable (attach schedule)			
ţ	22			)		
F	22	Other habilities (desc			0.714	
E S	23		d lines 17 through 22)	8,649.	8,714	4
		Foundations that for and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.	X		, , , , , , , , , , , , , , , , , , ,
NF	24	Unrestricted		2,128,102.	2,358,541	
EU	25	Temporarily restrict	ed			
D	26	Permanently restrict				
A B S A L T A		Foundations that d and complete lines	o not follow SFAS 117, check here ► 27 through 31.			
ELTA	27		principal, or current funds			~ ~
ŚÑ	28		s, or land, building, and equipment fund			
O E	- 00		nulated income, endowment, or other funds			
RS	30		fund balances (see instructions)	2,128,102.	2,358,541	
	31	Total liabilities and (see instructions)	I net assets/fund balances	2,136,751.	2,367,255	
Par	t III		nges in Net Assets or Fund Balar			
1	Tota	al net assets or fund	palances at beginning of year – Part II, c		agree with	2,128,102.
2		-or-year figure report er amount from Part l	ed on prior year's return). Lline 27a		2	
2 3		er amount from Fart increases not included in			3	
4		I lines 1, 2, and 3		<del>-</del>		
5		eases not included in line 2	(Itemize) ► SEE STATEMEN	T 7	5	
			balances at end of year (line 4 minus line		line 30 6	2,358,541.

Par	<u>t`IV ∣Capital Gains and L</u>	<u>osses for Tax on Investmer.</u>	it Income				
	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., r e, or common stock, 200 shares Mi	eal estate, _C Company)	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a	16 SH APPLE INC			D		12/02/10	9/19/11
b	12 SH CHEVRON CORPO	RATION		D_		12/14/10	9/19/11
	22 SH FREEPORT-MCM			D		12/21/10	9/19/11
	16 SH PROCTOR & GA			D		12/28/10	9/19/11
e	450 SH PUBLICIS GRO	UPE		D		2/22/11	<u>2/25/11</u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	(loss) Inus (g)
a				5,161.			1,169.
<u>b</u>				1,095.			53.
				2,642.			<u>-883.</u>
				1,029.			<u>-30.</u>
е				5,377.			-328.
	(i) Fair Market Value as of 12/31/69	ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(1)	ga tha	(I) Gains (Colu ain minus column (k in -0-) or Losses (fr	), but not less
a							1,169. 53.
<u>b</u>							-883.
<u>c</u>							-30.
e							-328.
		☐ If goin, also	enter in Part I, line 7				
	Capital gain net income or (net	If (loss), en	ter -0- in Part I, line 7		2		-19.
3		oss) as defined in sections 1222(5)	_				
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see instructions) If	(loss), enter -0-		3		-19.
Par	t∛V.⇒ Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	ent Inco	ne_		
	es,' the foundation does not quali	tion 4942 tax on the distributable an fy under section 4940(e) Do not con a each column for each year; see the	mplete this part			Yes	X No
<u></u>	(a) Base period years Calendar year (or tax year	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass			(d) Distribution umn (b) divided	
	beginning in) 2010	417,227.	386	9,440.			1.071351
	2009	476,158.		7,763.			0.682406
	2008	772,969.		4,685.			1.863991
	2007	660,296.		2,688.			1.043636
	2006	259,990.		, , , , ,			
2	Total of line 1, column (d)				2		4.661384
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years		3		0.932277
4	Enter the net value of nonchar	table-use assets for 2011 from Part	X, line 5	}	4_		300,936.
5	Multiply line 4 by line 3				5		280,556.
6	Enter 1% of net investment inc			ŀ			200, 330.
	Enter 170 of flet investment ine	ome (1% of Part I, line 27b)			6		2.
7	Add lines 5 and 6	ome (1% of Part I, line 27b)			7		
7 8							2.

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Part V		instructi	ons)		
<b>1 a</b> Exe	mpt operating foundations described in section 4940(d)(2), check here				
	e of ruling or determination letter: (attach copy of letter if necessary – see instrs)				_
	mestic foundations that meet the section 4940(e) requirements in Part V,	1			2.
	eck here ► X and enter 1% of Part I, line 27b				,
c All	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2 Ta	x under section 511 (domestic section 4947(a)(1) trusts and taxable	_			
for	indations only. Others enter -0-).	2	-		0.
	d lines 1 and 2	3			2.
	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
	x based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			2.
	edits/Payments				
	1 estimated tax pmts and 2010 overpayment credited to 2011 6a				
	empt foreign organizations – tax withheld at source				
	x paid with application for extension of time to file (Form 8868)				
	ckup withholding erroneously withheld 6d	_			
	tal credits and payments. Add lines 6a through 6d	7			0.
	ter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			2.
	due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		-	
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	er the amount of line 10 to be: Credited to 2012 estimated tax	11			
	II-A Statements Regarding Activities	<del></del>	<u> </u>	Yes	No
<b>1 a</b> Du pa	ring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it rticipate or intervene in any political campaign?		1 a		X
<b>b</b> Did (se	i it spend more than \$100 during the year (either directly or indirectly) for political purposes ie the instructions for definition)?		1 b		х
If t	the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials pu distributed by the foundation in connection with the activities	ıblıshed	*		
	I the foundation file <b>Form 1120-POL</b> for this year?		10		X
<b>d</b> En	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
(I)	On the foundation \$\\ \\$ \\ \\$ \\ \ \ \ \ \ \ \ \ \ \ \		<u>).</u>		
	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed undation managers  • \$ 0.	on	\		
	s the foundation engaged in any activities that have not previously been reported to the IRS?		2	<b> </b>	X
	Yes,' attach a detailed description of the activities		<del></del> -		† <del></del>
<b>3</b> Ha	s the foundation made any changes, not previously reported to the IRS, in its governing instrument, article incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	S	3		X
	the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		Х
	Yes,' has it filed a tax return on Form 990-T for this year?		41	N	I/A
	s there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	Yes,' attach the statement required by General Instruction T				
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
• :	By state legislation that effectively amends the governing instrument so that no mandatory directions that o	onflict	~~~		-
,	with the state law remain in the governing instrument?		6	X	1
	the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	-
	iter the states to which the foundation reports or with which it is registered (see instructions)  NH MT WA CO				
<b>b</b> If t	he answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		81	X	
<b>9</b> Is for	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' comple	r 4942(j)( te <i>Part X</i>	(5) <b>9</b>	Х	
	d any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their	names	10_		x
=			Form 9	an DE	(2011)

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Part VII-B   Statements Regarding Activiti	es for Which Form	1 4720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	-		<b>-</b> -		
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,			Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	▶ ∐		\(\frac{1}{2}\)\
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No *	
If 'Yes,' attach the statement required by Regi	ulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐ Yes X	,	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	rily, on a personal benef	rit contract?	6b	X
If 'Yes' to 6b, file Form 8870	dation a north, to a prob	whited tay chalter transa	ction? Yes X	No	
<b>7a</b> At any time during the tax year, was the found <b>b</b> If 'Yes,' did the foundation receive any procee				I/A 7b	
Part VIII Information About Officers, D	irectors Trustees	Foundation Manag	ers. Highly Paid E		
and Contractors	irectors, rrustees,	· oanaaton manag	,0,5, mg, , a.a. =	pioy003	••
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
SEE STATEMENT 8 (a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
STEVEN P. SMITH	EXECUTIVE DI	32,615.	0.		0.
PO BOX 150	60.00	,			
LANCASTER, NH 03584					
ALAYNE M. MARKER	OPERATIONS D	32,615.	0.		0.
PO BOX 150	60.00				
LANCASTER, NH 03584					
LAURA WHALE	DIRECTOR	0.	0.		0.
2680 COLT DRIVE	2.00	1			
EAST HELENA, MT 59635					
2 Compensation of five highest-paid employee		i -		1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	e account, owances
NONE					
		-			
	-				
	-				
				-	
	1				
Total number of other employees paid over \$50,00	Q TEFA0306	12/05/11			0-PF (2011)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	ighly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	er 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	vice <b>(c)</b> (	Compensation
NONE		
	į	
		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities		
	<del></del>	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc	er of	Expenses
1 SEE STATEMENT 9		_
2		
3		<del></del>
³		
4	· · · · · · · · · · · · · · · · · · ·	
·		
Part X B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1		
N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
BAA	For	m <b>990-PF</b> (2011)
	. 011	• • • • • • • • • • • • • • • • •

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Part XIII Undistributed Income (see instri	uctions)	N/A	<del>,</del>	
	<b>(a)</b> Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only				
<b>b</b> Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
<b>d</b> From 2009				
<b>e</b> From 2010		-		
f Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
4 Qualifying distributions for 2011 from Part		,		y y
XII, line 4 <sup>.</sup> ▶ \$				
a Applied to 2010, but not more than line 2a				
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>	, A			
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2011 distributable amount	· .	1 4 7 7		
e Remaining amount distributed out of corpus		*		
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a))	* * ,			
6 Enter the net total of each column as indicated below:		, , , , , , , , , , , , , , , , , , ,		
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		₹ <u>₩</u> / _^	\$ 4 · 4 · 4	,
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b			,	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	· ,		ýs	
<ul> <li>d Subtract line 6c from line 6b Taxable amount — see instructions</li> </ul>	~XX			* * *
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount — see instructions				**
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012	-	),d W.	in gr	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				*
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				1
a Excess from 2007	_			
<b>b</b> Excess from 2008				
c Excess from 2009				
d Excess from 2010	_			1
e Excess from 2011				<u> </u>

Part XIV Private Operating Foundat	ions (see instruc	ctions and Part	VII-A, question	9)	
1a If the foundation has received a ruling or o	letermination letter t	hat it is a private op	perating foundation	n, and the ruling	2/02/01
is effective for 2011, enter the date of the <b>b</b> Check box to indicate whether the foundat		ating foundation do	scribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	ating foundation des	Prior 3 years	[22] 4342()(3) 01	4942()(3)
income from Part I or the minimum	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for each year listed	244.	1,601.	6,350.	1,792.	9,987.
<b>b</b> 85% of line 2a	207.	1,361.	5,398.	1,523.	8,489.
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>	314,368.	417,243.	476,222.	772,980.	1,980,813.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>	314,368.	417,243.	476,222.	772,980.	1,980,813.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter		İ			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments			ļ		
on securities loans (section 512(a)(5)), or royalties)	697,266.	778,727.	886,003.	961,634.	3,323,630.
(2) Support from general public and 5 or					
more exempt organizations as provided in section 4942(j)(3)(B)(iii)	697,266.	778,727.	886,003.	961,634.	3,323,630.
(3) Largest amount of support from an exempt organization	15,000.	15,000.	20,000.	20,000.	70,000.
(4) Gross investment income	244.	1,601.	6,350.	1,051.	9,246.
Part XV Supplementary Information	(Complete this p	art only if the o	rganization ha	d \$5,000 or moi	e in
assets at any time during th		tructions.)			
Information Regarding Foundation Managers a List any managers of the foundation who is close of any tax year (but only if they have NONE	have contributed mor	re than 2% of the to nan \$5,000) (See s	otal contributions re ection 507(d)(2).)	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who can partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corpo % or greater interes	oration (or an equa st	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected chari	table organizations	and does not acce	ept unsolicited eer conditions,
a The name, address, and telephone number	r of the person to w	hom applications sh	nould be addressed	I	
<b>b</b> The form in which applications should be s	submitted and inforn	nation and materials	s they should include	de	
c Any submission deadlines				,	
d Any restrictions or limitations on awards, s	such as by geograph	ical areas, charitabl	le fields, kinds of ii	nstitutions, or other	factors

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3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient		Foundation status of recipient		Amount			
	substantial contributor	recipient					
Name and address (home or business)  a Paid during the year	substantial contributor	recipient					
Total	·		<u>►</u> 3a				
b Approved for future payment  Total			> 3a				

B 130/14	l 🛦 i	£ 1	Dun dun alma	A -41, (141
Part XVI-A	Analysis o	t income	-Producing	ACUVILLES

er gross amounts unless otherwise indicated		ed business income		section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exemption function income (See instructions
a					
)					
1					
e					
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	137.	
Dividends and interest from securities			14	107.	
Net rental income or (loss) from real estate:			*		,
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	-19.	
Net income or (loss) from special events.					
Gross profit or (loss) from sales of inventory					
Other revenue	or highly so	· \&\.			
a					
b					
С					
d					
e					
			1 1	225.	
Subtotal Add columns (b), (d), and (e)	1 2				
	, ,		<u> </u>	13	22
Total. Add line 12, columns (b), (d), and (e)					22
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate	ions )	ishment of Exemp	ot Purpos	13	22
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities to the	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate   **T*XVI-B** Relationship of Activities to the second	e Accompl	<u> </u>		13 <u> </u>	y to the estructions)
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate   **T*XVI-B** Relationship of Activities to the second	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate   **T*XVI-B** Relationship of Activities to the second	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate (XVI-B) Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TEXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate (XVI-B) Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption of the second s	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate (XVI-B) Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TOTAL Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate   **T*XVI-B** Relationship of Activities to the second	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate   **T*XVI-B** Relationship of Activities to the second	e Accompl	<u> </u>		13 <u> </u>	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculate art XVI-B  Relationship of Activities to the fine No.  Explain below how each activity for which accomplishment of the foundation's exemp  N/A	e Accompl	<u> </u>		13 <u> </u>	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a complex of the foundation of the	e Accompl	<u> </u>		13 <u> </u>	

**Paid** 

BAA

**Preparer** 

Use Only

Firm's name

Firm's address

#### 81-0537598 THE ROLLING DOG FARM Form 990-PF (2011) Page **13** Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) X (1) Cash 1 a (2) (2) Other assets **b** Other transactions. (1) Sales of assets to a noncharitable exempt organization 16(1) X 1 b (2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1 b (3) X 1 b (4) (4) Reimbursement arrangements Х (5) Loans or loan guarantees 1b (5) X 1 b (6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 1 c X d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No **b** If 'Yes,' complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization N/A 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 penalties Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below Sign Here EXECUTIVE DIRECTOR Signature of of icer or trustee Date Title X Yes Date Print/Type preparer's name Check P00399063 MARK D. BURKE CPA self-employed

SUITE 200

BOYLE, DEVENY & MEYER

MT 59801

305 SOUTH 4TH EAST,

MISSOULA,

Firm's EIN > 81-0390489

Phone no

(406) 721-3555

Form 990-PF (2011)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number
THE ROLLING DOG FARM	81-0537598	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> t 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	ed as a private foundation
Check if your organization is covered b <b>Note.</b> Only a section 501(c)(7), (8), or (	y the <b>General Rule</b> or a <b>Special Rule</b> (10) organization can check boxes for both the General F	Rule and a Special Rule See instructions
General Rule		
	, 990-EZ, or 990-PF that received, during the year, \$5,00 $$ $$ $$ $$ $$ $$ $$ $$ $$	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and	n filing Form 990 or 990-EZ that met the 33-1/3% suppor received from any one contributor, during the year, a co 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Comple	ontribution of the greater of (1) \$5,000 or
total contributions of more than \$1.	organization filing Form 990 or 990-EZ that received fro 000 for use <i>exclusively</i> for religious, charitable, scientific or animals. Complete Parts I, II, and III	im any one contributor, during the year, c, literary, or educational purposes, or
contributions for use exclusively for if this box is checked, enter here the purpose Do not complete any of the	organization filing Form 990 or 990-EZ that received fro religious, charitable, etc, purposes, but these contributions that were received during the year fee parts unless the <b>General Rule</b> applies to this organiza	ons did not total to more than \$1,000 for an <i>exclusively</i> religious, charitable, etc.
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	<b>►</b> \$
990-PF) but it <b>must</b> answer 'No' on Pai	vered by the General Rule and/or the Special Rules does t IV, line 2, of its Form 990, or check the box on line Homeet the filling requirements of Schedule B (Form 990,	of its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act N 990EZ, or 990-PF.	otice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 3 of Part 1
-	DLLING DOG FARM	' '	537598
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILLIP RASKIN		Person
	219 E LAKE SHORE DR 2A	\$25,377.	Payroll X
	CHICAGO, IL 60611	-	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LESLIE PETER FOUNDATION		Person X
	115 BROADWAY	\$5,000.	Payroll Noncash
	NEW YORK, NY 10006		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LONGFIELD FAMILY CHAR. FOUNDATION		Person X
	PO_BOX_1020	\$15,000.	Payroll Noncash
	ISLE OF PALMS, SC 29451		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MITCH AND RENEE WAGNER	-	Person X
	PO_BOX_521	\$55,000.	Payroll Noncash
	RANCHO SANTA FE, CA 92067	-	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	THE POWELL FOUNDATION		Person X
	6843 N. KNOX AVENUE	\$ <u>15,000.</u>	Payroll Noncash
	LINCOLNWOOD, IL 60712	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBERT NUGENT	-	Person X
	DO BOY 3000	\$ 6,000.	Payroll
	PO_BOX_7022	-	Noncasii
	RANCHO SANTA FE, CA 92067	-	(Complete Part II if there is a noncash contribution)

3 of **Part 1** 

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)		age	Identification number
Name of org	DLLING DOG FARM			37598
Partil 4	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
7	SHIRLEY LONGFELLOW & JAMES CAZINHA 7621 SW THORNTON DRIVE WILSONVILLE, OR 97070	\$6 <u>,</u>	300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
8	ODIE'S FUND PO BOX 14 EASTON, MD 21601		400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
9	GEORGE HAMBRECHT  133 EAST 92ND STREET  NEW YORK, NY 10128	\$5,	000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
10	PATRICIA WEST  109 SMITH FOREST LANE  ALPHARETTA, GA 30004	\$5 <u>,</u>	<u>672.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
11	THE ADELAAR FOUNDATION  15 FENIMORE ROAD  SCARSDALE, NY 10583		000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
12	MOZILLA, INC. 650 CASTRO STREET SUITE 300 MOUNTAIN VIEW, CA 94041	\$ <u>5,</u>	000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	3 of 3 of Part 1
Name of org	DLLING DOG FARM	' '	337598
	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
	ATLANTA, GA 30339		· ·
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HEARTHSIDE FOOD SOLUTIONS, LLC  2545 PRAIRIE ROAD  EUGENE, OR 97402	\$7,500.	Person X Payroli Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	RACHEL KNOX AND MICHAEL HASE  232 MOTT STREET PH 6  NEW YORK, NY 10012	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MICHELLE AND PAUL PENDLETON  2401 SOUTH COLUMBINE STREET  DENVER, CO 80210	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Page

1 to

of Part II

1

Employer identification number

THE ROLLING DOG FARM

81-0537598

(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	450 SHARES PUBLICIS GROUPE		-	
1		-		
		_  \$_	25,377.	2/22/11
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
10	15 SHARES MASTERCARD INC			
		_ \$_	5,672.	12/23/11
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>-</b>		
		_ \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
<del>,</del>				
		_ \$		· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-		
		- - \$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_    \$		

Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

2011	FEDERAL STATEMENTS	PAGE 1
	THE ROLLING DOG FARM	81-0537598
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 4,442.  TOTAL \$ 4,442. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 4,442. \$ 4,442.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING AND TAX PREP BOOKKEEPING PAYROLL	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 6,564. 456. 731. TOTAL \$ 7,751. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 6,564. 456. 731. \$ 7,751.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
FEDERAL TAXES PAYROLL TAXES PROPERTY TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME  \$ 16. 7,869. 5,727. TOTAL \$ 13,612. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 16. 10,365. 5,727. \$ 16,108.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ANIMAL BUILDINGS MAINT & IN ANIMAL BUILDINGS UTILITIES ANIMAL CARE & FARRIER ANIMAL FEED ANIMAL SUPPLIES ANIMAL TRANSPORT AUTOMOBILE EXPENSE BANK AND E-COMMERCE FEES COMPUTING & SOFTWARE CONTRACT LABOR COUNSELING SERVICES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NSURANCE \$ 19,145. 14,733. 7,790. 38,605. 10,748. 2,817. 5,587. 380. 205. 1,958. 3,366.	(D) CHARITABLE PURPOSES \$ 19,145. 15,202. 7,790. 38,605. 10,748. 2,817. 5,587. 380. 205. 1,958. 3,366.

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# **FEDERAL STATEMENTS**

PAGE 2

### THE ROLLING DOG FARM

81-0537598

### STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DONOR & VOLUNTEER RECOGNITION	\$ 750.			\$ 750.
DUES & SUBSCRIPTIONS	264.			264.
EMPLOYEE HEALTH INSURANCE	18,958.			18,958.
FREIGHT	733.			733.
HUMANE EDUCATION	6,195.			6,195.
INSURANCE	15,713.			14,900.
LICENSES	200.			200.
MISCELLANEOUS SUPPLIES	57.			57.
OFFICE SUPPLIES	1,328.			1,328.
PASTURE & GROUNDS MAINTENANCE	3,623.			3,623.
POSTAGE AND DELIVERY	6,264.			6,264.
TELEPHONE	1,227.			1,227.
TRACTOR & EQUIPMENT EXPENSE	1,064.			1,064.
VETERINARY	19,763.			19,763.
WEB SITE	722.			722.
WORKERS COMPENSATION PREMIUMS	2,701.			2,701.
TO	TAL \$ 184,896.	\$ 0.	\$ 0.	\$ 184,552.

### STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE
15 SH MASTERCARD INC - YEAR END DONATION 66 SH FREEPORT MCMORAN-YEAR END DONATION 30 SH SPDR GOLD TRUST	MKT VAL MKT VAL MKT VAL TOTAL	\$ 5,592. 2,428. 4,560. \$ 12,580.	\$ 5,592. 2,428. 4,560. \$ 12,580.

### STATEMENT 6 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	 ACCUM. DEPREC.	 BOOK VALUE	 FAIR MARKET VALUE
AUTO./TRANSPORTATION EQUIP. MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND MISCELLANEOUS TOTAL	\$ 140,807. 131,981. 192,864. 1,507,082. 245,592. 59,610. 2,277,936.	\$ 91,029. 85,626. 12,026. 315,422. 13,951. 518,054.	\$ 49,778. 46,355. 180,838. 1,191,660. 245,592. 45,659. 1,759,882.	\$ 49,778. 46,355. 180,838. 1,101,048. 245,592. 45,659. 1,669,270.

**2011** 

# FEDERAL STATEMENTS

PAGE 3

THE ROLLING DOG FARM

81-0537598

STATEMENT 7 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

UNREALIZED LOSS ON INVESTMENTS

TOTAL \$ 428. \$ 428.

2011

### FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

#### THE ROLLING DOG FARM

81-0537598

STATEMENT 8
FORM 990-PF, PART VIII, LINE 1
COMPENSATION OF OFFICERS AND DIRECTOR

SMITH AND MARKER RECEIVED COMPENSATION FOR THEIR WORK AS FULL-TIME SANCTUARY MANAGERS AND ANIMAL CARE PROVIDERS, NOT FOR THEIR ROLE AS AN OFFICER OR DIRECTOR.

STATEMENT 9
FORM 990-PF, PART IX-A
SUMMARY OF DIRECT CHARITABLE ACTIVITIES FOR 2011

2011 WAS OUR FIRST FULL YEAR AT OUR NEW HAMPSHIRE LOCATION, AND GOING THROUGH ALL FOUR SEASONS GAVE US PLENTY OF CONFIRMATION THAT THE MOVE FROM THE REMOTE MONTANA RANCH WAS INDEED A VERY SMART DECISION. THE WEATHER HERE IS MUCH "KINDER AND GENTLER," WE SPEND FAR LESS TIME ON THE ROAD AND A LOT LESS MONEY ON GAS, THE FACILITIES MAKE IT MUCH EASIER TO CARE FOR THE ANIMALS, AND THE LAND IS SO MUCH MORE PRODUCTIVE.

DURING THE YEAR WE BROUGHT IN FIVE DISABLED DOGS, FOUR OF THEM BLIND. WE HAD LIMITED OUR INTAKE IN 2011 BECAUSE WE WERE CONCERNED ABOUT REVENUES, WHICH HAD BEGUN DROPPING SHARPLY IN THE FOURTH QUARTER OF 2010 AND CONTINUED TO LAG FOR MUCH OF 2011. SINCE OUR FIRST PRIORITY IS TO MAKE SURE WE CAN ALWAYS PROVIDE FOR THE ANIMALS WHO ARE ALREADY HERE, THE PRUDENT COURSE OF ACTION IN A DIFFICULT FUNDRAISING PERIOD IS TO REDUCE THE NUMBER OF NEW ARRIVALS.

WE WERE DELIGHTED TO ADOPT OUT FIVE DISABLED ANIMALS -- FOUR DOGS AND ONE CAT -- TO WONDERFUL FAMILIES IN CONNECTICUT, NEW HAMPSHIRE, OREGON AND WASHINGTON, D.C. TWO OF THE DOGS WHO FOUND A NEW HOME WERE OUR BLIND POODLE SISTERS, MOLLY AND PRISCILLA, WHO HAD ORIGINALLY COME TO US SEVERAL YEARS AGO FROM A TEXAS SHELTER.

WHILE THAT WAS THE HAPPY NEWS, WE ALSO HAD OUR SHARE OF HEARTBREAK FOR THE YEAR. WE LOST NINE ANIMALS ALTOGETHER, INCLUDING TWO OF OUR LONGTIME "ICONS" -- BAILEY, A MINIATURE DACHSHUND WITH A SPINAL DISABILITY, AND BLIND PATTI, A SWEET SHEPHERD MIX. BAILEY WAS PROBABLY 16 YEARS OR OLDER AND DIED IN HIS SLEEP, WHILE PATTI DIED FROM HEMANGIOSARCOMA. BECAUSE MANY OF THE ANIMALS COME TO US LATER IN THEIR LIVES -- AFTER THEY DEVELOP DISABILITIES -- DEALING WITH LOSSES IS A SAD AND ALL TOO FREQUENT PART OF WHAT WE DO.

AS IT TURNED OUT, THE NUMBER OF NEW ARRIVALS EQUALED THE NUMBER OF ADOPTIONS, AND THUS THE LOSSES BROUGHT OUR OVERALL AVERAGE NUMBER OF DISABLED ANIMALS AT THE FARM TO FORTY.

WE HAD MENTIONED IN LAST YEAR'S SUMMARY THAT ONE OF OUR GOALS IN MOVING TO THIS PROPERTY IN NEW HAMPSHIRE WAS TO BECOME MORE SELF-SUFFICIENT IN RAISING FOOD FOR THE ANIMALS. WE MADE SIGNIFICANT PROGRESS TOWARDS THAT GOAL IN 2011 BY LAUNCHING OUR HUMANELY RAISED PET FOOD INITIATIVE, IN WHICH WE ARE RAISING OUR OWN LIVESTOCK AS A SOURCE OF FOOD FOR OUR DISABLED DOGS. THIS ALLOWS US TO 1) BE ASSURED THAT THE FOOD WE ARE FEEDING THEM IS HUMANELY RAISED; 2) PROVIDE A HEALTHY, FRESH DIET VERSUS HIGHLY PROCESSED COMMERCIAL FOODS; AND 3) START DOWN THE PATH TO BECOMING FULLY SELF-SUFFICIENT IN THIS IMPORTANT AREA. IN ADDITION TO FEEDING OUR OWN BEEF AS A MAJOR PROTEIN SOURCE FOR THE DOGS, WE ALSO BEGAN GROWING CROPS FOR THE CARBOHYDRATE PORTION OF THEIR DIETS.

MEDIA COVERAGE DURING THE YEAR INCLUDING A FEATURE ON THE FARM IN NEW HAMPSHIRE CHRONICLES, A TV MAGAZINE PROGRAM PRODUCED BY WMUR-TV IN MANCHESTER. BLOOMBERG SENT A REPORTER UP FROM NEW YORK TO DO A FEATURE STORY ON OUR WORK WITH DISABLED ANIMALS, WHILE JACK HANNA'S INTO THE WILD TV SHOW CONTINUED TO AIR THEIR TERRIFIC PIECE ON US

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#### **2011** ·

### FEDERAL SUPPLEMENTAL INFORMATION

#### THE ROLLING DOG FARM

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IN VARIOUS MEDIA MARKETS AROUND THE COUNTRY. WE ALSO WROTE A FEATURE ARTICLE ON HUMANELY RAISED PET FOOD FOR BARK, A NATIONAL MAGAZINE FOR DOG LOVERS, WHICH WAS PUBLISHED IN THEIR SUMMER 2011 EDITION.

ON THE REVENUE SIDE, THE DOWNTURN IN FUNDRAISING WE HAD SEEN THROUGH MUCH OF 2011 BEGAN TO TURN AROUND IN THE FOURTH QUARTER, AND IN FACT WE HAD OUR BEST YEAR-END GIVING SEASON SINCE 2007. NEVERTHELESS, WE ENDED THE YEAR DOWN 10% COMPARED TO 2010 BUT WERE ABLE TO OFFSET THIS BY CUTTING EXPENSES DURING THE YEAR BY 14%.

WITH GAS PRICES CLIMBING FURTHER, UNEMPLOYMENT REMAINING HIGH, AND HOME PRICES STILL FALLING, WE CONTINUE TO BE VERY CONCERNED HOW THESE (AS WELL AS OTHER NATIONWIDE ECONOMIC CHALLENGES) WILL AFFECT DONATIONS IN THE FUTURE. THUS WE REMAIN VERY CAREFUL AND CAUTIOUS IN OUR MANAGEMENT OF THE FINANCES. WE FOCUS ON PRESERVATION OF CAPITAL WHILE INVESTING IN THOSE AREAS THAT WILL MAKE US INCREASINGLY SELF-SUFFICIENT -- AND THUS BETTER PREPARED TO COPE WITH DIFFICULT ECONOMIC CONDITIONS THAT MAY PERSIST FOR YEARS TO COME. IN THE MEANTIME, WE ARE DOING EVERYTHING POSSIBLE TO REDUCE OPERATIONAL EXPENSES WHILE CONTINUING TO PROVIDE THE BEST POSSIBLE CARE FOR THESE WONDERFUL ANIMALS.

#### IN CLOSING ...

AVERY WAS A BLIND BEAGLE WHO CAME TO US IN THE SPRING OF 2011 FROM GEORGIA. HE WAS SUFFERING EXCRUCIATING PAIN FROM UNTREATED GLAUCOMA. AS IF THAT WASN'T ENOUGH, HIS COWERING BEHAVIOR MADE IT CLEAR HE HAD ROUTINELY BEEN BEATEN BY HIS PREVIOUS OWNERS, WHILE MULTIPLE SCARS INDICATED HE'D BEEN ATTACKED BY OTHER DOGS AS WELL. WE TOOK AVERY TO A VETERINARY OPHTHALMOLOGIST FOR EYE SURGERY, AND HE WAS FINALLY PAIN-FREE FOR THE FIRST TIME IN YEARS. WE ALSO HAD HIM TREATED FOR A MAJOR HEARTWORM INFECTION AS WELL AS OTHER MEDICAL CONDITIONS, AND WE WENT TO WORK ON HIS EMOTIONAL ISSUES AS WELL. TRAGICALLY, HE DIED OF CONGESTIVE HEART FAILURE IN FEBRUARY 2012, JUST A WEEK BEFORE WE WROTE THIS SUMMARY. ALTHOUGH HE WAS ONLY WITH US FOR TEN MONTHS, THOSE WERE NO DOUBT THE BEST MONTHS OF HIS LIFE. OUR MISSION IS TO BE THERE FOR DOGS LIKE AVERY.

TOTAL DIRECT EXPENSES: \$406,087 TOTAL INDIRECT EXPENSES: \$60,313

TOTAL EXPENSES: \$466,400 SEE PAGE 1, LINE 24

WITH DIRECT EXPENSES OF \$406,087 AND INDIRECT EXPENSES OF \$60,313, OUR

DIRECT-TO-INDIRECT RATIO WAS 87% TO 13%.