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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Terminated, ☐ Amended return, ☐ Application pending

C Name of organization: THE GREY MUZZLE ORGANIZATION

Number and street (or P O box, if mail is not delivered to street address): 14460 NEW FALLS OF NEUSE RD

Room/suite: 149-269

City or town, state or country, and ZIP + 4: RALEIGH NC 27614

D Employer identification number: 26-1965495

E Telephone number: (919) 529-0309

F Group Exemption Number:

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

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

I Website: WWW.GREYMUZZLE.ORG

J Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 84,169.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	76,236.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	58.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
EXPENSES	7a	Gross sales of inventory less returns and allowances	7a	7,875.
	7b	Less cost of goods sold	7b	4,024.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,851.
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	80,145.
	10	Grants and similar amounts paid (list in Schedule O) See L-10 Stmt	10	66,500.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,860.
	14	Occupancy, rent, utilities, and maintenance	14	1,379.
15	Printing, publications, postage, and shipping	15	4,469.	
16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16, Other Expenses	16	5,588.	
17	Total expenses. Add lines 10 through 16	17	79,796.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	349.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,714.
	20	Other changes in net assets or fund balances (explain in Schedule O) See L-20. Stmt	20	1,145.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	18,208.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

SCANNED MAR 18 2013

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Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 .		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . , section 4912 ▶ 0 . , section 4955 ▶ 0 .		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ JULIE DUDLEY Telephone no ▶ (919) 529-0309
 Located at ▶ 14460 NEW FALLS OF NEUSE RD , STE 149-269 RALEIGH NC ZIP + 4 ▶ 27614

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If 'Yes,' enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If 'Yes,' enter the name of the foreign country ▶		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

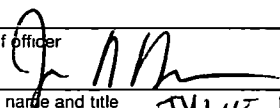
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here	Signature of officer 		Date 2-15-13		
	Type or print name and title JULIE R. DUDLEY PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no	
	Firm's address ▶				

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

THE GREY MUZZLE ORGANIZATION

Employer identification number

26-1965495

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		62,650.	61,600.	69,542.	76,236.	270,028.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3		62,650.	61,600.	69,542.	76,236.	270,028.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						270,028.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		62,650.	61,600.	69,542.	76,236.	270,028.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		15.	14.	2.	58.	89.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						270,117.
12 Gross receipts from related activities, etc (see instructions)					12	11,633.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19 a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE GREY MUZZLE ORGANIZATION

Employer identification number

26-1965495

Pt V, PBC THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS
DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON PERSONAL BENEFIT
CONTRACTS.

Pt V, PBC THE ORGANIZATION DID NOT PAY ANY PREMIUMS, DIRECTLY, OR
INDIRECTLY ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
SUPPLIES	634.
BANK/PROCESSING FEES	1,167.
ANIMAL SUPPLIES	2,799.
TELEPHONE	142.
REGISTRATION	200.
OFFICE EXPENSE	2.
ADVERTISING & EVENTS	562.
VOLUNTEER RECOGNITION	82.
Total	5,588.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment PLEASE SEE ATTACHED STATEMENT #1

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANTS	Business . . . <input type="checkbox"/> Person . . . <input type="checkbox"/> <u>SEE STATEMENT #1 ATTACHED</u>		
			66,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property
 Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
UNREALIZED GAIN - MARKETABLE SECURITIES	1,145.
Total	1,145.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY	5,003.	5,687.
RECEIVABLES	239.	177.
MARKETABLE SECURITIES	9,953.	3,156.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Continued

Line 24 - Other Assets:	Beginning of Year	End of Year
Total	<u>15,195.</u>	<u>9,020.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
CREDIT CARD PAYABLE	<u>514.</u>	<u>420.</u>
GRANTS PAYABLE	<u>12,167.</u>	<u>5,256.</u>
Total	<u>12,681.</u>	<u>5,676.</u>

THE GREY MUZZLE ORGANIZATION
STATEMENT #1, ATTACHMENT TO SCHEDULE O, PAGE 1, LINE 10. GRANTS AND SIMILAR AMOUNTS PAID

Grant Date	Organization Name	Amount	Purpose	EIN	Contact	Address	City, State, Zip
GRANTS							
01/04/12	Golden Retriever Rescue of North Texas	\$3,000	Senior Permanent Foster, Senior Focus and Senior	75-2721349	Ginny Jackson	P O Box 670031	Dallas, TX 75367
01/04/12	Central Texas Dachshund Rescue	\$1,000	Hospice care	04-3733491	Scott Lookabaugh	7301 RR 620 N, STE 155 #136	Austin, TX 78726
01/04/12	Muttville	\$2,500	Seniors for Seniors adoption	26-0416747	Sherri Franklin	P O Box 410207	San Francisco, CA 94141
01/04/12	The Sanctuary for Senior Dogs	\$1,500	Senior therapy dogs	34-1954977	Deborah Workman	PO Box 609054	Cleveland, OH 44109
01/04/12	OldDog Haven	\$2,500	Death with Dignity	65-1249528	Judith Piper	9016 - 99th Ave NE	Arlington, WA 98223
01/04/12	Blind Dog Rescue Alliance	\$2,000	Permanent Foster and Adoptable Dogs	27-052851	Eric Belfi	PO Box 63401	Philadelphia, PA 19114
01/04/12	Young at Heart Pet Rescue	\$2,000	Increase Senior Dog Adoptability	20-2476194	Dawn Kemper	PO Box 1293	Palatine, IL 60078
01/04/12	Senior Dogs 4 Seniors	\$2,000	Vetcare for Senior Dogs	26-0518780	Diane Pierce	1109 Babler Forest	Chesterfield, MO 63005
01/04/12	Tails of the City Animal Rescue	\$3,000	Shelter Intervention Program and Senior Permanen	80-0215249	Mary Ann Lagana	2539 - 7th Ave	Los Angeles, CA 90018
01/04/12	SPCA of Wake County	\$2,000	Senior Wellness Package	56-0891732	Vanessa Budnick	200 Petfinder Lane	Raleigh, NC 27603
06/30/12	Peace of Mind Dog Rescue	\$3,000	Rescue Program and Helping Paw Program	27-1154816	Carie Broecker	125 4th Street	Pacific Grove, CA 93950
06/30/12	Washington Humane Society	\$3,000	Senior Companions Program	53-0219724	Julie Conway	7319 Georgia Avenue, NW	Washington, DC 20012
06/30/12	Last Hope	\$3,000	Medical care for senior dogs	11-2618189	Linda Stuurman	P O Box 61	Syosset, NY 11791
06/30/12	German Shepherd Rescue and Adoption	\$3,000	Moment in Time program	56-1857148	Andrea Portbury	P O Box 471	Fuquay Varina, N C 27526
06/30/12	German Shepherd Rescue of Northern California	\$2,000	Thulani program	52-2331060	Ms Joye Hawkes	PO Box 1930	Cupertino, California 95015-1930
06/30/12	Dalmatian Rescue of Tampa Bay	\$2,500	Medical care for senior sanctuary	42-1600855	Susan Weber	PO Box 341951	Tampa, Florida 33694
06/30/12	Delaware Valley Golden Retriever Rescue	\$3,000	Medical care for senior dogs	23-2775413	Heidi Shore	60 Vera Cruz Road	Reinholds, PA 17569
06/30/12	Cumberland County S P C A	\$3,000	Red Collar Society for Seniors	21-0677474	Maria Stoerrie	1244 N Delsea Drive	Vineland, NJ 08360
06/30/12	Quad City Animal Welfare Center	\$1,000	Seniors for Seniors	36-2952894	Sande McAfee	724 W 2nd Ave	Milan, IL 61264
06/30/12	Sergey Foundation	\$3,000	Owner Assistance for senior dogs	68-0546692	Judith Larkin	P O Box 955	Bellingham, WA 98227
06/30/12	House With a Heart	\$2,500	Medical care for senior sanctuary dogs	20-5291492	Sher Polvinale	6409 Stream Valley Way	Gaithersburg, MD 20882
06/30/12	Southwest Pennsylvania Retriever Rescue Org	\$1,500	Medical care for senior dogs	25-1882926	Joe Maringo	142 Stark Drive	Plum, Pennsylvania 15239
06/30/12	Greyhound Pets of America - Wisconsin	\$1,000	Medical care for senior dogs	39-1886802	Bob Paulus	PO Box 2115	Madison WI 53701-2115
06/30/12	Virginia Beach SPCA	\$3,000	HOPE program	54-6061532	Amy L McNally	3040 Holland Road	Virginia Beach, VA 23453-2610
06/30/12	Animal Rescue New Orleans	\$2,000	Hospice Foster Program	51-0569173	Ginnie Baumann Robilo	1219 Coliseum St	New Orleans, LA 70130
06/30/12	Cache Humane Society	\$500	Senior Dogs Dental Program	51-0187825	Marcia Robinson	PO Box 3640	Logan, Utah 84321
06/30/12	Nevada Humane Society	\$1,000	Seniors-for-Seniors Pet Adoption Program	88-0072720	Diane Blankenburg	2825 Longley Lane	Reno, NV 89502
		<u>\$59,500</u>					
DOGS AT HOME FUNDING							
	St Louis Senior Dog Project	\$3,000	Medical care account	01-0584486	Ellen Ellick	7488 Rivermont Trail	House Springs, MO 63051
	Carolina Basset Hound Rescue	\$1,000	Medical care account	56-2094045	Jean Sankey	PO Box 80082	Charleston, SC 29416
	Almost Home Dog Rescue	\$1,000	Medical care account	20-0431201	Cheryl Rakich	4672 Aberdeen	Dublin, Ohio 43016
	Golden Retriever Rescue of SW Florida, Inc.	\$1,000	Medical care account	26-4685452	Geri Ashley	PO Box 110987	Naples, FL 34108
	Labradors and Friends Dog Rescue	\$1,000	Medical care account	32-0195297	Lauren Dube	2307 Fenton Pkwy 107-160	San Diego, CA 92108
		<u>\$7,000</u>					

FUND ALLOCATIONS

Disaster Relief Fund
Mentoring and Education Fund

\$0

TOTAL FISCAL 2012 FUNDING:

\$66,500

STATEMENT #1

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