

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

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

Open to Public Inspection

AF	or the 2012 calendar year, or tax year beginning and ending		
B C	neck if plicable C Name of organization	D Employer identific	ation number
	Address KYLE PETTY CHARITY RIDE, INC.		
	Name change Doing Business As	56-22	30609
	Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/sul		
	Termin- 125 FLOYD SMITH DRIVE, SUITE 45	704-7	14-4545
	Amended City, town, or post office, state, and ZIP code	G Gross receipts \$	530,804.
	Applica CHARLOTTE, NC 28262	H(a) Is this a group ret	um
	F Name and address of principal officer KYLE PETTY	for affiliates?	Yes X No
	SAME AS C ABOVE	H(b) Are all affiliates incli	uded? Yes No
		27 If "No," attach a l	st (see instructions)
	/ebsite: ► WWW.KYLEPETTYCHARITYRIDE.COM	H(c) Group exemption	
		ear of formation: 2000 M	State of legal domicile; NC
[Pa	rt I Summary		
စ္ပ	1 Briefly describe the organization's mission or most significant activities KPCR ENGA		
Activities & Governance	BENEFIT HOSPITALS AND OTHER CHARITABLE ORGANI		
ern	2 Check this box If the organization discontinued its operations or disposed of m	_ I	
Š	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
প্র	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
ties	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
ξ	6 Total number of volunteers (estimate if necessary)	6 7a	0.
٩	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 7b	0.
	b Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	144,489.	98,273.
Jue	9 Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,501.	10,900.
æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259,751.	272,026.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	411,741.	381,199.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	350,000.	150,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ģ	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	188,270.	155,690.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
кре	b Total fundraising expenses (Part IX, column (D), line 25) EEEIV 177, 922.		
ũ	17 Other expenses (Part IX, column (A), lines 11a-111d=124e) \(\(\lambda \) \(\lambda \)	139,204.	<u> 155,998.</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25), 13	677,474.	461,688.
	19 Revenue less expenses oublideline to nom the 12 At 10 B	<u>-265,733.</u>	<u>-80,489.</u>
s or	N K	Beginning of Current Year	End of Year
Ssets	20 Total assets (Part X, line 16) 21 Total liabilities (Part X line 26)	861,764.	794,467.
Net As Fund B	21 Total liabilities (Part X, line 26)	8,567.	21,389.
		853,197.	773,078.
	rt II Signature Block		lunaviladas and habat it is
	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and star		Knowledge and belief, it is
<u>true,</u>	correct, and complete. Declaration of preparer tother than officer) is based on all information of which preparer	arer has any knowledge.	22 2 22
⊜	Signature-exofficer (Date	2 201)
Sign			2.0013
Her	Type of print name and title		- 12-01
17:	Print/Type propagation and	Date 1 Check	PTIN
Paid	SAMUEL M. LEDER, CPA	. 3 x 13 self-employe	P00485633
Paid	arer Firm's name POTTER & COMPANY, P.A.	Firm's EIN	56-1220683
Use	Only Firm's address 434 COPPERFIELD BLVD NE STE A		
Ò	CONCORD, NC 28025	Phone no. 7	04-786-8189
S. Mav	the IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
	01 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

616

Form 990 (2012)

Form 990 (2012) KYLE PETTY CHARITY RIDE, INC. 56-2230609 Page 3
Part IV Checklist of Required Schedules

1 ...t-

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	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 "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		- 1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
7	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.	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		j	
	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	9		<u> </u>
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	10		<u>_X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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 VII	11b		X
C	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	11c		<u>X</u>
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 IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	}		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ĺ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ŀ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			••
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0045)
		Form	33U	(2012)

Form 990 (2012) KYLE PETTY CHARITY RIDE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, 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	23		X
24a	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 K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
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	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			7.7
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u> _
27	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>. </u>	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions in the rest, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		_	
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	<u> </u>		T
UZ	Schedule N. Part II	32	ļ	x
33	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, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Ĺ	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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

	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		163	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		i
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		ı
	(gambling) winnings to prize winners?	1c	x	ı
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	,[[ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ı
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	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 Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).		_	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year] !		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			l
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			l
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	İ '		1
а	Initiation fees and capital contributions included on Part VIII, line 12	4		l
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		l
11	Section 501(c)(12) organizations. Enter.			l
а	Gross income from members or shareholders	-	ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note, See the instructions for additional information the organization must report on Schedule O.	-		İ
b	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	1	!	
C	Enter the amount of reserves on hand	144=	 	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 730 to report those payments? If "No." provide an explanation in Schedule O.	14a	-	_^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2012
		1 0111	. 555	12012

Page 6

Form 990 (2012) 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			<u>LX</u>
<u>Sec</u>	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]		
	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.	ĺ		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	İ		
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		X _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x_{x}
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
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	
	Each committee with authority to act on behalf of the governing body?	8b	х	
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	_	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
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.	[
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	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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?		i	}
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ł		ł
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ŀ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ŀ
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id 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	ition:	-	
	MORGAN CASTANO - (704) 714-4545			
	125 FLOYD SMITH DR SILTE 45 CHARLOTTE NC 28262			

Earm	$\Omega\Omega\Omega$	(2014)	

KYLE PETTY CHARITY RIDE, INC.

56-2230609

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. 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

X Check this box if neither the organization r	nor any related	orga	nıza	ation	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ıtıor		ane	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	individual trustee or director						the	organizations	compensation from the
	hours for related	0 0	ee te			Safe		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	Tuste	Institutional trustee		8	E		(44-27 1099-141130)		and related
	below	gal	tous	_	ofde	yee St	,			organizations
	line)	ng M	Instit	Officer	Key e	Highest compensated employee	F ormer			
(1) KYLE E. PETTY	0.00	<u> </u>								
PRESIDENT		X		X				0.	0.	0.
(2) DAVID F. MARTIN	0.00									
BOARD MEMBER		X				l		0.	0.	0.
(3) DON TILLEY	0.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) TERRY CAMPBELL	0.00									
TREASURER		X		X				0.	0.	0.
(5) MORRI IRVIN	0.00									
SECRETARY		X	<u> </u>	X				0.	0.	0.
(6) EDDIE GOSSAGE	0.00		1		1					
BOARD MEMBER		X	<u> </u>		<u> </u>	<u> </u>	L_	0.	0.	0.
(7) JON MANAFORT	0.00		1							
BOARD MEMBER	<u> </u>	X	<u> </u>		<u> </u>		_	0.	0.	0.
(8) VIC MISENHEIMER	0.00]	j]	ļ					
BOARD MEMBER		X	<u> </u>	<u> </u>	ļ	<u> </u>		0.	0.	0.
(9) MIKE HEAFNER	0.00	4						_		
BOARD MEMBER	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	1_	 _	0.	0.	0.
	ļ	-	İ							
	 		lacksquare	_	1	-	↓ _	 		
		-			1				ł	ł
	ļ	—	igspace	-	<u> </u>	<u> </u>	 			
		4								
		 -	-	├	1		├			<u> </u>
		-								
		╄-	₩	<u> </u>	┢	┼	├		 	
		-							ĺ	
	 	\vdash	}—	├	\vdash	╀	├—	 		
	ļ	-]]		,			}
	 	╁	-	╂	+-	+	 —	 		
		┨					ŀ			
	+	+-	 	+	+	+-	+-			
		┨					i			
			Ц_	┸	<u> —</u>	Ь	٠		<u> </u>	 _

			res	NO
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	<u> </u>	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X
Sac	ation B. Independent Contractors			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to those lis	sted above) who received more than	

Form **990** (2012)

\$100,000 of compensation from the organization

0

		Check if Schedule O contains a response to any ques				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
		5	3.			
	d	Related organizations 1d				
	е					
	f	All other contributions, gifts, grants, and				
		similar amounts not included above . 1f		1		
	g	Noncash contributions included in lines 1a-1f \$				
<u>ම ව</u>	h	Total. Add lines 1a-1f	▶ 98,273.			
		Business C	ode]		
Program Service Revenue	2 a					
	b					
S E	С					
e a	d					
<u>6</u>	е					
<u>a</u>	f	All other program service revenue				
	g	Total. Add lines 2a-2f	<u> </u>			
ı	3	Investment income (including dividends, interest, and		ł		1
		other similar amounts)	▶ 4,900.	4,900.	<u> </u>	
1	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	>			
		(i) Real (ii) Person	nat	1		
	6 a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss)				
Ĭ		Net rental income or (loss)	>	<u> </u>		
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 6,00	0.			
	b	Less: cost or other basis				
		and sales expenses .	0.			
		Gain or (loss) 6,00		5 000		
	d	Net gain or (loss)	▶ 6,000.	6,000.		
une	8 a	, ,		1		
		including \$ 98,273. of				
è		contributions reported on line 1c). See		1		
Other Reve		Part IV, line 18				
₹		Less direct expenses b 149,60				272 026
		Net income or (loss) from fundraising events	▶ 272,026.			272,026.
	9 a	Gross income from gaming activities. See				
	-	Part IV, line 19 a				
		Less. direct expenses b			İ	
		Net income or (loss) from gaming activities	<u> </u>	 		
	10 a	Gross sales of inventory, less returns			: 	
		and allowances a	_			
		Less: cost of goods sold			l	İ
	c	Net income or (loss) from sales of inventory		 		
	44	Miscellaneous Revenue Business C	ODE			
	11 a			 		
	b			 		+
	C	All other was a second		 		
	_	All other revenue		 		
		Total Add lines 11a-11d	381,199.	10,900.		. 272,026.
23200	<u>12</u>	Total revenue. See instructions.	<u> </u>	10,3000		Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			mpiete column (ry.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	150,000.	150,000.		
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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	145 045	20 000	- FO 010	50 010
7	Other salaries and wages	145,045.	29,009.	58,018.	58,018.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,645.	2,129.	4,258.	4,258.
10	Payroll taxes	10,645.	2,143.	4,430.	4,230.
11	Fees for services (non-employees).				
a	Management	23,337.	7,779.	7,779.	7 770
b	Legal	9,600.	3,200.	3,200.	7,779.
	-	3,000.	3,200.	3,200.	3,200.
d e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	43,104.			43,104.
13	Office expenses	4,906.			4,906.
14	Information technology				
15	Royalties				
16	Occupancy	21,243.	7,081.	7,081.	7,081.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87.			<u>87.</u>
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,260.	1,130.	1,130.	
23	Insurance				
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		19,326.			19,326.
b		9,007.		1,972.	7,035.
С	CONTRACT LABOR	6,600.			6,600.
d	EQUIPMENT LEASE	4,063.			4,063.
е	All other expenses	12,465.			12,465.
25_	Total functional expenses. Add lines 1 through 24e	461,688.	200,328.	83,438.	<u>177,922.</u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1	ł		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u>.</u>	Form 990 (2012)
23201	0 12-10-12				Form 33U (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 776,308. Cash - non-interest-bearing 841,906. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net ... 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use R 3,766. 3,735. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 71,488 basis. Complete Part VI of Schedule D 10a 5,759. 67,988. 10c 3,500. Less: accumulated depreciation 10b b Investments - publicly traded securities 11 11 10,333. 10,924. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 861,764. 16 794,467. Total assets. Add lines 1 through 15 (must equal line 34) 16 8,567. 16,389. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 5,000. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 8,567 21,389. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 853,197. 773,078. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 7<u>73,078</u>. 853,197 33 33 Total net assets or fund balances

794,467. Form **990** (2012)

861,764

Total liabilities and net assets/fund balances

orm	990 (2012) KYLE PETTY CHARITY RIDE, INC.	<u> 56-2230</u>	<u>609</u>	Page	<u>е 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		[
	,	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,19	
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,68	
3	Revenue less expenses. Subtract line 2 from line 1	3		,48	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>853</u>	1,19	
5	Net unrealized gains (losses) on investments	5		37	<u>70.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>_773</u>	07	<u> 18.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	. <u> </u>			X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
b	Were the organization's financial statements audited by an independent accountant?	_	2b	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1	
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
Ī	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			- 1	
	Act and OMB Circular A-133?	_	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2012)

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

ZUTZ
Open to Public

Inspection

Name of the organization

KYLE PETTY CHARITY RIDE, INC.

Employer identification number 56-2230609

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church. convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated c Type III - Functionally integrated _ Type Ⅱ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	L					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	I		1			
3	The value of services or facilities						
	furnished by a governmental unit to					!	
	the organization without charge	I					u.
4	Total. Add lines 1 through 3						
5	The portion of total contributions						· · · · · · · · · · · · · · · · · · ·
_	by each person (other than a	·					
	governmental unit or publicly	ļ					
	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			 		-	
	etion B. Total Support	·			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2008	(0) 2003	(0) 2010	(4) 2011	(e) 2012	(i) Total
	Gross income from interest.				·		_
0	dividends, payments received on	!	Ì	1			ı
	securities loans, rents, royalties						
	and income from similar sources	1					
	Net income from unrelated business						
9	activities, whether or not the	I					
		İ					
10	Other magnetic Department of the control of the con				 		<u> </u>
IŲ	Other income Do not include gain or loss from the sale of capital						
	·						
4.4	assets (Explain in Part IV.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (ass instructi	000)	L	<u> </u>	12	
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av vear ac a cectu		
13	organization, check this box and stor	=	s mst, second, trii	id, idaitii, di ilitii t	ax year as a secur	511 50 1 (6)(5)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage	·			<u> </u>
	Public support percentage for 2012 (I			column (fl)		14	%
	Public support percentage from 2011		•			15	%
	33 1/3% support test - 2012. If the c	•		 on line 13. and line	14 is 33 1/3% or		
	stop here. The organization qualifies						▶ □
b	33 1/3% support test - 2011. If the c		-		d line 15 is 33 1/39	% or more, check the	nis box
_	and stop here. The organization qual	=				,	▶□
17a			• • •		e 13. 16a. or 16b.	and line 14 is 10%	or more.
	'a 10% -facts-and-circumstances test - 2012. 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"					271 17 110 17 1170 0.ga.	▶ □
1-	10% -facts-and-circumstances tes	_					. ► □ 10% or
	more, and if the organization meets the						
							_
10	organization meets the "facts-and-circ		=				
<u> 18</u>	Private foundation. If the organization	n dio not check a	DOX OF HITE 13, 10	a, 100, 17a, 01 17	D, CHECK HIS DOX	and see manuchon	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	blow, please comp	nete Fait II)				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	664,428.	545,766.	154,651.	144,489.	98,273.	1607607.
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	993,720.			420,743.		
3	Gross receipts from activities that						
	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	1658148.	1273117.	884,994.	565,232.	519,904.	4901395.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						_0.
Ł	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.				31,730.
	Public support (Subtract line 7c from line 6)						4869665.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1658148.	1273117.	884,994.	565,232.	519,904.	4901395.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,360.	11,524.	7,829.	8,355.	10,900.	58,968.
ŀ	Unrelated business taxable income	20,3001			<u> </u>		3375.333
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	20,360.	11,524.	7,829.	8,355.	10,900.	58,968.
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)	1678508.	1284641.	892,823.	573,587.	530,804.	4960363.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage		<u>. </u>		
15	Public support percentage for 2012 (I	ine 8, column (f) de	ivided by line 13, o	column (f))		15	<u>98.17 %</u>
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	<u>98.02 %</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				<u></u>
17	17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 1.19 %						
18	18 Investment income percentage from 2011 Schedule A, Part III, line 17						
19	a 33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the		=				▶ X
•	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation. If the organization		-				

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2012

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
	0.	31,730.	0.	0.	
				-	
al to Schedule A, rt III, Line 7b		31,730.		1	

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		in the complete in the
		, 	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nde
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	
U	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or donor advisor, or for any other purpose come	Yes No
Pai		ganization answered "Ves" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (e.g., recreation or e	· — · · · ·	ally important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space	reservation or a certifical	istorio structuro
2	Complete lines 2a through 2d if the organization held a qualif	field conservation contribution in the form of a c	consequation easement on the last
~	day of the tax year	ned conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
0	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	* ,	20
u	listed in the National Register	and of 17700, and not on a motion of addition	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	
·	year ▶	and the second s	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		-
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public si	ervice, provide the following amounts
	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 tre	easures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	•	> \$
b	Assets included in Form 990, Part X		> \$

		TTY CHARIT							<u> 230609</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, His	<u>torical T</u>	reasures,	or Oth	<u>er Simil</u>	ar Ass	e ts (continu	e <i>d</i>)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of th	e following the	at are a s	ignificant	use of its	s collection i	tems
	(check all that apply)			•	J		·			
а	Public exhibition	•		l oan or ex	change progr	ams				
b	Scholarly research			Other	.cugo p.og.					
c	Preservation for future generations	`		Ounci						
		ollantiana and avala		an e fe mala a m	the	ianta ava		D-	VIII	
4	, , , , , , , , , , , , , , , , , , , ,									
5						ner simila	rassets	_	٦	
Dav	to be sold to raise funds rather than to be ma								Yes	No_
rai	t IV Escrow and Custodial Arran		ete if the	organizat	ion answered	"Yes" to	Form 990), Part IV	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ons or other a	ssets not	included	_		_
	on Form 990, Part X?							L	Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]			<u></u>			
									Amount	
C	Beginning balance .			•			1c			
d	Additions during the year				•		1 <u>d</u>			
е	Distributions during the year						1e			
f	Ending balance	_				_	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII			on has bee	n provided in	Part XIII		_		
Par							10.			
	1	(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions						" -		T	
c	Net investment earnings, gains, and losses		<u> </u>	_						
d	Grants or scholarships		 							
_	Other expenditures for facilities		 						 	
е	· · · · · · · · · · · · · · · · · · ·		İ						İ	
	and programs		 							
T	Administrative expenses		 		 				 	
g	End of year balance		<u></u>							
2	Provide the estimated percentage of the curr	rent year end balan		g, column	(a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organia	zation tha	at are held	and administ	ered for t	the organi	zation	_	
	by:								<u>\ Y</u>	es 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	on Sche	dule R?	÷				3b	
_4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10						
	Description of property	(a) Cost or			st or other	(c) A	ccumulat	ed	(d) Book	/alue
		basis (invest	ment)	bası	s (other)	de	preciation	1		
1a	Land									
b	Buildings									
-	Leasehold improvements					T				
d	Equipment	71	488.			 	67,9	88 -	3	,500.
e	Other						<u> , .</u>			, , , , , ,
	. Add lines 1a through 1e. (Column (d) must e	qual Form 900 Por	t X colu	nn (R) line	10(c))	L	_		3	,500.
<u> </u>		quair oirir 000, Far		10/, ///10						,

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year market value
() Financial demissions	(b) DOOK VAIUE	(C) Mediod of V	aldation. Oost of end-or-year market value
2) Closely-held equity interests		 	
b) Other			
(A)			
(B)		†	
(C)		 	
(D)		 	
_(E)		 	
(F)	·		
(G)	· · · · · · · · · · · · · · · · · · ·	 	
(H)			
(1)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		aluation. Cost or end-of-year market value
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u></u>		
(10)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 1			
	escription		(b) Book value
(1)			
(2)			
			
	·····		
(5)			
			
_ (8)			
(9)			
(10)	451		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lir			
	le 25.	(b) Book value	T
·		(b) book value	1
(1) Federal income taxes		_ 	1
(2)		·	1
(3)			1
(4)			1
(5)			1
(6)			1
(7)			†
(8)		···	1
(9) (10)			1
(10)			1
	1		√i'
(11) otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.1		

		56-2230609 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1 531,174.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
-		
_		
b		
C	· · · · · · · · · · · · · · · · · · ·	[[
d	· · · · · · · · · · · · · · · · · · ·	
е	Add lines 2a through 2d	2e 149,975.
3	Subtract line 2e from line 1	381,199.
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	
b	Other (Describe in Part XIII.)	i i
_	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 381,199.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
1	Total expenses and losses per audited financial statements	1 611,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities 2a	
b	Prior year adjustments	l, l
C	Other losses 2c	
d	Other (Describe in Part XIII.) 2d 149,605.	
e		2e 149,605.
3	Subtract line 2e from line 1	3 461,688.
		3 +01,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c 0.
5		5 461,688.
<u>Pa</u>	rt XIII Supplemental Information	
Com	plete 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	b and 2b; Part V, line 4; Part
X. lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati	ion.
	RT X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740-10 AS I	
TO	UNCERTAIN TAX POSITIONS FOR THE TAX YEARS ENDED DECEMBER	31, 2012 AND
10	UNCERTAIN TAX POSTITIONS FOR THE TAX TEARS ENDED DECEMBER	51, 2012 AND
200	11 ND 1110 DISTINGTO THE MAY DOCTOROUG BOD ALL ORDER MAY VE	3.D.C
<u> 20.</u>	11 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YE	ARS.
<u>CUI</u>	RRENTLY, THE 2009, 2010, AND 2011 TAX YEARS ARE OPEN AND S	UBJECT TO
EX/	AMINATION BY THE INTERNAL REVENUE SERVICE. HOWEVER, THE OR	GANIZATION IS
NO	T CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONT.	ACTED BY THE
Thr	TERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORG	ANTZATTON'S
<u> ∓ ₹A ·</u>	THIRTHAN ALVEROE DERVICE. DADED ON THE EVALUATION OF THE ORG	<u> </u>
יגח	V DOCUMENTO WANAGENERUM DELTEURG ALL DOCUMENTONG MOULD DE UD	TELD IMPED
IA	X POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UP	
		Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 KYLE PETTY CHARITY RIDE, INC.	56-2230609 Page 5
Part XIII Supplemental Information (continued)	
EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF U	NCERTAIN TAX
POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED DECEMBER	21 2012 ANTO 2011
FOSTITONS HAS BEEN RECORDED FOR THE TEARS ENDED DECEMBER	31,2012 AND 2011:
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES - CHARITY RIDE	149,605.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	149,605.
DIRECT FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING IN	COME FOR THE 990
TAX RETURN	
	
······································	
·	

SCHEDULE G

Department of the Treasury

(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.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 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 еL Internet and email solicitations Solicitation of government grants b

Phone solicitations Special fundraising events 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? __ 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 (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization 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.

Schedule G (Form 990 or 990-EZ) 2012

Sch Pa	edu irt l	le G (Form 990 or 990-EZ) 2012 KYLE PE				2230609 Page 2 more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(D Tabal average
			CHARITY		NONE	(d) Total events
			MOTORCYCLE R		110212	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ω	ĺ		(Overle type)	(eventype)	(total flambol)	
Revenue	1	Gross receipts	421,631.		· · · · · · · · · · · · · · · · · · ·	421,631.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	421,631.			421,631.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs	111,230.			111,230.
Direct Expenses	7	Food and beverages	11,516.			11,516.
۵		Enterternment				
	8	Entertainment	26.050			26 050
	9	Other direct expenses	26,859.	<u> </u>		26,859.
	10	. ,	• • •			(149,605)
		Net income summary. Combine line 3, column				272,026.
L	rt l		answered "Yes" to Form	990, Part IV, line 19, or i	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		······································		
<u> </u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u,g-	bingo/progressive bingo		col. (a) through col. (c))
ě	ŀ					
ш	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct expenses				·
	5	Other direct expenses	No. of		Yes %	
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		. •	()
	8	Net gaming income summary. Combine line	1, column d, and line 7			
9	En	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a				Yes No
		No," explain:				
•	,	TTO, EXPIRIT.				
	_			<u> </u>		
10-	. \^/-	ere any of the organization's gaming licenses r	avakad suspandad ar ta	arminated during the tax		Yes No
						163 140
	, 11	Yes," explain:				
			_			
	_					
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2012 KYLE PETTY CHARITY RIDE, INC.	56-2	230609	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	L No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility	•	13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recoi	rds:		
	Name		· -	
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount		
	of gaming revenue retained by the third party > \$			
C	of "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:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, collines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in			
				_
_				
_				
		<u> </u>		
_				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2012) ž INFLICTED WITH DISEASE OR Employer identification number 56-2230609 COMMUNITY AWARENESS OF INJURY AND TO PROMOTE (h) Purpose of grant or assistance TO ASSIST CHILDREN 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 1 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) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 150,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section if applicable KYLE PETTY CHARITY RIDE, 501(C)3 Enter total number of other organizations listed in the line 1 table 56-2215292 General Information on Grants and Assistance (b) EIN critena 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 4500 ADAM'S WAY Part I PartII

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 12-18-12

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST CHILDREN INFLICTED WITH DISEASE OR INJURY AND TO PROMOTE COMMUNITY AWARENESS OF THE NEEDS OF INC. NAME OF ORGANIZATION OR GOVERNMENT: VICTORY JUNCTION GANG CAMP, (d) Amount of non-cash assistance (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: BOARD REVIEWS ANNUALLY (b) Number of recipients COLUMN (H): (a) Type of grant or assistance PART II, LINE 1, Part III

Page 2

56-2230609

KYLE PETTY CHARITY RIDE, INC.

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

CHILDREN WITH SERIOUS DISEASES, ILLNESS AND INJURY

SCHEDULE-0

(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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012
Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

KYLE PETTY CHARITY RIDE, INC.	56-2230609
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
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, LINE 15: ANNUAL REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
EDOM 000 DADE VII IIVE 20	
FROM 990, PART XII, LINE 2C AUDIT OVERSIGHT	
NO CHANGE FROM PRIOR YEAR	
NO CHANGE FROM FRIOR IEAR	
	······································