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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, 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.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

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) Room/suite
14460 FALLS OF NEUSE RD 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 (check 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. \$ 97,217.

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	<u>91,721.</u>
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	<u>494.</u>
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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 \$5,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	<u>5,002.</u>	
b Less cost of goods sold	7b	<u>2,518.</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>2,484.</u>	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>94,699.</u>	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	<u>69,699.</u>
	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	<u>5,556.</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>1,123.</u>
	15 Printing, publications, postage, and shipping	15	<u>4,824.</u>
	16 Other expenses (describe in Schedule O)	16	<u>12,244.</u>
	17 Total expenses. Add lines 10 through 16	17	<u>93,446.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>1,253.</u>	
NET ASSETS	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	<u>18,208.</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	<u>767.</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>20,228.</u>

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

Part II Balance Sheets. (see the instructions for Part II)

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

			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		14,864.	22 14,262.
23	Land and buildings		0.	23 0.
24	Other assets (describe in Schedule O)	See L-24 Stmt	9,020.	24 16,348.
25	Total assets		23,884.	25 30,610.
26	Total liabilities (describe in Schedule O)	See L-26 Stmt	5,676.	26 10,382.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		18,208.	27 20,228.

Part III	Statement of Program Service Accomplishments (see the instrs for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? IMPROVE THE LIVES OF AT-RISK SENIOR DOGS
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	GRANTS & MEDICAL EXPENSES PROVIDED TO 32 RESCUES & SHELTERS IN 19 STATES. FUNDING FOR MEDICAL CARE OF SENIOR DOGS & COMMUNITY PROGRAMS TO KEEP DOGS WITH OWNERS. (Grants \$ 69,699.) If this amount includes foreign grants, check here	<input checked="checked" type="checkbox"/>	28 a	69,199.
29	ORTHOPEDIC BEDS PURCHASED & DISTRIBUTED TO SHELTERS & OTHER ANIMAL RESCUE ORGANIZATIONS, PROVIDING COMFORT & INCREASING ADOPTABILITY OF OLDER DOGS. (Grants \$ 8,156.) If this amount includes foreign grants, check here	<input checked="checked" type="checkbox"/>	29 a	8,156.
30	DISASTER RELIEF FUND, FOR THE CARE OF SENIOR DOGS IMPACTED BY FEMA DISASTERS, AND MENTORING & EDUCATION FUND TO FURTHER EDUCATIONAL EFFORTS. (Grants \$ 500.) If this amount includes foreign grants, check here	<input checked="checked" type="checkbox"/>	30 a	500.
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	<input checked="checked" type="checkbox"/>	32	77,855.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)

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

[illegible]

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		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)		X
35 a 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)?		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		
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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40 a , section 4912 40 a , section 4955 40 a		
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 40 b		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 40 c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40 d		
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 40 e		X
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42 a <u>KRYSTAL JOSCELYNE</u> Telephone no 42 a <u>(919) 368-6061</u> Located at 42 a <u>14460 FALLS OF NEUSE RD., STE 149-269 RALEIGH</u> NC ZIP + 4 42 a <u>27614</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country 42 b		X
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 ? If 'Yes,' enter the name of the foreign country 42 c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 43 <input type="checkbox"/>		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a		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 44 b		X
c Did the organization receive any payments for indoor tanning services during the year? 44 c		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 44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a		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) 45 b		X

- 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If 'Yes,' was the related organization a section 527 organization?

49b		
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- 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 title of each employee paid more than \$100,000	(b) 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
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 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 <i>Kristal Joselyne</i>		Date <i>March 2, 2014</i>	
	Type or print name and title <i>Kristal Joselyne - Treasurer, Board of Directors</i>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <i>Non-Paid Preparer</i>			
	Firm's address ▶		Firm's EIN ▶	
			Phone no	

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

2012

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 — Non-functionally integrated
- 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 monetary 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	62,650.	61,600.	69,542.	76,236.	91,721.	361,749.
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.	91,721.	361,749.
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						361,749.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	62,650.	61,600.	69,542.	76,236.	91,721.	361,749.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15.	14.	2.	58.	494.	583.
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						362,332.
12 Gross receipts from related activities, etc. (see instructions)					12	5,002.
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.84 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. 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 checked="" type="checkbox"/>		
b 33-1/3% support test – 2011. 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 – 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' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2011. 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"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
7a 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a 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** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2012. 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 – 2011.** 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).

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

2012

**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	1,100.
BANK/PROCESSING FEES	1,371.
TELEPHONE	157.
FEE REGISTRATION & TAXES	413.
ADVERTISING & EVENTS	345.
VOLUNTEER RECOGNITION	12.
INSURANCE	575.
INTEREST EXPENSE	100.
MISC EXPENSE	15.
ANIMAL SUPPLIES (ORTHOPEDIC DOG BEDS)	8,156.

Total	12,244.
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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 OF CONTRIBUTORS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANTS	Business <input type="checkbox"/> Person <input type="checkbox"/>		
			69,699.

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	767.
Total	767.

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	5,687.	6,122.
RECEIVABLES	177.	242.
MARKETABLE SECURITIES	3,156.	9,984.

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>9,020.</u>	<u>16,348.</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>420.</u>	<u>6,351.</u>
GRANTS PAYABLE	<u>5,256.</u>	<u>4,031.</u>
Total	<u>5,676.</u>	<u>10,382.</u>

THE GREY MUZZLE ORGANIZATION - 26-1965495
ATTACHMENT OF GRANTEES - 990-EZ, LINE 10, NONE ABOVE \$5,000

Grant Date	Organization Name	Amount	FIN	Contact	Address	City	State	Zip
GRANTS								
12/13/2012	OldDog Haven	\$2,500	65-1249528	Judith Piper	9016 -- 99th Ave NE	Arlington, WA	98223	
12/12/13/2012	The Sanctuary for Senior Dogs	\$2,500	34-1954977	Deborah Workman	PO Box 609054	Cleveland, OH	44109	
12/13/2012	Animal Haven	\$2,500	11-6101487	Tiffany Lacey	251 Centre St	New York, NY	10013	
12/13/2012	Seniors 4 Seniors	\$2,000	26-0518780	Diane Pierce	1109 Babler Forest	Chesterfield, MO	63005	
12/13/2012	Muttville	\$2,500	26-0416747	Sherrn Franklin	P O Box 410207	San Francisco, CA	94141	
12/13/2012	Blind Dog Rescue Alliance	\$2,000	27-052851	Eric Belfi	PO Box 63401	Philadelphia, PA	19114	
12/13/2012	Central TX Daschund	\$1,000	04-3733491	Scott Lookabaugh	7301 RR 620 N, STE 155 #136	Austin, TX	78726	
12/13/2012	Golden Retriever Rescue - N TX	\$3,000	75-2721349	Ginny Jackson	P O Box 670031	Dallas, TX	75367	
12/13/2012	Young at Heart	\$2,000	20-2476194	Dawn Kemper	PO Box 1293	Palatine, IL	60078	
06/30/2013	Sergey Foundation	\$2,500	68-0546692	Judith Larkin	P O Box 955	Bellingham, WA	98227	
06/30/2013	Washington Humane Society	\$3,000	53-0219724	Julie Conway	7319 Georgia Avenue, NW	Washington, DC	20012	
06/30/2013	German Shepherd Rescue of Northern CA	\$3,000	52-2331060	Joye Hawkes	PO Box 1930	Cupertino, California	95015-1930	
06/30/2013	Last Hope	\$3,000	11-2618189	Linda Stuurman	P O Box 61	Syosset, NY	11791	
06/30/2013	Peace of Mind Dog Rescue	\$3,000	27-1154816	Carie Broecker	125 4th Street	Pacific Grove, CA	93950	
06/30/2013	German Shepherd Rescue and Adoption	\$3,000	56-1857148	Andrea Portbury	P O Box 471	Fuquay Varina, N C	27526	
06/30/2013	Cumberland County SPCA	\$4,000	21-0677474	Maria Stoerrie	1244 N Delsea Drive	Vineland, NJ	08360	
06/30/2013	House With a Heart	\$2,500	20-5291492	Sher Polynale	6409 Stream Valley Way	Gaithersburg, MD	20882	
06/30/2013	Dalmatian Rescue of Tampa Bay	\$2,500	42-1600855	Susan Weber	PO Box 341951	Tampa, Florida	33694	
06/30/2013	Great Plains SPCA	\$2,000	05-0552529	Melissa Reed	5428 Antioch Dr	Merriam KS	66202	
06/30/2013	Nevada Humane Society	\$2,000	88-0072720	Diane Blankenburg	2825 Longley Lane	Reno, NV	89502	
06/30/2013	Delaware Valley Golden Retriever Rescue	\$2,000	23-2775413	Heidi Shore	60 Vera Cruz Road	Renholds, PA	17569	
06/30/2013	Virginia Beach SPCA	\$4,000	54-6061532	Amy L McNally	3040 Holland Road	Virgina Beach, VA	23453-2610	
06/30/2013	Southwest PA Retriever Rescue	\$1,500	25-1882926	Joe Marnigo	142 Stark Drive	Plum, Pennsylvania	15239	
06/30/2013	Quad City Animal Welfare Center	\$1,000	36-2952894	Sande McAfee	724 W 2nd Ave	Milan, IL	61264	
06/30/2013	Greyhound Pets of America - Wisconsin	\$1,000	39-1886802	Bob Paulus	PO Box 2115	Madison WI	53701-2115	
06/30/2013	Animal Rescue New Orleans	\$2,000	51-0569173	Ginnie Baumann Robliotta	1219 Coliseum St	New Orleans, LA	70130	
		<u>\$62,000</u>						
DOGS AT HOME FUNDING								
	Cumberland County SPCA	\$699	21-0677474	Maria Stoerrie	1244 N Delsea Drive	Vineland, NJ	08360	
	St Louis Senior Dog Project	\$3,000	01-0584486	Ellen Ellick	7488 Rivermont Trail	House Springs, MO	63051	
	Humane Society of Cherokee County	\$1,000	73-1409570	Shaun West	PO Box 1354	Tahlequah, OK	74465	
	Labrador and Friends Dog Rescue	\$1,000	32-0195297	Lauren Dube	2307 Fenton Pkwy 107-160	San Diego, CA	92108	
	Golden Retriever Rescue of SW Florida	\$1,000	26-4685452	Geri Ashley	PO Box 110987	Naples, FL	34108	
	Almost Home Dog Rescue	\$1,000	20-0431201	Cheryl Rakich	4672 Aberdeen	Dublin, Ohio	43016	
	Carolina Bassett Hound Rescue	(\$500)	56-2094045	Jean Sankey	PO Box 80082	Charleston, SC	29416	
		<u>\$7,199</u>						
TOTAL GRANTS FUNDING:		<u>\$69,199</u>						
FUND ALLOCATIONS								
	Disaster Relief Fund	\$500						
TOTAL GRANTS & SIMILAR- PGI, LINE 10		<u>\$69,699</u>						
				1/24/2013	22-1627726	STATEMENT #1		
				SCHEDULE OF GRANTEES				

ATTCH 990 EZ, PART I, 10
STATEMENT #1