Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 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.

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.

OMB No. 1545-1150

2010

Open to Public Inspection

		ue Service	The organization may have to use a copy of this return	rn to satisfy state reporting requirements	s			
			ar year, or tax year beginning	, 2010, and ending	, 2	0		
В	Check if ap	oplicable:	C Name of organization		D Employer identification number			
	Address ch	nange	GEORGIA ANIMAL RESCUE AND DEFENCE INC			0-5021466		
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address	s) Room/suite	E Telephone number			
	Initial returi	n						
	Terminated	100 PTOWPOTO PRICON PRIVE		(912) 653-2480				
	Amended r			F Group Exemption	oup Exemption			
	Application	pending	PEMBROKE, GA 31321		Number >			
G	Accoun	ting Method:	Cash X Accrual Other (specify) ▶	l l	H Check ► X if the org	anization is not		
ı	Websit	te: > WWW.	GARDONLINE.ORG		required to attach Scheo	dule B		
J .	Tax-exe	mpt status (check only one) - X 501(c) (3) 501(c)() ◀ (insert no	o.) 4947(a)(1) or 527	(Form 990, 990-EZ, or 9	90-PF).		
K	Check	if the o	rganization is not a section 509(a)(3) supporting organiz	ration and its gross receipts ar	e normally not more than	\$50,000. A		
	Form 99	0-EZ or Form	n 990 return is not required though Form 990-N (e-postc	ard) may be required (see inst	ructions). But if the organiz	ation chooses		
	to file a i	return, be sur	re to file a complete return.					
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receip	ts are \$200,000 or more, or if	total assets (Part II,			
- 1	line 25,	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ • • • • • • •	· · · · · · · · > \$ 🔌	156,567		
Pi	art I	Revenu	e, Expenses, and Changes in Net Assets o	or Fund Balances (see	the instructions for Part I.)			
		Check if th	ne organization used Schedule O to respond to any ques	stion in this Part I · · · · ·		· · · · · · X		
	1		s, gifts, grants, and similar amounts received · · · · ·			46,681		
	2	Program ser	rvice revenue including government fees and contracts		2	109,886		
	3	Membership	dues and assessments		3			
	4	Investment i	ncome · · · · · · · · · · · · · · · · · · ·		4			
	5a	Gross amou	int from sale of assets other than inventory · · · · ·	· • • • • • 5a				
	b	Less: cost o	r other basis and sales expenses · · · · · · · · · · · · · · · · · ·	• • • • • 5b				
	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line	5b from line 5a) • • • • •	5c			
В	6	Gaming and	I fundraising events		2845			
R e	a	Gross incom	ne from gaming (attach Schedule G if greater than					
v e		\$15,000) •		• • • • • • 6a				
n	b	Gross incom	ne from fundraising events (not including \$	of contributi	ons			
u e		from fundrai	ising events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000)	6b				
	C		expenses from gaming and fundraising events					
			or (loss) from gaming and fundraising events (add lines					
					· · · · · 6d			
	7a	Gross sales	of inventory, less returns and allowances	· · · · · · 7a	75° Y			
			of goods sold					
	1		or (loss) from sales of inventory (Subtract line 7b from li		7c			
	8	Other reven	ue (describe in Schedule O)		8			
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		> 9	156,567		
	10	Grants and	similar amounts paid (list in Schedule O) · · · · · ·		10			
_	11	Benefits paid	d to or for members		11			
E	12	Salaries, oth	ner compensation, and employee benefits · · · · · ·		12			
p e	13	Professiona	I fees and other payments to independent contractors		13			
n	14	Occupancy.	rent, utilities, and maintenance		14	63,462		
s e	15	Printing, put	olications, postage, and shipping · · · · · · · · · · · ·			2,744		
s	16	Other expen	nses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		16	91,116		
	17		nses. Add lines 10 through 16 · · · · · · · · · · ·			157,322		
	18		deficit) for the year (Subtract line 17 from line 9) • • • •			(755		
A	VI.		or fund balances at beginning of year (from line 27, colur			(,,,,,		
NS	13	end-of-vear	figure reported on prior year's return) · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	19	62		
Ns e e t t	20	Other chanc	ges in net assets or fund balances (explain in Schedule (0)	20			
			or fund balances at end of year. Combine lines 18 throug			(693		

Part II Balance Sheets. (see the instructions for Part II.)	any avection in this F	المحالة			T.
Check if the organization used Schedule O to respond to	any question in this F	· · · · · · · · · · · · · · · · · · ·	nning of year		B) End of year
22 Cash, savings, and investments			3,088	22	830
23 Land and buildings · · · · · · · · · · · · · · · · · · ·			3,476	23	3,476
24 Other assets (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			120	24	120
25 Total assets			6,684	25	4,426
26 Total liabilities (describe in Schedule O) · · · · · · · · · ·			6,622	26	5,119
27 Net assets or fund balances (line 27 of column (B) must agree			62	27	(693)
Part III Statement of Program Service Accomplish				/Pog	Expenses uired for section
Check if the organization used Schedule O to respond t				,	c)(3) and 501(c)(4)
What is the organization's primary exempt purpose? RESCUE CATS				organ	nizations and section
Describe what was achieved in carrying out the organization's exempt	•		describe		(a)(1) trusts; optiona
the services provided, the number of persons benefited, and other release. 28 MISSION IS TO REDUCE THE NUMBER OF CATS AND		acii program title.		101 01	thers.)
KILLED IN SHELTERS BY PROMOTING SPAYING AND					
EDUCATING THE PUBLIC AND BY RESCUING ABANDON	-		12.00		
ALCOHOL MANAGEMENT OF THE STATE	cludes foreign grants, o	check here · · · ·		28a	
29 NEGLECTED COMPANION ANIMALS FROM HIGH KILL				1	
FINDING LOVING PERMANENT HOMES				ARFAS.	
(Grants \$) If this amount inc	cludes foreign grants, o	check here · · · ·	▶□	29a	(
30		VA. 1		No.	
		4.			
			u, K		
	cludes foreign grants, o			30a	
31 Other program services (describe in Schedule O) · · · · · · ·					
	cludes foreign grants, o			31a	
Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Employ					
Check if the organization used Schedule O to respond t	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	empl. benefit pla deferred compen	ans &	account and other allowances
JOY BOHANNON	PRESIDENT	enter-o)	deletted compen	isauon	other allowances
100 DICHROIC DRAGON DRIVE, PEMBROKE GA 31321		o c		0	
VICTOR TETREAULT	SECRETARY				
306 COMMERCIAL DR, SAVANNAH GA 31406	1	0		O	(
PHILIP RUTHERFORD	TREASURER				
100 DICHROIC DRAGON DRIVE, PEMBROKE GA 31321	2	0		0	
19 July 19 Jul					
	*		8.810		2
	*				
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				9	
					1111
WARRIED TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO					120
					8
		.			

Pai	t V Other Information (Note the statement requirements in the instructions for Part V.)			
21 1/19/00/20	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," attach a detailed			
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) • • • • • • • • • • • • • • • • • • •	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but		100 Sept. 2-100 100 Sept. 2-10	i de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela c
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? • • • • • • • • • • • • • • • • • • •	35b		4780
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	ijγ.	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · • 37a			
b	Did the organization file Form 1120-POL for this year?			Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Χ	a Stan
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • 38b 1 2000		2.5	A-166
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·		77.1	
b		N E Zel		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-10 u	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
, b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		e ²² e su	12/5, 407
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
i. C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700	Kaine.	Δ.
C	organization managers or disqualified persons during the year under sections 4912,			Sec. 1
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		9800	Acces !
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
u	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	A STATE OF		
С	transaction? If "Yes," complete Form 8886-T	40e		37
44	List the states with which a copy of this return is filed. GA,	406	L	L X
41 42 a		432-8254		
42 G	Located at 100 DICHROIC DRAGON DRIVE PEMBROKE, GA ZIP + 4 3132			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	162	X
	If "Yes," enter the name of the foreign country:	420	- 2	
			2 PAST	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		10 to 10 m	
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	40	F62. 1.	7.7
C		42c		X
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
43		 I	• • 🎉	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · • • 43			***************************************
			r.,	
		(I	Yes	No
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	44a	31,000	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	367557	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	F. TEST	S-cyayo	8.05.7
_	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		

1 01111 330	3-LZ (2010) GHONGIA ANIMAL NEBCOL	AND DEFENCE INC	· · · · · · · · · · · · · · · · · · ·	20-3	021400	raye 4
45 lo	any related aggregation a controlled autity of the aggregation			2).0		Yes No
	any related organization a controlled entity of the organization receive any payment from or engage in			5	• • 45	. X
	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					
	rm 990-EZ (see instructions) · · · · · · · · · · · · · ·	• • • • • • • • • • • •	·····		· · 45a	X
	d the organization engage, directly or indirectly, in politica	I campaign activities or	n behalf of or in oppos	sition		
to	candidates for public office? If "Yes," complete Schedule	C, Part I · · · · ·			• - 46	X
Part V						ion
	501(c)(3) organizations and section 4947(a	, , ,	naritable trusts m	ust answer ques	tions 47-4	19b
	and 52, and complete the tables for lines 5					
-	Check if the organization used Schedule C) to respond to any	question in this F	Part VI · · · · ·		Van Na
47 Did	I the organization engage in lobbying activities? If "Yes,"	complete Schedule C	Part II		47	Yes No
	the organization a school as described in section 170(b)(X
	I the organization make any transfers to an exempt non-o					X
	Yes," was the related organization a section 527 organization					
50 Co	mplete this table for the organization's five highest comp	ensated employees (ot	her than officers, dire	ctors, trustees and k	(ey	
em	ployees) who each received more than \$100,000 of com	pensation from the org	anization. If there is	none, enter "None."		200
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans		Expense count and
	than \$100,000	devoted to position		deferred compensation		allowances
MONE						
NONE						
					ER.	
2		 	à.			
14			25E3W			
				,-	<u></u>	
	tal number of other employees paid over \$100,000 • • mplete this table for the organization's five highest comp		ontractors who each	raceived more than		
	00,000 of compensation from the organization. If there is		ontractors who each i	eceived more man		
<u></u>	(a) Name and address of each independent contractor paid more than	13548	(b) Type of se	ervice	(c) Comper	nsation
	· · · · · · · · · · · · · · · · · · ·					
NONE						*
-						
	And the second s					
					· · · · · · · · · · · · · · · · · · ·	
	tal number of other independent contractors each receiving	THE THE COME IN SINGUISTICS	· Þ			
	If the organization complete Schedule A? Note: All section		ns and 4947(a)(1)	-		
noi	nexempt charitable trusts must attach a completed Sched	dule A · · · · · ·)	Yes X	No No
	Ities of perjury, I declare that I have examined this return, including accom t, and complete. Declaration of preparer (other than officer) is based on al			knowledge and belief, it is		
			- The any minerage.			
	JOY BOHANNON		Ĩ			
Sign	Signature of officer			Date		
Here	JOY BOHANNON, PRESIDENT					
	Type or print name and title		V			
	Print/Type preparer's name Preparer's si	gnature	Date	Check if	PTIN	
Paid	Brian L McCord Brian L	McCord	07-08-2011	self-employed		
Preparei				Firm's EIN	-	
Use Only		o C		-	740 505	
D.A	Pooler GA 31322	Can Instruction	*** ***	T Holle Ho.	748-7255	
iviay the	IRS discuss this return with the preparer shown above?	oee instructions · · ·			21 100	
			EEA		FOITH 9	90-EZ (2010)