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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending J	UN 30, 2012	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	NO KILL LOUISVILLE			
	Name change			27-2	368180
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r 296-6515
	ated Amend			G Gross receipts \$	222,799.
	return Applica			H(a) Is this a group re	
	tiòn pendin			for affiliates?	Yes X No
		PO BOX 6655, LOUISVILLE, KY 40203		H(b) Are all affiliates inc	
	Tay-aya	mpt status: X 501(c)(3)	or 527		list. (see instructions)
		e: ► WWW.NOKILL-LOUISVILLE.COM	01 027	H(c) Group exemptio	
		organization: X Corporation	I Vear		State of legal domicile: KY
	art I	Summary	L 1001	or formation.	Vi Otato or logar dorimeno.
		Briefly describe the organization's mission or most significant activities: ${ m TO}$ HI	ELP MI	NIMIZE THE	NUMBER OF
& Governance		DOGS EUTHANIZED IN THE GREATER LOUISVILLE			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ove	1	Number of voting members of the governing body (Part VI, line 1a)			6
Ö		Number of independent voting members of the governing body (Part VI, line 1b)			6
S		Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			75
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
۵	8 (Contributions and grants (Part VIII, line 1h)		81,538.	151,725.
nu		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
α		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,933.	22,090.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		92,471.	173,815.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,700.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
кре	b -	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		81,334.	154,835.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,034.	154,835.
	19	Revenue less expenses. Subtract line 18 from line 12		8,437.	18,980.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	「otal assets (Part X, line 16)		8,437.	27,417.
t As	21	Total liabilities (Part X, line 26)		0.	0.
ŽĒ	22 1	Net assets or fund balances. Subtract line 21 from line 20		8,437.	27,417.
	art II	Signature Block	*************		
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
				D-1-	
Sig	n	Signature of officer		Date	
Her	e e	JESSICA REID, PRESIDENT			
		Type or print name and title			DTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		RONALD P. FERRO, CPA RONALD P. FERRO,	, CPA	self-employe	
	parer	Firm's name WELENKEN CPA'S	20	Firm's EIN	61-0484308
Use	Only	Firm's address 730 WEST MARKET STREET, SUITE 20	J ()		E00\E0E 20E1
		LOUISVILLE, KY 40202-2757		Phone no. (502)585-3251
May	y the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	CAR. IT THEN GREW INTO PROVIDING SHELTER AND MEDICAL CARE FOR O	RPHANED
	ANIMALS.	
4b	(Code:) (Expenses \$ 17,522 · including grants of \$) (Revenue \$	
	(Code:) (Expenses \$ 17,522. including grants of \$) (Revenue \$) THE SPAY AND NEUTER PROGRAM HELPS FUND SPAYING AND NEUTERING OF	DOGS
	WHOS OWNERS MIGHT OTHERWISE NOT BE ABLE TO AFFORD IT.	
	, 0	
		1
4c	(Code:) (Expenses \$10,243. including grants of \$) (Revenue \$	
	THE PET FOOD BANK IS PROGRAM THAT PROVIDES PET FOOD TO FAMILIES	IN
	NEED.	

Other program services (Describe in Schedule O.) 25,050 • including grants of \$

Total program service expenses

125,031.

132002 02-09-12

4e

	•		Yes	No
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		X
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		X
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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
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; serve as a custodian for 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			200000
	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
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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			3.7
	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			37
	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			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			3.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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,"			v
	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		

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Form 990 (2011) NO KILL LOUISVILLE 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,	22		X
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		21
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
240	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		
c				
	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		
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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," complete Schedule R, Part V, line 2	35b		X
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	1a)		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	()		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	1		
	(gambling) winnings to prize winners?			1c		
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)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
00	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		. gc	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	provided to the payor?	7a	h	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	et?	7e		Annonnesses.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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.					
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	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	agn	(2011)

	990 (2011) NO KILL LOUISVILLE	27-2300			age o
Pa	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro		"No" 1	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S				
	Check if Schedule O contains a response to any question in this Part VI				X
ec.	tion A. Governing Body and Management				
		1	. 1999-1999	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1 b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of	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 o	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		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset		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 app				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t				
	The governing body?		8a	Х	.,,,,,,,,,,,,,,
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	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 Rev		-		
				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 chap				
	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 by		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes				
	in Schedule O how this was done		12c	Х	
3	Did the organization have a written whistleblower policy?		13		X
4	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approval by				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conf	lict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.	- 10000			
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the organiza	tion:	-	
	JESSICA REID - 502-296-6515				
	1700 MELLWOOD AVE., LOUISVILLE, KY 40206				
2000					

Form **990** (2011)

36900__1

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 (A)	(B)			(0	C)		and the same	(D)	(E)	(F)	
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KAREN DICKSON											
DIRECTOR	2.00	X						0.	0.	0	
(2) ELI HAYNES	0.00								0	0	
DIRECTOR	2.00	X				-		0.	0.	0	
(3) REBECCA FICKLIN	0.00							0	0	0	
DIRECTOR	2.00	X						0.	0.	0	
(4) SHANA DOUGLAS	2 00	37						0	0	_	
DIRECTOR	2.00	X				-		0.	0.	0 .	
(5) JESSICA REID	25 00			37					0	_	
PRESIDENT	35.00			X		-		0.	0.	0	
(6) CHRISTY TOBIN	15.00			Х				0.	0.	0 .	
TREASURER	13.00	-		Λ				0.	0.	U .	
(7) SUSAN SAUNDERS SECRETARY	20.00			Х				0.	0.	0 .	
SECRETARI	20.00			21							

	(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)							Reportable compensation	Reportable compensation		stimated mount of
	week (describe hours for related organizations in Schedule O)	tee or director			irecto			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or	other mpensation from the ganization nd related ganizations
1b Sub-total	VII, Section A							0.	0		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including bu compensation from the organization 							10 re	0 . eceived more than \$100	,000 of reportable	•	0.
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo										3	Yes No
 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive of any person listed on line 1a receive of the second secon	150,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	X
rendered to the organization? If "Yes," co Section B. Independent Contractors	omplete Schedul	e J f	or su	ıch j	oers	son .				. 5	X
Complete this table for your five highest the organization. Report compensation f (A)											Trom
Name and busine	ss address	NO	ONE	<u> </u>				Description of s	ervices		ensation
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to		se lis	sted	above) who received m	nore than		1 990 (2011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d ions) 1e ts, and ve		151,725.			
Program Service Revenue	2 a b c d e f	All other program service reve	enue	Business Code				
	3 4 5	Investment income (including other similar amounts)	dividends, intere	est, and proceeds				
		Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
nue	d	Sain or (loss) Net gain or (loss) Gross income from fundraisin including \$ 1, 3	g events (not					
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a b	61,008. 39,956.	21,052.			21,052.
	9 a b	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less: direct expenses	etivities. See		21,032.			21,032.
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a	10,066.	1,038.			1,038.
		Miscellaneous Revenu	e	Business Code	200000000000000000000000000000000000000			,
132009 01-23-	e 12	All other revenue			173,815.	0.	0.	22,090. Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon 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				
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	400		400	
b	Legal	408.		408.	
С	Accounting	795.		795.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	10 504		10 504	
12	Advertising and promotion	12,584.		12,584.	
13	Office expenses	12,351.		12,351.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 (00	7 (00		
19	Conferences, conventions, and meetings	7,698.	7,698.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 666		2 666	
23	Insurance	3,666.		3,666.	
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.)	07 010	07 010		
a	VETERINARY	97,210.	97,210.		
b	SUPPLIES RESCUE EXPENSES	10,483.	10,483.		
С		6,265.	6,265.		
d	EVENT EXPENSE	2,700.	2,700.		*****
е	All other expenses	675.	675.		
25	Total functional expenses. Add lines 1 through 24e	154,835.	125,031.	29,804.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011)

Form 990 (2011)
Part X Balance Sheet

Pa	τX	Balance Sheet		I	
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	8,437.	1	27,417.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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 instructions)		6	
ers	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	27,417.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable and accrede expenses		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
•	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	000000000000000000000000000000000000000		
5	~~	highest compensated employees, and disqualified persons. Complete F			
<u>a</u>				22	
	00	of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	V - 5		
		parties, and other liabilities not included on lines 17-24). Complete Part		0.5	
		Schedule D	_	25	0.
	26	Total liabilities. Add lines 17 through 25		26	U.
		Organizations that follow SFAS 117, check here and com	plete		
ces		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
מ	28	Temporarily restricted net assets		28	
0	29	Permanently restricted net assets		29	
1		Organizations that do not follow SFAS 117, check here X a	nd		
0		complete lines 30 through 34.			0
Seli	30	Capital stock or trust principal, or current funds		30	0.
AS	31	Paid-in or capital surplus, or land, building, or equipment fund	0 407	31	0.
Net Assets or Fund balances	32	Retained earnings, endowment, accumulated income, or other funds	0 105	32	27,417.
_	33	Total net assets or fund balances	0 107	33	27,417.
	34	Total liabilities and net assets/fund balances	8,437.	34	27,417. Form 990 (2011)

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Separate basis Consolidated basis

Χ

3a

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ)

> 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

Inspection

Name of the organization

Employer identification number

			NO KILI	L LOUISVILLE						27	-2368	180	
Pa	ırt I	Reason	for Public Cha	rity Status (All organia	zations mu	st comple	te this par	rt.) See ins	tructions.				
Γhe	organi	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one I	oox.)					
1		A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170	0(b)(1)(A)(i).				
2				70(b)(1)(A)(ii). (Attach Sc									
3				pital service organization			170(b)(1)	(A)(iii).					
4		8		operated in conjunction					(b)(1)(A)(i	ii). Enter th	ie hospital	's nam	ie.
		city, and stat		oporatou in conjunction	771111 4 1100	pital acce			(-/(-/(-/(-	7. =			,
5				e benefit of a college or u	niversity o	wned or o	nerated b	v a govern	mental un	it describe	d in		
J			(b)(1)(A)(iv). (Comp		involony o	WIIOG 01 0	poratoa o	, a govoiii	morntal on		J 111		
G				ment or governmental uni	it doooribo	d in acati	an 470/h\/	4\/A\/\					
6 7	X								v frama the	م امعممهما	ublia daac	الممطان	in
/	[1			ceives a substantial part	or its supp	ort from a	governm	entai unit c	or irom the	e general p	ublic desc	nbear	11
0			(b)(1)(A)(vi). (Compl		(0	D4 II)							
8	H			section 170(b)(1)(A)(vi).				11	1		1		
9				ceives: (1) more than 33									
				unctions - subject to certa									
				taxable income (less sec	tion 511 ta	ix) from bu	ısınesses	acquired b	by the orga	anization at	ter June 3	30, 197	5.
			509(a)(2). (Complet										
10				perated exclusively to te									
11				perated exclusively for the									or
				ations described in secti				2). See se	ction 509	a)(3). Chec	ck the box	that	
				g organization and compl		-							
		a Type		7,			ctionally in	150			Type III - 0		
е				at the organization is not									n
				than one or more publicly						9(a)(1) or se	ection 509	I(a)(2).	
f		If the organiz	ation received a wri	itten determination from	the IRS tha	at it is a Ty	pe I, Type	e II, or Type	e				
				his box									. 📖
9				organization accepted ar									
			-	directly controls, either al								Yes	No
		the gov	erning body of the s	supported organization?	*************								
		(ii) A family	member of a perso	on described in (i) above?)						11g(ii)		
		(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) above		11g(iii)						
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
					,								
(i)	Name	of supported	(ii) EIN	(iii) Type of				u notify the	(vi) Is	the on in col	(vii) An	nount o	f
		nization		organization (described on lines 1-9	in col. (i) lis			tion in col.	organizati (i) organiz	ed in the	sup	port	
				above or IRC section	governing	document?	(1) 01 you	r support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
-													
ota	ıl												

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				81,538.	151,725.	233,263.
2	Tax revenues levied for the organ-						
	ization'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				81,538.	151,725.	233,263.
	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.						233,263.
	ction B. Total Support	Table 1 1 1 1 1 1 1 1 1				1	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				81,538.	151,725.	233,263.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)				10,933.	71,074.	82,007.
44	Total support. Add lines 7 through 10				,	71,074.	315,270.
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop						▶ X
Sec	ction C. Computation of Publ						
14	Public support percentage for 2011 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ □
b	33 1/3% support test - 2010. If the	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes		8.3				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h							
~	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				the same of the sa		dule A (Form 990	

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.)

Calendar year (or fiscal year beginning in)	Se	ction A. Public Support						
membranisp free received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, membranicus sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 (and the part of the organization's tax-exempt purpose in the part of the organization's tax-exempt purpose in the part of 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'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's benefit of services or facilities furnished by a governmental unit to the organization without charge of Total Add lines 1 through 5	Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
include any 'unusual grantsa') Gross neelpts from admission, restricted from admission, restricted from admission, and activity that is related to the organization's travement purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide 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's benefit and either paid to or expended on lise behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from the deputition of the companization of the organization organiz	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchanises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of 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's benefit and either paid to or expended on its behalf 6 Total Add lines it through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled to lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled on lines 1, 2, and 3 received from disqualified persons by wasness insuled to lines 1, 2, and 3 received from disqualified persons by wasness insuled to lines 1, 2, and 3 received from disqualified persons by wasness in lines 1, 2, and 3 received from disqualified persons by wasness in lines 1, 2, and 3 received from disqualified persons 1, 2, and		membership fees received. (Do not						
marchandise sold or services per formed, or facilities furnished in any activity that it related to the organization's tax-exempt purpose of control tax tax-exempt purpose of the control tax tax-exempt purpose of tax tax-exempt purpose of tax tax-exempt purpose of tax tax-exempt purpose of tax-exempt of the control tax tax-exempt purpose of tax-exempt of tax-exempt purpose of		include any "unusual grants.")						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons business and secretary of the secretary of th	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
Iness under section 513 4 Tax revenues levied for the organization is 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 change 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but make the control in the property of the control in t	3	Gross receipts from activities that						
ization's benefit and either paid to or expanded on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 3 and 3 received from disqualified persons by Amounts included on lines 3 and 3 received indigualified persons by Amounts included on lines 3 and 3 received indigualified persons by Amounts included on lines 3 and 3 received indigualified persons by Amounts included on lines 3 and 3 received indigualified persons by Amounts included on lines 3 and 3 received indigualified persons by Amounts included in line 3 for the year and a received he govern delayate the persons and a received in a received								
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 but an exceed the growth of the control of the	4	Tax revenues levied for the organ-						
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 by amounts included on lines 2 and 3 received from disqualified persons by amounts included on lines 2 and 3 received from other than disqualified persons that worked the governor 55 00 or 1% of the amount on line 13 or theyear or Add lines 7a and 7b. 8 Public support caleadates trainines 5 Section B. Total Support 2alendar year (or listed year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total on Securities Interest, dividends, paryments received on securities loans, rents, royalties and income from line 6 (less socion 51 taxes) from businesses acquired after June 30, 1975 or Add lines 10 and 10b. 1) Net Income from unrelated business acquired after June 30, 1975 or Add lines 10 and 10b. 1) Net Income from unrelated business acquired after June 30, 1975 or Add lines 10 and 10b. 1) Net Income from unrelated business acquired after June 30, 1975 or Add lines 10 and 10b. 2) Other Income. Do not include gain or loss from the sale of capital assets (Epplain in Part IV) assets of the sale of capital assets (Epplain in Part IV) assets of the sale of capital assets (Epplain in Part IV) assets of the sale of capital assets (Epplain in Part IV) assets of the public Support Percentage 15 Public support percentage from 2010 Schedule A, Part III, line 17 16 Public support percentage from 2010 Schedule A, Part III, line 17 17 In 19 96 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19 93 31/3% support tests - 2011. If the organization of dinot 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. 10 33 1/3% support tests - 2010. If the organization of the other has box on line 14 or line 19a, and line 16 is more than 33								
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 by amounts included on lines 1, 2, and 3 received from disqualified persons by amounts included on lines 2 and 3 received from disqualified persons that sense that separately described and the sense of the sense	_							
the organization without charge 6 Total. Add lines 1 through 5	5	WEST SOCIO ESPERATORIAN I CONTROL SANDO SENDO SENDO DE CONTROL DE						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b brawness included on line 2 and 3 received from disqualified persons and exceed the greater of \$5,000 or 16 of the amount on line 13 for the year care of the greater of \$5,000 or 16 of the amount on line 13 for the year care of the greater of \$5,000 or 16 of the amount on line 13 for the year care of \$5,000 or 16 of the amount on line 13 for the year care of \$5,000 or 16 of the amount on line 13 for the year care of \$5,000 or 16 of the greater					-			
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than caqualified persons that secred the greater of \$5.000 or 1% of the amount on time 15 for the year and 15 fo	6	Total. Add lines 1 through 5						
b Amounts incusted on line 2 and 3 received femother the disqualified peccent that exceed the guater of \$5,000 or 1% of the semantion line 13 for the year. • Add lines 7a and 7b. 8 Public support (submatite 7themiles) Section B. Total Support Zalendar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross income from increest, or	7a	Amounts included on lines 1, 2, and						
tron-ther than disqualified persons that exceed the gaster of \$5,000 or 1% of the amount on line 13 for the year co. Add lines 7 a and 7 b. 8 Public support [substitute 7 from line 8]. 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 \$11 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business sacquired after June 30, 1975. c Add lines 10a and 10b. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support Jude 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 from 2010 Schedule A, Part III, line 15 96 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 17 96 Section D. Computation of Investment Income Percentage 16 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 96 Section D. Computation of Investment Income Percentage 18 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 96 Section D. Computation of Investment Income Percentage 19 a 31 1/3% support tests - 2011. If the organization old 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 17 18 18 18 18 18 18 18		3 received from disqualified persons						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
	D		127					
	20							

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization Employer identification number 27-2368180 NO KILL LOUISVILLE 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.

 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations 	e Solicitat f Solicitat	tion of tion of	non-g gover	overnment grants nment grants		
c Phone solicitations d In-person solicitations	g Special	fundra	aising	events		
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	art VII) or entity in connection with pividuals or entities (fundraisers) purs	rofess	ional f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	, *					
Total			>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2011

Pa	rt l									
		of fundraising event contributions and gr				ots greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			WAGS TO	MILLION MUTT	NONE	(add col. (a) through				
			WHISKERS	MARCH	/1 - 1 - 1 A	col. (c))				
ne			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	11,944.	33,096.		45,040.				
	2	Less: Charitable contributions								
	3	Gross income (line 1 minus line 2)	11,944.	33,096.		45,040.				
	4	Cash prizes								
ses	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs	7,445.	1,018.		8,463.				
Direct	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses	0 710	21,146.		24,859.				
	10	Direct expense summary. Add lines 4 through				(33,322)				
	11		n (d), and line 10		>	11,718.				
Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)				
Re	4	Cross valvenus								
	1	Gross revenue								
Ø	2	Cash prizes								
nse			¥							
Direct Expenses	3	Noncash prizes								
Direc	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	()				
	8	Net gaming income summary. Combine line	1, column d, and line 7		>					
0	Г.,	tor the state(a) is which the evacuization energ	too gaming activities:							
		ter the state(s) in which the organization opera				Yes No				
		Is the organization licensed to operate gaming activities in each of these states?								
IJ		ito, oxpiairi								
10										
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain:								
U		100, Oxpiditi								

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	edule G (Form 990 or 990-EZ) 2011 NO KILL LOUISVILLE 27-	2368180	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	No					
13	Indicate the percentage of gaming activity operated in:							
а	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 records:							
	Name							
	Address							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No					
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount							
	of gaming revenue retained by the third party > \$							
C	If "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							
47	Manufacture of the state of the							
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to							
a	retain the state gaming license?	Yes	No					
b	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	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	on (see instru	ctions).					
105:	33 01-23-12 Schedule G (Fol	m 000 a= 000	1_E7\ 2011					
1320	Schedule G (Foi	111 990 01 990	-EL) 2011					

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NO KILL LOUISVILLE

Employer identification number 27-2368180

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THIS AMOUNT IS FOR PROGRAM SERVICE EXPENSES SUCH AS VETERINARY
PROCEDURES, SUPPLIES FOR CARE OF ANIMALS, TRANSPORT AND RESCUE COSTS,
AND PET FOOD.
EXPENSES \$ 25,050. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE 990 ARE DISTRIBUTED
TO ALL MEMBERS AT A BOARD MEETING PRIOR TO FILING THE FORM WITH THE IRS.
THE PRESIDENT AND THE TREASURER REVIEW THE FORM 990 PRIOR TO FILING WITH
THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: NO KILL LOUISVILLE'S BOARD OF
DIRECTORS CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT
OF INTEREST POLICY. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY
INTERESTS THAT COULD GIVE RISE TO CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19: NO KILL LOUISVILLE MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.