

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012

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.*

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

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

C SACRED EARTH FOUNDATION
401 EKONE ROAD
GOLDENDALE, WA 98620

D Employer identification number 26-2272458

E Telephone number

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) MODIFIED CASH

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

I Website: N/A

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. ▶ \$ 189,378.

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.

		TAXPAYERS COPY	
	1	Contributions, gifts, grants, and similar amounts received	25,638.
	2	Program service revenue including government fees and contracts	154,322.
	3	Membership dues and assessments	
	4	Investment income	20.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
R E V E N U E	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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 \$15,000)	9,398.
	6c	c Less: direct expenses from gaming and fundraising events	3,491.
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	5,907.
	7a	7a Gross sales of inventory, less returns and allowances	
	7b	b Less: cost of goods sold	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	8 Other revenue (describe in Schedule O)	
	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	185,887.
	10	10 Grants and similar amounts paid (list in Schedule O)	
	11	11 Benefits paid to or for members	
E X P E N S E S	12	12 Salaries, other compensation, and employee benefits	62,089.
	13	13 Professional fees and other payments to independent contractors	21,880.
	14	14 Occupancy, rent, utilities, and maintenance	
	15	15 Printing, publications, postage, and shipping	793.
	16	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	85,938.
	17	17 Total expenses. Add lines 10 through 16	170,700.
	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	15,187.
A S S E T S	19	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)	176,429.
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	
	21	21 Total net assets or fund balances at end of year. Combine lines 18 through 20	191,616.

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	94,180.	100,854.
23 Land and buildings	67,500.	67,500.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	16,154.	24,464.
25 Total assets	177,834.	192,818.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,405.	1,202.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,429.	191,616.

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**
 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 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	83,723.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	53,099.
30		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
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)	32	136,822.

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.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL WEILER PRESIDENT	2	0.	0.	0.
THERESE CHARVET TREASURER	3.5	0.	0.	0.
VIBRANCE PULLA SECRETARY	2	0.	0.	0.
NANCY FISSE DAVIS DIRECTOR	2.5	0.	0.	0.
DOUG LYON DIRECTOR	1	0.	0.	0.
SPENCER MOORE DIRECTOR	1	0.	0.	0.
TIM SOUTHWORTH DIRECTOR	1	0.	0.	0.
LAURIE SOUTHWORTH DIRECTOR	1	0.	0.	0.
JUDY TODD DIRECTOR	1	0.	0.	0.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financial reporting, and tax compliance.

42 a The organization's books are in care of SHONIE SCHLOTZHAUER Telephone no. (509) 773-4536 Located at 401 EKONE ROAD GOLDENDALE WA ZIP + 4 98620

Table for questions 42 b and 42 c regarding foreign financial accounts and office locations. Includes checkboxes for Yes/No and a field for foreign country name.

Table for questions 43 through 45 regarding charitable trusts, donor advised funds, hospital facilities, and controlled entities. Includes checkboxes for Yes/No and a field for tax-exempt interest amount.

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. Yes No
 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49 a X

b If 'Yes,' was the related organization a section 527 organization? Yes No
 49 b X

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		Date		
	THERESE CHARVEET		TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	ABBY M. SANDERS, CPA, CFE	<i>Abby Sanders</i>	10/31/13		P00196387
	Firm's name ▶	PETERSEN CPAS & ADVISORS, PLLC			
	Firm's address ▶	3702 KERN ROAD YAKIMA, WA 98902			
				Firm's EIN ▶	26-1262413
				Phone no.	(509) 575-1040

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization SACRED EARTH FOUNDATION	Employer identification number 26-2272458
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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?

	Yes	No
(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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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									

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'.)						
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.						
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.						

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.						
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.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions)					12	
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	%
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 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'.)		9,380.	34,936.	17,092.	25,638.	87,046.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	0.	9,380.	34,936.	17,092.	25,638.	87,046.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						87,046.

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.	0.	9,380.	34,936.	17,092.	25,638.	87,046.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		671.	321.		20.	1,012.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	671.	321.	0.	20.	1,012.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	0.	10,051.	35,257.	17,092.	25,658.	88,058.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input checked="" type="checkbox"/>						

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.

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

SACRED EARTH FOUNDATION

Employer identification number

26-2272458

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SACRED EARTH FOUNDATION'S MISSION IS TO HOLD THE EKONE RANCH LANDS IN TRUST,
TO STEWARD WITH REVERENCE, AND TO TEACH SUSTAINABLE LIVING TO CHILDREN OF ALL
AGES.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LAND CONSERVATION & STEWARDSHIP

SACRED EARTH FOUNDATION HOLDS 1,060 ACRES IN A CONSERVATION LAND TRUST FOR FUTURE
GENERATIONS. STEWARDSHIP OF THIS LAND IS A CENTRAL FEATURE OF THE WORK WE DO.
VISITORS GAIN INSPIRATION, RENEWAL AND NATURE-BASED EDUCATION DURING THIS PERIOD.

SACRED EARTH FOUNDATION'S WILDERNESS CEMETERY, THE WHITE EAGLE MEMORIAL PRESERVE,
EXISTS TO OFFER A LOW-IMPACT ALTERNATIVE TO CONVENTIONAL BURIAL METHODS, AND BE AN
ACTIVE PART OF THE GREEN CEMETERY.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATIONAL PROGRAMS

SACRED EARTH FOUNDATION CONDUCTS YOUTH EDUCATION AND NATURE-BASED EDUCATION
PROGRAMS. THESE PROGRAMS INCLUDE MULTIPLE DAY TRIPS FOR SCHOOL AGED CHILDREN FOR
WILDERNESS EXPLORATION, RANCH PROJECTS, AND HANDS-ON LEARNING IN THE KITCHEN,
GARDEN, FOREST, AND RIDING ARENA.

SACRED EARTH FOUNDATION CONDUCTS ADULT EDUCATION AND RETREATS, WHICH OFFERS A
HEALING PLACE FOR ADULTS TO RECHARGE THEIR BATTERIES AND GAIN SKILLS FOR THE
DEMANDING WORK OF MODERN LIVING AND SOCIAL AND ENVIRONMENTAL CHANGEMAKING.

Name of the organization

SACRED EARTH FOUNDATION

Employer identification number

26-2272458

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Lined area for additional information or answers, consisting of horizontal dashed lines.

SACRED EARTH FOUNDATION

26-2272458

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	6,731.
ANIMAL FEED.....		15,309.
BANK FEES.....		184.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		975.
CONSIGNMENT EXP.....		80.
DEPRECIATION.....		4,465.
DUES AND SUBSCRIPTIONS.....		2,314.
FUEL/PROPANE.....		7,280.
GROCERIES.....		11,595.
INSURANCE.....		10,023.
MEALS.....		30.
OFFICE EXPENSES.....		5,956.
REPAIRS/MAINTENANCE.....		4,071.
SUPPLIES.....		966.
TAXES.....		7,881.
TRAVEL.....		1,666.
UTILITIES.....		3,479.
VETERINARY.....		1,736.
VOLUNTEER APPRECIATION.....		1,197.
TOTAL	\$	<u>85,938.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 5,501.	\$ 4,058.
FURNITURE AND FIXTURES.....	0.	14,870.
MACHINERY AND EQUIPMENT.....	10,653.	-3,462.
MISCELLANEOUS.....	0.	8,998.
TOTAL	\$ <u>16,154.</u>	\$ <u>24,464.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 114.	\$ 114.
PAYROLL TAXES WITHHELD.....	1,291.	1,088.
TOTAL	\$ <u>1,405.</u>	\$ <u>1,202.</u>