WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

THE GREY MUZZLE ORGANIZATION 14460 FALLS OF NEUSE RD STE 149-269 RALEIGH, NC 27614-8227

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	\pm 2022 calendar year, or tax year beginning \pm JUL \pm 1 \pm	, 2022 and	l ending J	<u>UN 30, 2023</u>						
	heck if pplicable	C Name of organization			D Employer identifi	cation number					
	Addres	THE GREY MUZZLE ORGANIZATIO	N								
	Name change	- · · ·			26-19654	95					
F	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone numbe						
	Final return/	14460 FALLS OF NEUSE RD STE	,	Troomy during	919-529-						
	termin ated			•	G Gross receipts \$	1,303,809.					
	Ameno		•		H(a) Is this a group re	eturn					
	Application	F Name and address of principal officer. DIDA DOI	IGHOFER		for subordinates	? Yes X No					
	pendin	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No						
<u> 1 T</u>	ax-exe		rt no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions					
	Vebsit				H(c) Group exemption						
		organization: X Corporation Trust Association	Other	L Year	of formation: 2008 N	M State of legal domicile: WA					
Pa	rt I	Summary									
Ð	1	Briefly describe the organization's mission or most significal	nt activities: TO I	MPROVE	THE LIVES	OF SENIOR					
auc	l	HOMELESS DOGS AND TO SUPPORT T									
Governance	l	Check this box if the organization discontinued it	-		l						
30		Number of voting members of the governing body (Part VI, I			3	8					
		Number of independent voting members of the governing b				0					
ties		Total number of individuals employed in calendar year 2022				47					
Activities &		Total number of volunteers (estimate if necessary)				0.					
Ac		Net unrelated business taxable income from Form 990-T, Pa				0.					
		The annotated business taxable meetic from Firm 500 1,112	<u> </u>		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)			1,240,675.	1,293,586.					
nue	l				0.	0.					
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			801.	4,411.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			3,012.	5,812.					
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII,			1,244,488.	1,303,809.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1	-3)		745,296.	865,397.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, co			0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	129,0								
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			331,138.						
		Total expenses. Add lines 13-17 (must equal Part IX, column			1,076,434.	1,187,675.					
	19	Revenue less expenses. Subtract line 18 from line 12			168,054.	116,134.					
Net Assets or		T		Ве	ginning of Current Year 1,063,463.	End of Year					
SSE	20	Total assets (Part X, line 16)			18,815.	1,186,272.					
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			1,044,648.	1,159,471.					
Pa	rt II	Signature Block			1,011,010.	1,133,411.					
		Ities of perjury, I declare that I have examined this return, including	accompanying schedule	s and stateme	ents, and to the best of my	/ knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based				, miowioago ana bonoi, it io					
Sign	า	Signature of officer			Date						
Her		JIM PIKULA, TREASURER									
		Type or print name and title									
			's signature		Date Check Check	PTIN					
Paid			TARKOWSKI	, CPA 1	0/16/23 self-employ						
Prep		Firm's name WEGNER CPAS LLP			Firm's EIN 3	9-0974031					
Use	Only	Firm's address 2921 LANDMARK PL STE 3				00) 0=1 :::::					
		MADISON, WI 53713-4236			Phone no. (6	08) 274-4020					
May	the IF	RS discuss this return with the preparer shown above? See i	nstructions			X Yes No					

	1990 (2022) THE GREY MUZZLE ORGANIZATION	26-1965495	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE GREY MUZZLE ORGANIZATION IMPROVES THE LIVES OF AT-		GS
	BY PROVIDING FUNDING AND RESOURCES TO ANIMAL SHELTERS,		
	ORGANIZATIONS, SANCTUARIES, AND OTHER NON-PROFIT GROUP	S NATIONWIDE.	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	X No
	If "Yes," describe these changes on Schedule O.	lb.,	
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	iners, the total expenses, a	ırıa
4a	(Code:) (Expenses \$	2	789.)
Tu	IF YOU'RE FORTUNATE, YOU HAVE LIVED, OR CURRENTLY LIVE		, , ,
	DOG. AS CHERISHED COMPANIONS, THE OLD DOGS IN OUR LIVE		AYS
	FOR AS LONG AS WE ARE PRIVILEGED TO HAVE THEM.		
	YOU MAY FIND IT INCONCEIVABLE THEN THAT A TREASURED ME	MBER OF THE	
	FAMILY WOULD BE TOSSED AWAY WHEN SIGNS OF OLD AGE APPE	AR, WHEN EXTRA	1
	CARE IS REQUIRED, OR AFTER THE KIDS LEAVE HOME. BUT TH		
	COMMON. OLD DOGS ARE LEFT AT SHELTERS, OR SIMPLY TURNE		
	BEHIND, CONFUSED AND FRIGHTENED. ABANDONMENT CAN ALSO		
	HOME - OLD DOGS WHO ARE NO LONGER WANTED ARE SOMETIMES		HE
	GARAGE OR EXILED TO THE BACK YARD WITH LITTLE HUMAN CO		
	SADLY, SOMETIMES PEOPLE OR FAMILIES WHO LOVE THEIR OLD	DOG ARE FORCE	:D
4b	(Code:) (Expenses \$ including grants of \$) (F	evenue \$)

4c	(Code:	_) (Expenses \$		including grants of \$) (Reven	ue \$)
	`			_				
4d	Other program	services (Describe on Sc	chedule (0.)					
		00000 (2.00020 0 0) (Reven	¢		1
40	•		Q 3 7	7,000.) (neven	u c ψ		1
40	rotai program s	service expenses	231	, 000 •				

Form **990** (2022)

232002 12-13-22

Form 990 (2022) THE GREY MUZZLE ORGANIZATION Part IV Checklist of Required Schedules

			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? See instructions	2	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,	١		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 donor-restricted endowments			l
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	····		
124	, ,	12a	Х	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 25	
D	, ,	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
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			_V
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2022) THE GREY MUZZLE OR Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	

022) THE GREY MUZZLE ORGANIZATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return 1 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 bit Pres, has it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation or Schedule 0 3 bit Pres, has it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation or Schedule 0 3 bit Pres, has it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation or Schedule 0 4 bit Pres, has it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation or Schedule 0 4 bit Pres, the filed a Form 990-T for this year? # "No" to line 3b, provide an explanation or Schedule 0 4 bit Pres, the filed and the present of the present				ı		Yes	No				
bill fall teast one is reported on line 2a, clid the organization file all required federal amployment tax returns? 2b 3a X bill fives, has it flied a Form 990 Till for this year? *inho* to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account is foreign country (such as a bank account, securities account, or extended the financial account? 4b if Yees, enter the name of the foreign country (such as a bank account, securities account, or enter financial accounts (FBAR). 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d was the organization aparty to a prohibited tax shelt are normally greater than \$100,000, and did the organization solicit any contributions that twen not tax deductible as charitable contributions. 5d was the comparization and party to prohibited tax shelt transaction or gifts were not tax deductible? 6d were not tax deductible? 7d organization shelt may raceve deductible contributions under section \$70(c). 8d were not tax deductible? 7e were not tax deductib	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yea, his afficial Form 990 of froit his year? Year, his or 3b, provide an explanation on Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 6c Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Bost the organization interest as premial miceases of \$5 made party that are normally for goods and services provided to the payor? 6c Bost the organization receive a payment in excess of \$5 made party that so contribution or payors and services provided? 6c Bost the organization sell-approximation excess payment in excess of \$5 made party that so contribution or payment in excess of \$5 made party that so contribution or payment in excess of \$5 made party that so contribution or the goods or services provided? 6d If Yeas, indicate the number of Forms \$222 filed during the year 6d If Yeas, indicate the number of Forms \$222 filed during the year 6d If Yeas, indicate the number of Forms \$222 filed		filed for the calendar year ending with or within the year covered by this return	2a	0							
b if Yes, "last if fised a Form 990-T for this year? (if "No" to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization tave an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 45 If Yes, "enter the name of the foreign country 56 Was the organizations a parity to a prohibited tax shelter transaction at any time during the tax year? 57 See instructions for filing requirements for FiniceNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a parity to a prohibited tax shelter transaction at any time during the tax year? 59 Lif Yes, "the state of St. did the organization file Form 8886-17? 60 Does the organization anal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 61 If Yes, "did the organization include with every solicitation an express slatement that such contributions or gifts were not tax deductible? 62 Organization steelve apyment in acciss of \$15 made parity as a contribution and partly for goods and services provided to the payor? 63 If Yes, "did the organization include with every solicitation and express slatement that such contributions or gifts were not tax deductible? 75 Organization sective apyment in acciss of \$15 made parity as a contribution and partly for goods and services provided? 76 If Yes, "did the organization include with every solicitation and express slatement that such contributions or circle to the foreign scale and partly contributions or circle with the granization services and express or contribution of circle with the granization and the foreign per circle with the granization services and express or contribution of circle dispose of tanglish personal property for which it was sequired to the foreign contribution of circle dispose of tanglish perso	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization than the organization at more of the foreign country (such as a benefit transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 5c If If yes, "Indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive a contribution of using the year 9d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file and the payor permits, directly or indirectly, to pay permits on a personal benefit contract? 7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C7 8 Spensoring organization small and distributions under section 4968? 9 Spensoring organization make and taxishide distributions under section 4968? 9 Spensoring organization make and taxishide distributions under section 4968? 10 If the segmination re	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization than the organization at more of the foreign country (such as a benefit transaction at any time during the tax year? 5c If "Yes" to line 6 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 6 are 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor? 5c If If yes, "Indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive a contribution of using the year 9d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file and the payor permits, directly or indirectly, to pay permits on a personal benefit contract? 7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C7 8 Spensoring organization small and distributions under section 4968? 9 Spensoring organization make and taxishide distributions under section 4968? 9 Spensoring organization make and taxishide distributions under section 4968? 10 If the segmination re	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities								
					17						

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	anv other					
	officer, director, trustee, or key employee?				2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the							
_				3	3	х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				1		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?				5		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			 				
74	more members of the governing body?			7	а		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u> </u>	a			
b			•	_	b		Х	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			H	0		21	
8			-			Х		
a	The governing body?			8		X		
a	Each committee with authority to act on behalf of the governing body?			8	D			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			١,			v	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			(,		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Т			
						Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10)a		_X_	
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	1.	la	X		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	<u>X</u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	2b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," d	escribe					
	on Schedule O how this was done			12	2c	X		
13	Did the organization have a written whistleblower policy?			1	3	X		
14	Did the organization have a written document retention and destruction policy?			1	4	X		
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15	ба		_X_	
b	Other officers or key employees of the organization			15	5b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a					
	taxable entity during the year?			16	3a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's					
	exempt status with respect to such arrangements?			16	3b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedAL , AR , CA , FL , G	A,H	I,IL,KS,K	Z, M	Α,	MD,	MI	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3	s)s on	ly) a	vailat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd fin	anc	ial		
	statements available to the public during the tax year.		. ,					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	JIM PIKULA - 708-935-0401							
	12042 S. OAK PARK AVE, PALOS HEIGHTS, IL 60463							
	CEE COUEDINE O EOD BUILLITON OF COMMEC					ΩΩΩ		

2022.04030 THE GREY MUZZLE ORGANIZAT 11797.11

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	T an			1		from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) LISA LUNGHOFER	27.00	1								_
EXECUTIVE DIRECTOR				Х				0.	0.	0.
(2) DENISE FLECK	10.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) MARC ZARETSKY	3.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JIM PIKULA	7.00	1								_
TREASURER		Х		Х				0.	0.	0.
(5) KELLI CHICKOS	3.00	1								_
SECRETARY		Х		Х				0.	0.	0.
(6) MARK CASIAS	3.00	1								_
DIRECTOR		Х						0.	0.	0.
(7) GREGG RUVOLI	3.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) ASHLEY ACKLEY	3.00	1								_
DIRECTOR (FROM FEB 2023)		Х						0.	0.	0.
(9) JACKI MCDONALD	3.00									
DIRECTOR (FROM SEP 2022)		Х						0.	0.	0.
		-								
		-								
		-								
		1								
		-								
			_							
		-								
			_							
		-								

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			ne	Reportable	Reportable		Es	timated	i
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation	ו ו		ount o	f
	week (list any		T an		1000	174140	.00)	from the	from related organizations	.		other pensati	on
	hours for	director				p		organization	(W-2/1099-MIS	- 1		om the	OH
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)			anizatio	n
	organizations	al trus	nal tru		oyee	som pe		1099-NEC)			and related		
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
	iii ic)	<u>=</u>	Ë	1 0	Ā.	e Hi	요						
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
												Yes	No
3 Did the organization list any former officer,	, director, truste	ee, k	кеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				,			· ·			5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>ipiete Scheaule</u>	9 <i>J T</i>	or st	icn p	pers	on .					3		
Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		_	(C		
Name and business			~ m				_	Description of s	ervices	C	omper	nsation	
MAKING GOOD WORK, 330 CHE GAITHERSBURG, MD 20878	STERTOW	IA	ST	KEI	E.I.	,		MANAGEMENT SI	ERVICES		11!	5,26	7.
												•	
							-						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	ore than				

Form **990** (2022)

Form 990 (2022) THE GRE
Part VIII Statement of Revenue

		Check if Schodule O centains a response of	r noto to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	r note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ည ည	1 a	Federated campaigns 1a					
an	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
fts,							
ig ig							
ns, Sim		Government grants (contributions) 1e					
ë ë	f	All other contributions, gifts, grants, and					
혉			<u> 293,586.</u>				
dat	g	Noncash contributions included in lines 1a-1f 1g \$					
Co	h	Total. Add lines 1a-1f		1,293,586.			
			Business Code				
a)	2 a						
Š	b						
er							
n S /en	C						
e e	c						
Program Service Revenue	е						
۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		4,411.			4,411.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 -		()				
	6 a						
	b	Less: rental expenses 6b					
	С						
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses					
eur		Gain or (loss) 7c					
Revenue		Net gain or (loss)					
er B							
Othe	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	IU a	j.	2,789.				
	_	and allowances 10a	0.				
		Less: cost of goods sold 10b	0.	0.700	0.700		
	С	Net income or (loss) from sales of inventory		2,789.	2,789.		
w			Business Code				
ño e	11 a						
ane Dut	b						
elle	c						
Miscellaneous Revenue		All other revenue	900099	3,023.			3,023.
Σ		Total. Add lines 11a-11d		3,023.			
	12	Total revenue. See instructions		1,303,809.	2,789.	0.	7,434.
	12	TOTAL TOTOHOU. GOO HIGH GOLIOHO		_,,,	_,,,,,,		· , - 5 - •

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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 865,397. 865,397. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 75,566. 16,626. 35,068. 23,872. Management 282. 282. Legal 7,800. 7,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 107,395. 41,005. 27,256. 39,134. column (A), amount, list line 11g expenses on Sch O.) 48,570. 33,152. 15,418. Advertising and promotion 12 43,349. 261. 20,591. 22,497. Office expenses 13 35,092. 10,985. 13,701. 10,406 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 2,448. 2,448. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,776. 1,057. 719. All other expenses 1,187,675. 937,000. 121,614. 129,061. Total functional expenses. Add lines 1 through 24e 25 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 (2022)

Part X | Balance Sheet

(A) Beginning of year		(B) End of year
192,644.	1	111,204
850,442.	2	1,034,973
11,040.	3	27,057
	4	
	5	
	6	
	7	
	8	
9,337.	9	13,038
	10c	
	11	
	12	
	13	
	14	
1 060 160	15	4 406 076
1,063,463.	16	1,186,272
18,815.	17	26,801
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	0.5	
18,815.	25 26	26,801
10,013.	20	20,001
993,596.	27	1,132,245
51,052.	28	27,226
0_,00_0		
	29	
	30	
	31	
1,044,648.	32	1,159,471
		1,186,272
	,044,648.	

Form **990** (2022)

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

	1990 (2022) THE GREE MODDLE ORGANIZATION	20	エフひつっ		Pa	ge 🛂
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	30	3,8	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	18'	7,6	75.
3	Revenue less expenses. Subtract line 2 from line 1	3		110	5,1	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,			48.
5	Net unrealized gains (losses) on investments	5		-:	1,3	11.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	15	9,4	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	iit			

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE GREY MUZZLE ORGANIZATION

Employer identification number

26-1965495 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	698,901.	1046818.	1244860.	1240675.	1293586.	5524840.
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	698,901.	1046818.	1244860.	1240675.	1293586.	5524840.
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)						725,860.
6	Public support. Subtract line 5 from line 4.						4798980.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	698,901.	1046818.	1244860.	1240675.	1293586.	5524840.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	591.	385.	1,131.	801.	4,411.	7,319.
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 VI.)						
11	Total support. Add lines 7 through 10						5532159.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	19,161.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stor	here					
Sed	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	86.75 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	84.31 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
_						Cabadula A	(Form 990) 2022

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Ju		
3b		
3с		
4a		
ти		
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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	men 277 m 1, pe m eupper mig ergamanene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 THE GREY MUZZLE ORGANIZATION 26-1965495 Page 7									
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	on D - Distributions				Current Ye	ar			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
_6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	T	Г	10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributab Amount for 2				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
<u>a</u>	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
i_	Carryover from 2017 not applied (see instructions)								
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2018								

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** THE GREY MUZZLE ORGANIZATION 26-1965495 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

THE GREY MUZZLE ORGANIZATION

26-1965495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 80,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 27,799.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE GREY MUZZLE ORGANIZATION

26-1965495

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE GREY MUZZLE ORGANIZATION

26-1965495

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-15.	00		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** THE GREY MUZZLE ORGANIZATION 26-1965495 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE GREY MUZZLE ORGANIZATION

Employer identification number 26-1965495

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

_		Y MUZZLE O				. 0.11 0.			65495		age 2
	t III Organizations Maintaining C								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	make signif	ficant use	of its			
	collection items (check all that apply):		. —	_							
a	Public exhibition				hange progra						
b	Scholarly research	•	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							n Part 2	XIII.		
5	During the year, did the organization solicit or		-						7		٦
Doi	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	'Yes" on Foi	m 990, Pa	art IV, I	ine 9, or		
4-	·		J: f								
та	Is the organization an agent, trustee, custodia		•						7 ٧		٦ ٨ ٦
	on Form 990, Part X?							ட	Yes		. No
D	If "Yes," explain the arrangement in Part XIII a	and complete the id	llowing t	able.					Amount		
_	Deginning belongs						40		7 arriodina	•	
	Beginning balance						1c 1d				
	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		🖵] 103]
_	t V Endowment Funds. Complete in										
		(a) Current year		rior year	(c) Two year		Three years	s back	(e) Four	years	back
1a	Beginning of year balance	•									
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	g, column (a)) held as:	•					
а	Board designated or quasi-endowment		%		•						
b	Permanent endowment	%									
С	Term endowment	/									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, line	10.				
	Description of property	(a) Cost or o			or other	(c) Accu		1	(d) Book	k value	е
		basis (invest	ment)	basis	(other)	depred	ciation	_			
1a	Land										

Schedule D (Form 990) 2022

e Other

c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 THE GREY MUZ	ZZLE ORGANIZA	TION 26	5-1965495 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)			, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- F 000 D-+ N/ P	44 d. O. a. Farra 2000, Back V. Para 45	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Dook value
· · ·	Description		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of liability		Tre or Tri. See Form 930, Fart X, line 25	(b) Book value
(1) Federal income taxes			(S) Book value
(2) Federal income taxes			
(3)			
(4)			
(5)			
(6)			
(7)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization 26-1965495 THE GREY MUZZLE ORGANIZATION

Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.		1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANIMAL FIX CLINIC							
12226 SAN PABLO AVE							
RICHMOND, CA 94805	94-3297241	501(C)(3)	11,000.	0.			MEDICAL CARE
ANIMAL FRIENDS, INC 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	10,000.	0.			MEDICAL CARE
ANIMAL PROTECTION SOCIETY-FRIDAY HARBOR - PO BOX 1355 - FRIDAY HARBOR, WA 98250	91-1717047	501(C)(3)	10,467.	0.			KEEPING DOGS IN HOMES
ANIMAL RESCUE, INC. 2 HERITAGE FARM DRIVE NEW FREEDOM, PA 17349	23-2180310	501(C)(3)	10,520.	0.			MEDICAL CARE
ARIZONA ANIMAL WELFARE LEAGUE 25 NORTH 40TH STREET PHOENIX, AZ 85034	23-7149453	501(C)(3)	11,594.	0.			MEDICAL CARE
ARIZONA HUMANE SOCIETY 1521 W. DOBBINS ROAD PHOENIX, AZ 85041	86-0135567	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				78.
3 Enter total number of other organizations	s listed in the line	1 table					0.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tuge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE HUMANE SOCIETY							
14 FOREVER FRIEND LANE							
ASHEVILLE, NC 28806	56-1444098	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES
AUSTIN HUMANE SOCIETY							
124 W. ANDERSON LN.							
AUSTIN, TX 78752	74-6013665	501(C)(3)	11,000.	0.			MEDICAL CARE
AUSTIN PETS ALIVE!							
1156 W CESAR CHAVEZ ST., APT 125							
AUSTIN, TX 78703	74-2893360	501(C)(3)	10,000.	0.			MEDICAL CARE
BROTHER WOLF ANIMAL RESCUE							
PO BOX 8195	00 000000	501 (6) (2)	10.000	_			
ASHEVILLE, NC 28814	20-8787719	501(C)(3)	10,000.	0.			DENTAL CARE
CHARLOTTESVILLE-ALBEMARLE SPCA							
3355 BERKMAR DR							
CHARLOTTESVILLE, VA 22901	54-0595009	501(C)(3)	10,000.	0.			MEDICAL CARE
	1 01 0050005	001(0)(0)	10,000.	•			
COMPASSION WITHOUT BORDERS							
1130 BUTLER AVENUE							
SANTA ROSA, CA 95407	20-4698227	501(C)(3)	12,220.	0.			SENIOR ADOPTION PROMOTION
CSNIP							
1675 VIEWPOND DR SE							
GRAND RAPIDS, MI 49508	38-3463298	501(C)(3)	12,000.	0.			MEDICAL CARE
CZAR'S PROMISE INC							
PO BOX 5061				_			
MADISON, WI 53705	47-2163857	501(C)(3)	10,000.	0.			MEDICAL CARE
EACH DAY CDCA							
EAST BAY SPCA 8323 BALDWIN STREET							
OAKLAND, CA 94621	94-1322202	501 (C) (3)	10,000.	0.			KEEPING DOGS IN HOMES
OUTTIVID, CV 34021	J#-134404	DOT(C)(3)	10,000.	<u>. </u>			KERLING DOGS IN HOMES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FOREVER LOVED PET SANCTUARY										
PO BOX 12142										
SCOTTSDALE, AZ 85267	27-4552987	501(C)(3)	9,264.	0.			DENTAL CARE			
	2. 100230.		7,201.	•						
FOUND HOUSE INTERFAITH HOUSING										
NETWORK - 990 NASSAU STREET -										
CINCINNATI, OH 45206	31-1335474	501(C)(3)	11,000.	0.			MEDICAL CARE			
,			,							
FOUNDATION FOR ANIMAL CARE AND										
EDUCATION (FACE) - 10505 SORRENTO										
VALLEY ROAD - SAN DIEGO, CA 92121	20-5333261	501(C)(3)	10,000.	0.			MEDICAL CARE			
FRIENDS OF THE ANIMAL COMMUNITY										
PO BOX 4627										
SONORA, CA 95370	91-2164651	501(C)(3)	10,000.	0.			SENIORS FOR SENIORS			
FRIENDS OF THE ANIMAL SHELTER &										
GUARDIANS OF THE HOMELESS ANIMALS										
- 39710 GOODPUPPY LANE - ALDIE, VA										
20105	23-7355910	501(C)(3)	10,000.	0.			MEDICAL CARE			
HELPING HANDS HUMANE SOCIETY										
5720 SW 21ST ST				_						
TOPEKA, KS 66614	48-0597124	501(C)(3)	7,500.	0.			MEDICAL CARE			
HUDSON VALLEY ANIMAL RESCUE AND										
SANCTUARY - 9 BARNES DRIVE -	45 0400415	501/61/21	10.000							
POUGHKEEPSIE, NY 12603	45-2402415	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES			
HIMANE INDIANA INC										
HUMANE INDIANA, INC. 421 45TH AVENUE										
MUNSTER, IN 46321	35-0895837	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES			
MORDIEN, IN 10321	33 0093037	501(0)(3)	11,000.	0.			FULL TIME DOGS IN HOMES			
HUMANE SOCIETY FOR HAMILTON COUNTY										
10501 HAGUE ROAD										
FISHERS, IN 46038	35-1610723	501(C)(3)	10,000.	0.			MEDICAL CARE			

Part II Continuation of Grants and Other											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HUMANE SOCIETY OF INDIANAPOLIS, INC 7929 NORTH MICHIGAN ROAD - INDIANAPOLIS, IN 46268	35-0876385	501(C)(3)	11,000.	0.			MEDICAL CARE				
HUMANE SOCIETY OF NORTH TEXAS 1840 E. LANCASTER AVENUE FORT WORTH, TX 76103	75-1245911	501(C)(3)	11,000.	0.			HOSPICE CARE				
HUMANE SOCIETY OF SCOTT COUNTY 2802 WEST CENTRAL PARK AVENUE DAVENPORT, IA 52804	42-0801836	501(C)(3)	10,700.	0.			MEDICAL CARE				
SEATTLE HUMANE 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)(3)	10,000.	0.			DENTAL CARE				
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	11,000.	0.			DENTAL CARE				
HUMANE SOCIETY OF ST. JOSEPH COUNTY - 2506 GRAPE ROAD - MISHAWAKA, IN 46545	35-6006532	501(C)(3)	12,000.	0.			DENTAL CARE				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	59-0624410	501(C)(3)	11,000.	0.			MEDICAL CARE				
KENTUCKY HUMANE SOCIETY - ANIMAL RESCUE LEAGUE - 1000 LYNDON LANE, STE B - LOUISVILLE, KY 40222	61-0463938	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES				
KODIAKCARE CORPORATION 32 MICHAEL ROAD SIMSBURY, CT 06070	84-3820590	501(C)(3)	10,000.	0.			MEDICAL CARE				

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOHALA ANIMALE RELOCATION AND EDUCATION SERVICE - P.O. BOX 44670 - KAMUELA, HI 96743	27-0575124	501(C)(3)	10,150.	0.			DENTAL CARE
LAWRENCE HUMANE SOCIETY 1805 E 19TH ST LAWRENCE, KS 66046	48-0641821	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES
LITTLE SHELTER ANIMAL RESCUE & ADOPTION CENTER - 33 WARNER ROAD - HUNTINGTON NY, NY 11743	11-6000821	501(C)(3)	8,800.	0.			MEDICAL CARE
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 CONWAY RD HARBOR SPRINGS, MI 49740	38-1384441	501(C)(3)	10,050.	0.			MEDICAL CARE
LIVE LOVE ANIMAL SERVICES INC 920 E WARDLOW RD LONG BEACH, CA 90807	81-3109409	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES
LOLLYPOP FARM, HUMANE SOCIETY OF GREATER ROCHESTER - 99 VICTOR ROAD - FAIRPORT, NY 14450	16-0743047	501(C)(3)	10,000.	0.			SENIORS FOR SENIORS
MAUI HUMANE SOCIETY PO BOX 1047 PUUNENE, HI 96784	99-6000953	501(C)(3)	11,000.	0.			MEDICAL CARE
MAX'S HELPING PAWS FOUNDATION 26388 CARMEL RANCHO LANE, STE D CARMEL, CA 93923	81-2990529	501(C)(3)	10,400.	0.			EUTHANASIA PREVENTION
MELISSAS MENAGERIES SECOND CHANCES 11015 W 75TH ST SHAWNEE, KS 66214	95-2095029	501(C)(3)	13,825.	0.			MEDICAL CARE

(-) November of address of	(I-) (FIN)	(-) IDO ti	(-1) A	(-) A	(f) Madle and a f	(a) December of	(1) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CRUSADE, INC.							
2252 CRAIG DR							
OXNARD, CA 93036-2429	95-2095029	501(C)(3)	11,000.	0.			MEDICAL CARE
·			,				
MICHIGAN HUMANE SOCIETY							
30300 TELEGRAPH ROAD, STE 220							
BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES
MISTY EYES DOG SHELTER & HUMANE ED							
LEARNING CTR - P.O. BOX 1202 -							
BROWNSBURG, IN 46112	45-3575986	501(C)(3)	7,500.	0.			MEDICAL CARE
MUTTVILLE SENIOR DOG RESCUE							
255 ALABAMA STREET							
SAN FRANCISCO, CA 94103	26-0416747	501(C)(3)	11,000.	0.			HOSPICE CARE
NEVADA HIMANE COCTEMY							
NEVADA HUMANE SOCIETY							
2825 LONGLEY LANE, STE B	88-0072720	E01/G)/3)	10 500	0.			KEEPING DOGS IN HOMES
RENO, NV 89502	88-0072720	501(C)(3)	10,500.	0.			KEEPING DOGS IN HOMES
NMDOG, INC							
9445 COORS BLVD NW #171							
ALBUQUERQUE, NM 87114	45-2781292	501(C)(3)	7,000.	0.			MEDICAL CARE
			,,,,,,,				
OSHKOSH AREA HUMANE SOCIETY							
916 BALLENTINE BLVD							
NORFOLK, VA 23504	54-0515759	501(C)(3)	11,000.	0.			MEDICAL CARE
PAWS ATLANTA, INC.							
5287 COVINGTON HIGHWAY							
DECATUR, GA 30035	58-6074088	501(C)(3)	8,360.	0.			MEDICAL CARE
PEACE OF MIND DOG RESCUE							
PO BOX 51554							
PACIFIC GROVE, CA 93950	27-1154816	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES

Part II Continuation of Grants and Other											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PET COMMUNITY CENTER 943-B DR. RICHARD G. ADAMS DR NASHVILLE, TN 37207	45-1524886	501(C)(3)	13,500.	0.			KEEPING DOGS IN HOMES				
PETEY AND FURENDS, INC 13705 FRANKFORT CT ROCKVILLE, MD 20853-2706	84-4819015	501(C)(3)	12,748.	0.			SENIOR ADOPTION PROMOTION				
PHILADELPHIA ANIMAL WELFARE SOCIETY - 100 N. 2ND STREET - PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES				
POODLE & POOCH RESCUE OF FLORIDA 801 STONEHENGE DELAND, FL 32720	26-3448560	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES				
PROJECT STREET VET 516 SOLAR RD NW ALBUQUERQUE, NM 87107-5742	85-1158446	501(C)(3)	6,000.	0.			MEDICAL CARE				
SACREMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 6201 FLORIN PERKINS RD - SACRAMENTO, CA 95828	94-1312343	501(C)(3)	5,125.	0.			MEDICAL CARE				
SAFE HARBOR LAB RESCUE 60 16TH ST STE C #322 GOLDEN, CO 80401-1979	74-3046240	501(C)(3)	6,000.	0.			DENTAL CARE				
SECOND CHANCE ANIMAL SERVICES, INC PO BOX 136 - EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES				
SECOND CITY CANINE RESCUE 570 N. SMITH STREET PALATINE, IL 60067	45-3336498	501(C)(3)	13,050.	0.			DENTAL CARE				

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SENIOR'S PET ASSISTANCE NETWORK										
PO BOX 821173										
DALLAS, TX 75382	20-5464573	501(C)(3)	10,000.	0.			KEEPING DOGS IN HOMES			
SHELTER FROM THE STORM ANIMAL										
RESCUE - 1602 BLOSSOM LANE -										
MADISON, WI 53716	20-3627106	501(C)(3)	14,000.	0.			MEDICAL CARE			
SPCA FLORIDA										
5850 BRANNEN RD S										
LAKELAND, FL 33813	59-1939655	501(C)(3)	11,000.	0.			KEEPING DOGS IN HOMES			
SPOKANIMAL C.A.R.E										
710 N NAPA ST.	01 1222020	E01/Q\/2\	11 000	_			GENTODG HOD GENTODG			
SPOKANE, WA 99202	91-1223929	501(C)(3)	11,000.	0.			SENIORS FOR SENIORS			
STOP THE SUFFERING										
452 OVERBROOK DRIVE										
COLUMBUS, OH 43214	55-0848983	501(C)(3)	7,500.	0.			MEDICAL CARE			
STREET DOG COALITION										
220 JACKSON AVE										
FORT COLLINS, CO 80521-2445	81-0793989	501(C)(3)	10,000.	0.			MEDICAL CARE			
,			,	-						
SUNCOAST BASSET RESCUE, INC.										
6586 HYPOLUXO ROAD #209										
LAKE WORTH, FL 33467-7678	59-3622646	501(C)(3)	10,000.	0.			DENTAL CARE			
TENNESSEE DACHSHUND RESCUE										
5703 E 196TH ST										
BELTON, MO 64012-3612	81-4926737	501(C)(3)	10,000.	0.			DENTAL CARE			
THE ANIMAL FOUNDATION										
655 NORTH MOJAVE ROAD										
LAS VEGAS, NV 89101	88-0144253	501(C)(3)	11,000.	0.			MEDICAL CARE			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	10,390.	0.			MEDICAL CARE			
THE PET COTTAGE, INC. 17049 THUNDER RD JUPITER FARMS, FL 33478	47-4011633	501(C)(3)	10,000.	0.			MEDICAL CARE			
THE PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 91105	95-3653314	501(C)(3)	11,000.	0.			SENIOR DOG FOOD BANK			
TWO BY TWO ANIMAL RESCUE 7030 HWY 13 HELENA, AL 35080	20-4219823	501(C)(3)	10,747.	0.			MEDICAL CARE			
VETS IN VANS 4200 FRUITVILLE AVE OAKLAND, CA 94602-2520	37-2029710	501(C)(3)	10,000.	0.			DENTAL CARE			
VIEQUES HUMANE SOCIETY & ANIMAL RESCUE(VHS) - PO BOX 1399 - VIEQUES, PR 00765	66-0463223	501(C)(3)	11,000.	0.			MEDICAL CARE			
VIRGINIA BEACH SPCA 3040 HOLLAND RD VIRGINIA BEACH, VA 23453	54-6061532	501(C)(3)	10,000.	0.			MEDICAL CARE			
WOODS HUMANE SOCIETY 875 OKLAHOMA AVE SAN LUIS, CA 93405	95-2058587	501(C)(3)	7,500.	0.			MEDICAL CARE			
YOUNG AT HEART PET RESCUE, INC. 4301 S IL ROUTE 47 WOODSTOCK, IL 60098	20-2476194	501(C)(3)	10,000.	0.			MEDICAL CARE			

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance								
t IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.													
	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	lditional information.									
·													
PRIOR TO FUNDING A GRANT, THE GRAN	Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. I: ING A GRANT, THE GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT PIONS WITH DETAILED INFORMATION REGARDING THEIR PROGRAMS AND OF THE FUNDS. THE GREY MUZZLE ORGANIZATION CONDUCTS A THOROUGH GRANTEE ORGANIZATIONS AND PERFORMS DETAILED DUE DILIGENCE LUDING BUT NOT LIMITED TO VERIFYING 501(C)(3) STATUS, LATING BUDGET, AND REVIEWING THE ORGANIZATION'S POLICIES AND ICE A GRANT IS FUNDED, THE GRANTEE ORGANIZATIONS ARE REQUIRED												
GRANT APPLICATIONS WITH DETAILED II	NFORMATIO	N REGARDIN	G THEIR PR	OGRAMS AND									
INTENDED USE OF THE FUNDS. THE GREY	Y MUZZLE	ORGANIZATI	ON CONDUCT	S A THOROUGH									
REVIEW OF THE GRANTEE ORGANIZATIONS	S AND PER	FORMS DETA	AILED DUE D	ILIGENCE									
PROCEDURES INCLUDING BUT NOT LIMIT	Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of cash grant (c) Amount of non-cash assistance (d) Amount of non-cash assistance (e)												
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of cash grant (c) Amount of roc. (b) Method of valuation (b) Method of valuation (cash assistance) (b) Method of valuation (b) Method of valuation (cash assistance) (b) Method of valuation (cash assistance) (c) Amount of roc. (b) Method of valuation (cash assistance) (d) Amount of roc. (e) Method of valuation (d) Method of valuation (cash assistance) (e) Method of valuation (e) Method of valuation (e) Method of valuation (cash assistance) (e) Method of valuation (e) Method of valuation (e) Method of valuation (e) Method of valuation (cash grant (e) Method of valuation (e) Method of val													
PROCEDURES. ONCE A GRANT IS FUNDED	, THE GRA	NTEE ORGAN	IIZATIONS A	RE REQUIRED									
TO PROVIDE INTERIM AND FINAL REPORT	I, LINE 2: R TO FUNDING A GRANT, THE GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT P APPLICATIONS WITH DETAILED INFORMATION REGARDING THEIR PROGRAMS AND RIDED USE OF THE FUNDS. THE GREY MUZZLE ORGANIZATION CONDUCTS A THOROUGH EW OF THE GRANTEE ORGANIZATIONS AND PERFORMS DETAILED DUE DILIGENCE EDURES INCLUDING BUT NOT LIMITED TO VERIFYING 501(C)(3) STATUS, EWING OPERATING BUDGET, AND REVIEWING THE ORGANIZATION'S POLICIES AND												

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Nan	ne of the organization	HE GRI	EY]	MUZZLE O	RGA	NIZ	ATIC	ON				-	ident		on nu	mber
Pa	art I Excess Bene	fit Trans	actio	ons (section 50	01(c)(3), sect	ion 50 ⁻	1(c)(4), and sec	ctior	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the o	rganization	ansv	vered "Yes" on F	orm 9	90, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(a) Name of disqualified p	erson	(b) F	Relationship betv			ified	10	c) De	escription of tran	sactio	n		(d)	Corre	cted?
	(a) Name of disquamed p	010011		person and or	ganıza	ation		,,						Y	es	No
														+	\dashv	
														-	_	
														+		
2	Enter the amount of tax in	-		-	-		-	•	_	•		Φ.				
2	section 4958 Enter the amount of tax, i															
3	Enter the amount of tax, i	i arry, ori iii	16 2, 6	above, reimburs	eu by	uie oi(yarıızaı					Ф				
Pa	art II Loans to and	/or Fron	n Inte	erested Pers	sons.											
	Complete if the o	rganization	n ansv	vered "Yes" on F	orm 9	90-EZ	. Part \	V. line 38a or F	orm	990. Part IV. line	e 26: d	or if th	e orga	nizatio	n	
	reported an amou	-					,	,		,			3			
	(a) Name of	(b) Relation	nship	(c) Purpose	(d) Lo	an to or	(€	e) Original	(f) Balance due) In	(h) Ap	oroved	(i) V	/ritten
	interested person	with organi	zation	of loan		zation?	princ	cipal amount			defa	ault?	comm	ittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
																_
																<u> </u>
Tot	al	<u> </u>		ı	I	I	<u> </u>	\$								
	art III Grants or Ass	sistance	Ben	efiting Inter	estec	l Per	sons									
	Complete if the o	rganization	n ansv	vered "Yes" on F	orm 9	90, Pa	art IV, I	ine 27.								
	(a) Name of interested p	erson	\top	(b) Relationship	betwe	en	(4	c) Amount of		(d) Type	of		(e) Purp	ose o	f
				interested pers the organiza	on an			assistance		assistan	ce			assista		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

·	d "Yes" on Form 990, Part IV, line 28a, 28		Г	(a) Ol-	orine c t
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
LISA LUNGHOFER	EXECUTIVE DIRECTOR	115,267.	LISA LUNGHO		Х
Part V Supplemental Information. Provide additional information for resp	oonses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	ED PERSONS:		
(A) NAME OF PERSON: LISA I					
				~=~	
(D) DESCRIPTION OF TRANSAC	TION: LISA LUNGHOFER	IS THE EXE	CUTIVE DIRE	CTOR	
AND IS CONTRATED THROUGH E	HER OWN ORGANIZATION	IN WHICH SH	HE OWNS 100%	,	
MAKING GOOD WORK.					

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE GREY MUZZLE ORGANIZATION

TO GIVE THE DOG UP DUE TO DIFFICULT CIRCUMSTANCES.

Employer identification number 26-1965495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELFARE ORGANIZATIONS THAT SPECIFICALLY ASSIST SENIOR DOGS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CURRENTLY THERE ARE VERY FEW RESCUE GROUPS IN THE UNITED STATES THAT

SPECIALIZE IN HELPING HOMELESS SENIOR DOGS, THOUGH OLDER DOGS ARE FOUND

IN EVERY MUNICIPAL ANIMAL SHELTER AND HUMANE SOCIETY AND WITH RESCUE

LEAGUES OF ALL SHAPES AND SIZES. THERE IS A GREAT NEED FOR SPECIAL

PROGRAMS THAT ARE UNIQUE TO OLD DOGS, SUCH AS HOSPICE CARE AND HEALTH

CARE PROGRAMS FOR DOGS IN LOVING HOMES WHOSE PEOPLE MAY NEED A LITTLE

FINANCIAL ASSISTANCE AS THEIR DOG AGES. WE BELIEVE MUCH MORE CAN BE

DONE.

FORM 990, PART VI, SECTION A, LINE 3:

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

THE ORGANIZATION ENTERED AN AGREEMENT WITH MAKING GOOD WORK, LLC TO ACHIEVE THE FOLLOWING OBJECTIVES: DEVELOP AND IMPLEMENT STRATEGIC PLANS THAT MEET ORGANIZATION GOALS AND OBJECTIVES CREATED IN PARTNERSHIP WITH THE GMO BOARD OF DIRECTORS; MANAGE COMMUNICATION AND MARKETING EFFORTS TO INCREASE PUBLIC AWARENESS OF THE ISSUE OF SENIOR DOGS AND GMO'S VISIBILITY THROUGH PUBLIC WEBINARS AND OTHER MEANS; MANAGE FUNDRAISING EFFORTS, INCLUDING CULTIVATING NEW INDIVIDUAL AND CORPORATE DONORS AND PROVIDING OUTSTANDING DONOR STEWARDSHIP; RECRUIT, ORIENT, TRAIN, AND MANAGE VOLUNTEERS; OVERSEE ADMINISTRATIVE FUNCTIONS OF THE ORGANIZATION; MANAGE THE ANNUAL GRANT INCLUDING REFINING GRANT PROCESSES AND PROTOCOLS, RECRUITING AND PROCESS

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization

THE GREY MUZZLE ORGANIZATION

Employer identification number 26-1965495

TRAINING REVIEWERS, PROVIDING OVERSIGHT DURING THE REVIEW PROCESS, AND

MAKING FINAL FUNDING RECOMMENDATIONS; IDENTIFY AND DEVELOP NEW RESOURCES,

ENSURING GMO IS A PREMIERE SOURCE OF INFORMATION, SUPPORT AND ASSISTANCE ON

THE DEVELOPMENT AND EXPANSION OF PROGRAMS FOR SENIOR DOGS; IDENTIFY AND

MANAGE THE ACQUISITION OF INFRASTRUCTURE AND HUMAN RESOURCES REQUIRED TO

IMPLEMENT THE STRATEGIC PLAN; CONTINUOUSLY EVALUATE PROGRESS AND REGULARLY

COMMUNICATE RESULTS TO BOARD; WORK WITH BOARD TREASURER TO DEVELOP AND

MAINTAIN SOUND FINANCIAL PRACTICES; SUPPORT PREPARATION OF ANNUAL BUDGET

AND ASSURE THE ORGANIZATION OPERATES WITHIN BUDGET GUIDELINES; WORK WITH

BOARD TO ENSURE THE ORGANIZATION IS FULLY COMPLIANT WITH LOCAL, STATE, AND

FEDERAL LAWS, REQUIREMENTS, POLICIES, ETC.; ASSIST BOARD TO RECRUIT AND

TRAIN NEW BOARD MEMBERS, DEVELOP POLICIES AND PROCEDURES, AND ENGAGE

MEMBERS IN TASKS NECESSARY TO ACHIEVE STRATEGIC OBJECTIVES.

SERVICES OF AN EXECUTIVE DIRECTOR ARE INCLUDED IN THE MANAGEMENT FEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER COMPLETES SCHEDULES AND CHECKLISTS, PERFORMS AN INTERNAL REVIEW, AND PROVIDES INFORMATION AND SUPPORTING DOCUMENTS TO A CPA FIRM THAT PREPARES THE FORM 990. A DRAFT OF THE RETURN IS REVIEWED BY THE TREASURER AND QUESTIONS AND COMMENTS ARE ANSWERED AND RESOLVED WITH THE CPA FIRM. A DRAFT OF THE RETURN IS THEN PROVIDED TO THE MEMBERS OF THE GOVERNING BODY FOR QUESTIONS, COMMENTS, AND EDITS. THE RETURN IS THEN FILED WITH THE IRS AFTER CHANGES HAVE BEEN MADE AND POSTED TO THE ORGANIZATION'S FILE SHARING SITE.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 26-1965495 THE GREY MUZZLE ORGANIZATION COMMITTEE WITH GOVERNING BODY DELEGATED POWERS SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. ADDITIONALLY, PERIODIC REVIEWS ARE CONDUCTED TO DETERMINE THAT COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND TO ENSURE THAT PARTNERSHIPS, JOINT VENTURES, AND OTHER ARRANGEMENTS CONFORM TO THE ORGANIZATION'S POLICIES AND ARE PERMISSIBLE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,ND,NC,NH,NJ,NM,NY,OH,OK,OR,PA,SC TN,UT,VA,WV,RI,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.