

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

For the 2009 calendar year, or tax year beginning 03/01/09, and ending 02/28/10

Form header section containing: C Name of organization (HAPPY TAILS PET THERAPY, INC.), D Employer identification number (58-2080241), E Telephone number (770-740-8211), F Group Exemption Number, and address information (P.O. BOX 767961, ROSWELL, GA 30076-7961).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: WWW.HAPPYTAILSPETS.ORG. Tax-exempt status: 501(c)(3).

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$93,111

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows detailing revenue (Total revenue: 79,085) and expenses (Total expenses: 52,016), resulting in net assets of 254,830 at the end of the year.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Balance sheet table comparing (A) Beginning of year and (B) End of year for assets and liabilities. Total assets: 254,830.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

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

What is the organization's primary exempt purpose?

SEE STATEMENT 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

THE ORGANIZATION PROVIDES PROFESSIONAL AND EXPERIENCED VOLUNTEER TEAMS TRAINED IN TECHNIQUES OF ANIMAL ASSISTED THERAPY AND ACTIVITY.

(Grants \$ ) If this amount includes foreign grants, check here

28a 38,832

(Grants \$ ) If this amount includes foreign grants, check here

29a

(Grants \$ ) If this amount includes foreign grants, check here

30a

Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

Total program service expenses (add lines 28a through 31a)

32 38,832

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include: GLEN GRIFFIN, SANDY SPRINGS, PRESIDENT; SCHELLE MARK, ROSWELL, VICE PRESIDE; KAY MCCARTHY, ATLANTA, SECRETARY; LINDA JONES, MARIETTA, TREASURER.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
If "Yes," has it filed a tax return on Form 990-T for this year?		
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
Enter amount of political expenditures, direct or indirect, as described in the instr		
Did the organization file Form 1120-POL for this year?		X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
If "Yes," complete Schedule L, Part II and enter the total amount involved		
Section 501(c)(7) organizations Enter		
Initiation fees and capital contributions included on line 9		
Gross receipts, included on line 9, for public use of club facilities		
Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
List the states with which a copy of this return is filed		
The organization's books are in care of		
Located at		
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
49b If "Yes," was the related organization a section 527 organization?		

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

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

Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michelle Mark Date: 9-28-10  
 Type or print name and title: Michelle Mark Vice President

Preparer's signature: George W. Hillegass Date: 09/23/10 Check if self-employed:  Preparer's Identifying Number (See instr): P00091230

Firm's name (or yours if self-employed), address, and ZIP + 4: GIFFORD, HILLEGASS & INGWERSEN, LLP  
SIX CONCOURSE PARKWAY SUITE 600  
ATLANTA, GA 30328 EIN: 92-0184475 Phone no: 770-396-1100

Did the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test—2009; 16b 33 1/3 % support test—2008; 17a 10%-facts-and-circumstances test—2009; 17b 10%-facts-and-circumstances test—2008; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	34,736	47,302	49,579	51,289	71,896	254,802
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,011	1,016	1,012	13,425	1,733	18,197
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	35,747	48,318	50,591	64,714	73,629	272,999
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000	10,000	12,211	2,500		29,711
7b 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						
7c Add lines 7a and 7b	5,000	10,000	12,211	2,500		29,711
8 <b>Public support</b> (Subtract line 7c from line 6)						243,288

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	35,747	48,318	50,591	64,714	73,629	272,999
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,452	2,016	2,259	1,712	1,231	8,670
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10c Add lines 10a and 10b	1,452	2,016	2,259	1,712	1,231	8,670
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	25,291	24,279	32,859	16,023	5,749	104,201
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	62,490	74,613	85,709	82,449	80,609	385,870

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	63.05%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	66.02%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
SUPPLIES	1,950
TELEPHONE	1,532
POSTAGE	618
AUTO EXPENSES	2,484
BANK CHARGES	97
CONSULTING FEES	32,990
EDUCATION TRAINING	4,437
GENERAL INSURANCE	2,268
INTERET/WEBSITE	2,134
MEMBERSHIP EXPENSES	2,066
TAXES & LICENSES	30
TOTAL	<u>\$ 50,606</u>

**Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Description

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TO PROVIDE THERAPY AND ACTIVITIES FOR PATIENTS IN NURSING HOMES, HOSPITALS, AND ACUTE CARE FACILITIES THROUGH THE USE OF ANIMALS.

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2009	2008	2007	2006	2005
	\$	\$ 2,500	\$ 12,211	\$ 10,000	\$ 5,000
TOTAL	\$ 0	\$ 2,500	\$ 12,211	\$ 10,000	\$ 5,000

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
GALA EVENT	
SUPPLIES	901
POSTAGE AND SHIPPING	331
OCCUPANCY	7,850
PRINTING AND PUBLICATIONS	821
SUBTOTAL	<u>9,903</u>
COLUMN OTHERS	
PICNICS/PARADE	
SUPPLIES	<u>2,399</u>
SUBTOTAL	<u>2,399</u>
COMEDY NIGHT	
OCCUPANCY	<u>200</u>
SUBTOTAL	<u>200</u>
SUBTOTAL (OTHERS)	<u>2,599</u>
OTAL	<u><u>12,502</u></u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES  
REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.

8868

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only [ ]

Other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Table with 2 columns: Name of Exempt Organization (HAPPY TAILS PET THERAPY, INC.), Employer identification number (58-2080241), Address (P.O. BOX 767961, ROSWELL, GA 30076-7961)

- Check type of return to be filed (file a separate application for each return)
Form 990 [ ]
Form 990-BL [ ]
Form 990-EZ [X]
Form 990-PF [ ]
Form 990-T (corporation) [ ]
Form 990-T (sec 401(a) or 408(a) trust) [ ]
Form 990-T (trust other than above) [ ]
Form 1041-A [ ]
Form 4720 [ ]
Form 5227 [ ]
Form 6069 [ ]
Form 8870 [ ]

The books are in the care of LINDA JONES

Telephone No 770-986-8104 FAX No 770-986-9437

If the organization does not have an office or place of business in the United States, check this box [ ]

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) [ ] If this is for the whole group, check this box [ ] If it is for part of the group, check this box [ ] and attach [ ]

List with the names and EINs of all members the extension will cover

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15/10, to file the exempt organization return for the organization named above The extension is for the organization's return for [ ] calendar year or [X] tax year beginning 03/01/09, and ending 02/28/10

If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

Table with 3 columns: Description (3a, 3b, 3c), Amount (\$), and Label (3a, 3b, 3c)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions